CAPSCA Highlights:

1) Europe
2) Africa, Asia Pacific, Middle East,

Dr Anthony Evans
Chief, Aviation Medicine
ICAO
Review the activities in:

- Africa
- Asia Pacific
- Middle East

• Brief overview of CAPSCA in each region
• Pick out a few main points
CAPSCA - AFRICA
2012 meeting, Nairobi, Kenya
CAPSCA-Africa
### CAPSCA Regional Projects

<table>
<thead>
<tr>
<th>Category</th>
<th>Africa</th>
<th>Europe</th>
<th>Middle East</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Member States joined</td>
<td>25</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>State Technical Advisors Trained by ICAO</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>State &amp; Airport Assistance Visits Completed</td>
<td>6</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
### CAPSCA Africa

#### Member States

<table>
<thead>
<tr>
<th>Angola</th>
<th>Ghana</th>
<th>South Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>Kenya</td>
<td>Swaziland</td>
</tr>
<tr>
<td>Botswana</td>
<td>Lesotho</td>
<td>Togo</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>Mali</td>
<td>Uganda</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Mauritania</td>
<td>United Republic of Tanzania</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Mozambique</td>
<td>Zambia</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Niger</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Gabon</td>
<td>Nigeria</td>
<td></td>
</tr>
<tr>
<td>Gambia</td>
<td>Senegal</td>
<td></td>
</tr>
</tbody>
</table>
Successes

- Development of relevant regulations to implement PH SARPs (e.g. Nigeria, Tanzania)
- CAPSCA Assistance Visits well received
  - Exposes participants to CAPSCA who otherwise cannot attend CAPSCA events
- Networks developed between aviation and public health – regional and national level
  - Regular forums have developed, previously unknown
- Some real life exercises had been carried out
  - Useful for appraisal and teaching
Challenges

- Preparation of plans; roles of stakeholders
- Formal *agreements* between different stakeholders
- Airport Emergency Plan – *no* PH component...
  - PH at airport often *do* have contingency plan
  - Can be used as model for AEP
CAPSCA Asia Pacific
Asia Pacific

• Member States: 20
• Last meeting Manila, Philippines, April 2013
• Assistance Visits: 11
Asia Pacific Regional Meeting 2013

6TH ICAO CAPSCA ASIA PACIFIC MEETING
DIAMOND HOTEL, MANILA, PHILIPPINES * 22 - 25 APRIL 2013
Conclusion No. 7:

In the communications procedure for the notification of suspected communicable disease, or other public health risk, on board an aircraft, if the aircraft is diverted to an alternate aerodrome, this aerodrome will need to be informed in addition to the destination and origin aerodromes. In selecting the alternate aerodrome for a diversion, confirmation is required of the availability of core capacities to manage the public health risk on arrival of the aircraft.
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)

- 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)

Voice or data link

Destination Aerodrome
Air Traffic Services

Air Traffic Controller

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

Voice or data link e.g. AFTN*

Air Traffic Services

Voice or data link e.g. AFTN*

Via local procedure
(Aerodrome Emergency Plan)

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

Via local procedure
(Aerodrome Emergency Plan)

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

* AFTN = Aeronautical Fixed Telecommunication Network
Meaning of “unnecessary interference”

The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which *avoid unnecessary interference* with international traffic and trade.
Meaning of “significant interference”

- IHR Article 43 – Additional Health Measures
- Permits measures in addition to those recommended by WHO
- IHR (2005) “….significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours”.
States may consider establishing a validation process in collaboration with other States for ensuring that travellers have been exit screened to an appropriate level at the origin airport to avoid applying entry screening when arriving at the destination airport. A similar process is utilized by some States with respect to airport security screening of transfer travellers.
CAPSCA – MIDDLE EAST
CAPSCA Middle East
## CAPSCA Regional Projects

<table>
<thead>
<tr>
<th></th>
<th>Africa</th>
<th>Europe</th>
<th>Middle East</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. Member States</strong></td>
<td>17</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td><strong>State Technical Advisors Trained by ICAO</strong></td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>State &amp; Airport Assistance Visits Completed</strong></td>
<td>5</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
CAPSCA –MID Achievements

➢ Launch of CAPSCA –MID project – December 2011 – 10 Member States
➢ CAPSCA-MID project supported by MIDANPIRG/13 meeting – April 2012
➢ Assistance Visits – 4 States – Jordan, Saudi Arabia, Oman and Sudan
Main Observations during Assistance Visits

- Public Health Authorities often do not fully consider the special aspects of aviation when developing national preparedness plans.
- Aviation personnel pay insufficient attention to public health emergency planning.
- The interface between the two sectors (i.e. aviation and public health) is the most challenging issue.
- Lack of political will between different Stakeholders
- Lack of strong management support, at the highest levels.
- The National Aviation Preparedness Plans for a Public Health Emergency are not fully developed and most of the States have the plans in a draft format.
Increase State membership
Train more Technical Advisers from States
Continue with Airport Assistance Visits (subject to availability of funds)
Continue to review lessons learned and improve the assistance visit process
Promote national implementation of CAPSCA concept
Seek additional funding to extend programme beyond December 2012

Hold the 3\textsuperscript{rd} CAPSCA-MID Project Workshop/meeting (18-20 Nov. 2013)

Promote CAPSCA-MID project at DGCA-2 Meeting (20-22 May 2013)

Secure support to CAPSCA-MID project by MIDANPIRG/14 meeting (15-19 December 2013)
Summary

• CAPSCA well established in all regions
• Topics being developed in different regions
• Takes time to develop the interest (often uncertainty about what CAPSCA can offer)
• Inter-sectoral communication and collaboration is a challenge in all regions
• Assistance Visits well received
• High level management support is crucial
CAPSCA Highlights: Africa, Asia Pacific, Middle East, Europe

Dr Anthony Evans
Chief, Aviation Medicine
ICAO