ICAO CAPSCA Assistance Visits to States and Airports

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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
Objectives

- Promote and facilitate communication & collaboration between the aviation and public health sectors
- Awareness training on ICAO and WHO Public Health Emergency (PHE) requirements for the aviation sector
- Evaluate existing provisions in the aviation system – gap analysis
- Assist States by providing advice and training
Scope

❖ 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
Guidelines

Checklist

Report template

http://www.capsca.org/CAPSCARefs.html#StateAssistance
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 UN CFIA grant
Preparation

1. ICAO Schedules visit
2. ICAO Coordinates loan of Technical Advisors with States
3. ICAO Coordinates visit with State
4. ICAO Coordinates participation with WHO
5. State/Airport completion and submission of checklist to ICAO
6. 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
- Technical Advisors Team Leader
- Technical Advisor(s) trained by ICAO (not only doctors!)
- WHO representative (when available)
- At least one member from each sector (CAA & PHA)
- OJT for Technical Advisor (optional)

Participants offered by States, WHO and ICAO as contributions in kind
State’s Participating Organisations (1)

- Civil Aviation Authority (aviation medicine, facilitation, aerodromes, air traffic services, flight operations/standards/safety)
- National 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)
Air Navigation Services Provider (ATC)
Aircraft operators
Tourism Authority
National emergency/disaster response agencies
Other Participating Organisations

- WHO Regional Office (IHR), IHR Regional Contact Point, and/or Country Office
- Other UN agencies, e.g. OCHA, WFP (optional)
Activities

2 days

Day 1
- Meeting/Training

Day 2 am
- Briefing and Airport visit

Day 2 pm
- De-briefing meeting and discussion of the visit results
Meeting Agenda (1)

Opening Remarks by: ICAO, WHO, CAA, PHA

CAPSCA

ICAO Health Related SARPs & Documents

IHR (2005) related to Points of Entry

Public Health Authority on the National PHE Plan encompassing the aviation sector
Meeting Agenda (2)

- CAA on the national aviation sector PHE Plan as part of the National 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 & report
Visit shall not affect normal operations

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

Walkthrough and interviews
Airport facilities to Visit

- Emergency Operations Centre
- Passenger screening locations and facilities
- Rescue and Fire Fighting Services
- Medical Services/Response – clinic
- Immigration & Customs
- Air Traffic Control Tower
- Passenger quarantine/assessment/holding facility/room/area
- Designated aircraft parking position, if applicable
- 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
National PHE Plan – Aviation part

Airport Emergency Plan – PHE part

ATS Procedures for communication of on-board cases
Results

1. Confidential Report
   1 month after visit

2. Sent to CAA with recommendation to forward to PHA and airport

3. State Action Plan
   1 month after report

4. 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 – 20 States (6 joint with WHO), 24 Airports, 12 State Technical Advisors have completed OJT
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

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
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) confirm participation in CAPSCA – APAC by the civil aviation authority (CAA) and/or public health authority (PHA) sending a letter to ICAO and/or PAHO/WHO, respectively – e.g. Brunei Darussalam, New Zealand & DPR Korea;

b) designate CAPSCA focal point(s) from CAA and/or PHA;

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

and
d) request Assistance Visits in 2012 by sending a letter to ICAO – e.g. Mongolia.
Thank you

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