5th CAPSCA – Asia Pacific Meeting
Ulanbaatar, Mongolia
19 to 21 April 2012

Report on 4th CAPSCA-AP SCM and RAMPHT
&
1st and 2nd CAPSCA Global Coordination Mtgs
The 4th Steering Committee Meeting (SCM) of the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA-Asia/Pacific) was held in Kuala Lumpur, Malaysia, on 24 May 2010, graciously hosted by the Department of Civil Aviation (DCA), Kuala Lumpur, Malaysia,

Attended by 57 representatives of
- 13 States/Administrations of the Asia/Pacific Region
- World Health Organization (WHO),
- United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)
- Federal Aviation Administration (FAA) of the USA,
- European Civil Aviation Conference (ECAC),
- International Air Transport Association (IATA),
- Airports Council International (ACI),
- Association of Asia Pacific Airlines (AAPA)
- International Civil Aviation Organization (ICAO)
- Other observers, including from public health departments, airports, airlines and air traffic management in the region and beyond.

**Meeting on Business Continuity Plan for Public Health Emergencies**
4th Steering Committee Meeting of the Cooperative Arrangement for the Prevention of Spread of Communicable Diseases through Air Travel
24 May 2010
Kuala Lumpur, Malaysia
Workshop / Seminar on Aviation Business Continuity Planning
25 - 26 May 2010
Kuala Lumpur, Malaysia
Conclusion No 1
The SCM welcomed the inclusion of questions on public health preparedness in the aviation sector into the ICAO Universal Safety Oversight Audit Program (USOAP), and the Continuous Monitoring Approach to be implemented in 2013.

Conclusion No 2
The SCM was pleased to note that the ongoing WHO IHR Review Committee, which plans to report to the next WHO World Health Assembly in May 2011, will consider transport related measures that were implemented by States during the current Influenza A (H1N1) pandemic. It noted that some airlines felt that harmonization of response between States to a public health emergency of international concern could be improved, and hoped that the issue of lack of proportionality of response to the health risk would be addressed by the Review Committee.

Conclusion No 3
The SCM appreciated the development of a template for a National Aviation Preparedness Plan, which had been recommended at the third CAPSCA Asia/Pacific SCM in 2009. Suggestions were made as to how it may be improved. It agreed that the document should be discussed at the upcoming global Regional Aviation Medicine Team meeting in October 2010. A small working group was proposed and New Zealand, Malaysia, Singapore, Macau (China), China, Pakistan. IATA and ACI volunteered to assist, under the coordination of Dr Jarnail Singh. WHO also agreed in principle to participate.
Conclusion No 4
In order to concentrate project activities and save resources, the SCM agreed to combine the SCM and the RAMT meetings in future because many States send the same representatives to both events. This will commence in 2011 since the global RAMT meeting planned for 15-16 October 2010 in Singapore will not be combined with a SCM.

Conclusion No. 5
The SCM noted the budget of CAPSCA Asia/Pacific and decided to admit new Member States joining CAPSCA in the Region, who fall under the World Bank’s classification of "Lower Middle Income Economy" or with less national income can presently join without making a financial contribution. Those States / Administrations who are already Member of CAPSCA Asia/ Pacific need not make any new contributions to the CAPSCA project budget as long as there are still funds available. ICAO was requested to contact UNDP in order to ask for an extension of CAPSCA-Asia/Pacific grant from the Central Fund for Influenza Action (CFIA) beyond the end of 2010 in order to assure the future availability of the CFIA grant received.

Conclusion No. 6
With the experiences made during the 2009/10 Influenza A (H1N1) Pandemic, the SCM encouraged the States to respond with balanced measures to suspected cases of infection, in line with the recommendations of WHO and ICAO.
Conclusion No. 7
The SCM noted the draft work plan for CAPSCA-Asia/Pacific for the coming year, which, includes:
• organise and conduct the first Global RAMT in October 2010
• organise and conduct the first combined SCM/RAMT in the Asia/Pacific region in 2011
• undertaking additional evaluations / training at major international airports of CAPSCA Asia/Pacific member Administrations
• provide further training as appropriate.

Conclusion No 8
The SCM noted the recent changes to the ICAO SARPs that became applicable in November 2009

Conclusion No 9
The SCM expressed its appreciation of the collaborative work undertaken between ICAO and the WHO headquarters and the WHO regional offices of Western Pacific and South East Asia.
Conclusion No 10
The SCM noted with interest that the Malaysian DCA indicated its intention to consider an airport evaluation in addition to the one undertaken in 2008.

Conclusion No 11
The SCM agreed that in the development of a pandemic preparedness plan, communication and coordination should take place with all stakeholders including airport and aircraft operators.

Conclusion No. 12
The SCM agreed to the publication of these Conclusions on the ICAO public website.
4th RAMT CAPSCA was held together with the 1st Global Coordination Meeting of the Regional Aviation Medicine Teams CAPSCA–AP (15 to 16 Oct 2010) at the Singapore Aviation Academy
Report & Conclusions

CAPSCA 1st Global Coordination Meeting of the Regional Aviation Medicine Teams and 4th RAMT CAPSCA – AP (15 to 16 Oct 2010, Singapore Aviation Academy)
## 46 Participants:

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Presentations & Discussions

1. Methodology, guidelines and checklist for airport assistance visits
2. Project reports from all CAPSCA Regions
3. Lessons learnt from airport assistance visits
4. CAPSCA website
5. Common terms of reference for RAMTs
7. Aviation Business Continuity Planning for Public Health Emergencies – Airport, Airline & ANS Provider
8. Report from 37th ICAO Assembly
9. Mexico – lessons learnt from the 2009 H1N1 Influenza pandemic
10. State, Airport & Airline Guidelines
Conclusions

1. The CAPSCA Steering Committee (SCM) and RAMT meetings to be combined

2. A Global CAPSCA meeting to be held annually together with a regional SC/RAMT meeting

3. ICAO will review and revise standard Terms of Reference for the regional SCs and present proposal to next Global CAPSCA meeting

4. ICAO to manage & coordinate CAPSCA on a global basis to achieve harmonization and efficiencies

5. Recognized and appreciated Singapore’s contribution – Global CAPSCA Technical Advisor

6. CAPSCA-Africa to host next Global CAPSCA meeting in 2011 and CAPSCA – Americas to host the global meeting in 2012

7. ‘Airport evaluation’ to be changed to “Assistance visit to States”
Conclusions (cont’d)

8. CAPSCA website launched: www.capsca.org States, organizations and service providers invited to suggest improvements, provide additional information and particularly share preparedness plans.

9. RAMT terms of reference standardised and agreed for application in all regions (next slide)


11. Common Passenger Locator Card accepted by WHO, ICAO and IATA. Revised Health Declaration Form proposed by IATA & ICAO and is under consideration by WHO. When approved, will be promulgated through the appropriate international organisation.

12. “RAMT” to be changed to “RAMPHT” (Regional Aviation Medicine and Public Health Team) – emphasize collaborative nature of preparedness planning between the two sectors.

13. ICAO to rationalise the titles for CAPSCA positions.
RAMT* TORs (as approved by the Global RAMT, Singapore, 16 October 2010)

The RAMT:

1. Reports to the Steering Committee.
2. Reviews all guidelines, including those for States, airports, airlines and air navigation service providers.
3. Is open to anyone who can further the objectives of CAPSCA, including International Organizations.
4. Interprets guidelines for applicability in the region.
5. Provides suggestions to ICAO for improvement of guidelines.
6. Provides ongoing assessment, planning advice and assistance visits to States.
7. Updates the checklist for assistance visits to States.
8. Appoints and trains advisors to carry out assistance visits to States in accordance with ICAO provisions and WHO International Health Regulations (2005), and associated guidelines. Such visits assist civil aviation and public health authorities, airport and aircraft operators, air navigation service providers and other stakeholders to comply with these provisions and guidelines.

9. Provides a report to the State civil aviation regulatory authority after each assistance visit, for their distribution as appropriate. The State’s public health authority and airport operator should be included in such distribution.

10. Is responsible for coordination and harmonization of preparedness planning amongst Stakeholders.

11. Will review and finalise a draft sample communicable disease plan for aviation (the RAMT would not be expected to write the plan, but will need to review it) – completed but open to suggestions.

12. Will consider an on-line discussion group, facilitated by the CAPSCA website when established – CAPSCA website launched.

* Note: In future meetings the RAMT will be named the RAMPHT – Regional Aviation Medicine and Public Health Team.
CAPSCA 2nd GLOBAL COORDINATION MEETING, was held in conjunction with CAPSCA AFRICA’S 2nd REGIONAL STEERING COMMITTEE MEETING AND 3rd REGIONAL AVIATION MEDICINE AND PUBLIC HEALTH TEAM MEETING

Abuja, Nigeria, 10 -13 October, 2011
The Second Global Coordination Meeting of the CAPSCA was held 10 to 12 October 2011 at the Transcorp Hilton Hotel in Abuja, Nigeria and was followed by a RAMPHT Meeting, and Regional SCM.

102 participants
Benin, Burundi, Côte d’Ivoire, Democratic Republic of Congo, Egypt, The Gambia, Ghana, Hong Kong China, Kenya, Kuwait, Lesotho, Liberia, Mali, Mexico, Mozambique, Nigeria, Philippines, Singapore, Tanzania, Togo and United Kingdom

Two international organizations
ICAO and WHO.
Conclusions
Conclusions

1. Communication and collaboration between national civil aviation and public health authorities for the development and implementation of Public Health Emergency (PHE) planning, preparedness and response should be strengthened.

2. States should harmonise and if applicable, integrate, aviation sector Public Health Emergency plans in the national PHE plans.

3. Airport operators should incorporate Public Health Emergencies in their Aerodrome Emergency Plans.
Conclusions

4. The Meeting approved the establishment of CAPSCA in Europe and agreed for the activities to be funded by utilising the surplus funds in the CAPSCA regional projects which have been granted funds by the United Nations Central Fund for Influenza Action (CFIA), as previously agreed with the chair of CFIA.

5. The next 3rd CAPSCA Global Coordination meeting will be held in Santiago, Chile, from 8 to 12 October 2012.
Conclusions

6. ICAO should consider expanding the scope of CAPSCA objectives beyond those relating to communicable diseases, and to incorporate all types of event which have the potential to become a public health emergency with an international impact.

The CAPSCA title should be considered for revision:

*DRAFT PROPOSAL - “Cooperative Arrangement for Public health Surveillance and event Control in Air travel” (CAPSCA)*

A proposal will be presented for consideration to the next 3rd CAPSCA Global Coordination meeting.
Conclusions

7. The Meeting agreed that the CAPSCA regional projects merge their respective Steering Committees and Regional Aviation Medicine and Public Health Teams.

8. The titles for CAPSCA positions have been standardized as follows to be applied by all CAPSCA Regional Projects:

**Global**
- ICAO CAPSCA Project Manager (Dr. Anthony Evans)
- ICAO CAPSCA Technical Advisor (Dr. Jarnail Singh)
- ICAO CAPSCA Project Coordinator (Michiel Vreedenburgh)

**Regional**
- ICAO CAPSCA Regional Coordinators (ICAO Regional Offices)
- CAPSCA Chairperson (State)
- CAPSCA Vice-Chairperson (State)
- CAPSCA Technical Advisors Team Leader (State)
- CAPSCA Technical Advisors Deputy Team Leader (State)
- CAPSCA Technical Advisors (States and WHO)
Conclusions

9. States’ authorities, airport operators, aircraft operators and air navigation service providers are encouraged to provide their Public Health Emergency Preparedness Plans to ICAO for posting on the CAPSCA website.

10. Kenya provided to ICAO its “National Aviation Pandemic Preparedness Plan (September 2011)” to be posted on the CAPSCA web site to share as a reference for other States.

11. Mali provided to ICAO its “Plan National de Preparation pour les Urgences de Sante Publique dans L’aviation Civile” to be posted on the CAPSCA web site to share as a reference for other States.
Conclusions

12. ACI should complete the development of a generic business continuity plan guidance which will be flexible to be applied to all aviation stakeholders and activities and present it to the next 3rd CAPSCAGlobal Coordination meeting.

13. ICAO should review the proposal and determine whether the State Guidelines should include consideration by States to relax certain regulatory requirements (provided such action will not result in a reduction in level of safety or security) so that resources may be appropriately reassigned to areas of increased need during a PHE, and present for review and comment to the next 3rd CAPSCA Global Coordination meeting.

14. States and International Organisations are encouraged to propose to ICAO potential funding sources to enable CAPSCA to continue the Assistance Visit programme beyond September 2012, when the UN CFIA grant expires.
Conclusions

15. ICAO and WHO to survey States’ CAAs and Public Health Authorities to measure the impact of CAPSCA results and present for review and comment to the next 3rd CAPSCA Global Coordination meeting.

16. ICAO and WHO to compile a glossary of Public Health Emergency related terminology referred to in ICAO and WHO documentation and present for review and comment to the next 3rd CAPSCA Global Coordination meeting.
Conclusions

17. WHO and ICAO should seek to formalise collaboration and framework for activities with common objectives and mutual interest in relation to Public Health Emergency planning and preparedness in the aviation sector, including the following:
   - 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, and encourage other organisations to follow suit.
   - 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, respectively.
   - ICAO and WHO to consider harmonising the ICAO safety oversight audit programme and IHR (2005) designated airport certification requirements, where applicable.
Conclusions

18. States should update national civil aviation regulations to incorporate the ICAO Public Health Emergency related SARPs.

19. States should prepare for the ICAO Universal Safety Oversight Audit Programme (USOAP) which, from 2013, will include protocol questions concerning Public Health Emergency related SARPs.

20. States should consider documenting in a Memorandum of Understanding, or other form of agreement, the framework for collaboration between civil aviation and public health authorities concerning Public Health Emergency preparedness planning in the aviation sector.
Conclusions

21. In relation to risk and crisis communication needs before and during a public health emergency, States should encourage:

- a timely and engaging information policy;
- a risk communication strategy based upon the needs of the public, the scientific evidence and official information from WHO, ICAO and other International Organisations;
- an appropriate message and format;
- prioritisation of staff and travellers;
- political and corporate support.
Conclusions

22. The CAPSCA Assistance Visit checklist is approved for global application and will be moved to the Global references section on the CAPSCA web site.

23. States are encouraged to implement the CAPSCA concepts and methodology at a national level as initiated by, for example, Colombia, Kenya, Malaysia and Mexico.

24. The WHO encouraged PHAs to support participation of their personnel in the CAPSCA events and activities.
2nd ICAO CAPSCA GLOBAL COORDINATION MEETING

Abuja, Nigeria, 10 - 12 October 2011
Thank you for your kind attention!