ICAO CAPSCA Assistance Visits to States and Airports

Michiel Vreedenburgh
Deputy Regional Director & CAPSCA Project Coordinator
North American, Central American and Caribbean Regional Office
International Civil Aviation Organization

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ICAO CAPSCA Project Activities

- Meetings
- Seminars/Workshops/Exercises/Training
- Develop and improve guidance and tools
- Assistance Visits to States and Airports
- Provide advice
Promote and facilitate communication & collaboration between the civil aviation and public health sectors

Awareness training on ICAO and WHO Public Health Emergency (PHE) requirements for the aviation sector

Evaluate existing PHE provisions in the aviation system – gap analysis

Assist States by providing advice
PHE planning & preparedness in the civil aviation system

All stakeholders involved in a response to a PHE in the aviation system

Not an audit, inspection nor certification

Voluntary and confidential
References

- ICAO Annexes 6, 9, 11, 14, 18 SARPs, PANS-ATM (Doc 4444) & Facilitation Manual (Doc. 9957)
- WHO IHR (2005)
- ICAO, WHO, ACI & IATA guidelines
- www.capsca.org
Tools

- Guidelines
- Checklist
- Report template

http://www.capsca.org/CAPSCARefs.html#StateAssistance
Logistics

- 2 States in 1 week
- States located in same sub-region
- 2 days per State
- Team members to originate from States in same sub-region
- 1 airport per State
- Travel funded by CAPSCA Project
Preparation

ICAO Schedules visit

ICAO Coordinates loan of Technical Advisors with States

State/Airport completion and submission of checklist to ICAO

ICAO Coordinates visit with State

ICAO Coordinates participation with WHO

ICAO Mission plan and team coordination
State Requirements

- Coordinator & support staff
- Meeting room & equipment
- Simultaneous interpretation (if required)
- Transportation to/from airport, meeting venue and hotel
- Airport visit coordination, e.g. security access, transportation
- Refreshments
Team Members

- ICAO CAPSCA Regional Coordinator
- State Technical Advisors Team Leader
- Technical Advisor(s) trained by ICAO (not only doctors!)
- WHO representative (WHO Regional Office (IHR), IHR Regional Contact Point, and/or Country Office)
- At least one member from each sector (CAA & PHA)
- OJT for Technical Advisor (optional)

Participants time offered by States, WHO and ICAO as contributions in kind; travel funded by project
Desirable Qualifications:

- State CAA or PHA, ICAO, and WHO staff;
- Interest in improving public health emergency planning in the aviation sector;
- Desire to facilitate communication and collaboration between different stakeholders;
- Availability to be trained by ICAO and undertake State & airport Assistance Visits (travel and per diems from the CAPSCA project funds);
- Qualification and experience in aviation medicine and/or;
- Qualification and experience in public health medicine and/or;
- Experience in contingency/emergency planning in the aviation sector.

Note: qualification in medicine or aviation medicine is not mandatory.
State’s Participating Organisations (1)

Civil Aviation Authority (aviation medicine, facilitation, aerodromes, air traffic services, flight operations/standards/safety)

Public Health Authority including IHR National Focal Point

Airport (rescue and fire fighting service, police, immigration, customs, port health, quarantine, medical, security, operations, public information, media relations, handling agents)
State’s Participating Organisations (2)

- Air Navigation Services Provider (ATC)
- Aircraft operators
- Tourism Authority
- National emergency/disaster response agencies
Activities

2 days

Day 1

Meeting/Briefings/Awareness Training

Day 2 - am

Airport visit

Day 2 - pm

De-briefing meeting and discussion of the visit results
Meeting/Briefings Agenda (1)

- Opening Remarks by: ICAO, WHO, CAA, PHA
- CAPSCA
- ICAO Health Related SARPs & references
- WHO IHR (2005) related to Points of Entry
- Public Health Authority on the National PHE Plan focused on the aviation sector
Meeting Agenda (2)

- Civil Aviation Authority on the national aviation sector PHE Plan
- Airport on the PHE part of the Airport Emergency Plan
- Air Navigation Services Provider on its PHE procedures
- Aircraft operator on its PHE procedures
- CAPSCA Assistance Visit methodology & checklist
Visit shall not affect normal operations

The visit should demonstrate preparedness in the roles, responsibilities, and procedures in a PHE for a scenario of the arrival of an aircraft with a suspected case of infectious disease on board or a scenario where an outbreak of a PHE has occurred in the State in the vicinity of the airport.

Walkthrough observations and interviews
Airport facilities to Visit

- Emergency Operations Centre
- Passenger screening/holding locations and facilities
- Rescue and Fire Fighting Services (opt.)
- Medical Services/Response – clinic
- Immigration & Customs
- Air Traffic Control Tower
- Designated aircraft parking position
- Any other agency / area / facility involved in a public health emergency
Checklist Components
(http://www.capsca.org/CAPSCARefs.html#StateAssistance)

- Administrative
- Documentation
- EOC
- RFFS
- Immigration
- Customs
- Cargo & Baggage handlers
- ANSP
- Medical
- AVSEC
- Infrastructure
- Aircraft operators
- Media
Documents to Review

- National PHE Plan – Aviation part
- Airport Emergency Plan – PHE part
- ATS Procedures for communication of on-board cases
Confidential Report
1 month after visit

Sent to CAA with recommendation to forward to PHA and airport

State Action Plan
1 month after report

ICAO CAPSCA Regional Coordinator Follow-up Implementation
Report Content
(http://www.capsca.org/CAPSCARefs.html#StateAssistance)
Asia – 9 States/SARs (2 joint with WHO), 11 Airports, 1 State Technical Advisor (half of CAPSCA APAC States not yet visited)

Africa – 5 States, 7 Airports, 4 State Technical Advisors have completed OJT

Americas – 22 States (8 joint with WHO), 26 Airports, 12 State Technical Advisors have completed OJT

Middle East - 2 States, 2 Airports, 2 State Technical Advisors have completed OJT
Trends Observed (1)

- 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
Aviation and public health authorities to have formal framework and procedures for working together on the national PHEP for aviation

Requirements 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
Next Steps (1)

- Visit all CAPSCA participating States
- More joint ICAO/WHO visits
- Harmonised ICAO CAPSCA checklist/WHO IHR assessment tool
- Review lessons learned and improve the assistance visit process
- Analyse observed regional trends and recommend typical actions
Next Steps (2)

- State Action Plans and implementation
- ICAO CAPSCA Regional Coordinators follow-up
- Follow-up visits
- More training
- National implementation
Recommended Actions

States are encouraged to:

a) volunteer technical advisor(s) from CAA and/or PHA to be trained by ICAO and participate in assistance visits; and

b) request Assistance Visits in 2012 by sending a letter to ICAO (no costs to State)