6th Meeting – Collaborative Arrangement for the Prevention and Management of public health events in Civil Aviation Asia Pacific (CAPSCA-AP)

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ICAO Asia and Pacific Office

Manila, Philippines
22-25 April 2013
Report on CAPSCA Asia Pacific Membership/Activities/ Achievements:

Review of:

- 5th CAPSCA AP Meeting
- Output from APANPIRG/23 and 49th DGCA APAC Conference
Introduction - CAPSCA

- Article 14 of the Chicago Convention – prevent spread of communicable diseases by air transport

- ICAO established Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) in 2006 to assist States with the major challenge of multi-sector collaboration

- From CAPSCA AP...Global Programme of 5 regional CAPSCA Projects.
The Asia-Pacific region remains very sensitive to possible emergence of novel infectious agents.
**CAPSCA Activities**

- 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)

- Organise regional meetings/ training events/ seminar/ workshop

- Conduct **Assistance Visits** to States and International Airports to improve their preparedness to PH threats

- Assist States with National Aviation PHEPs

- Developing guidance material

- Web resource (www.capsca.org)
CAPSCA Partner Organisations

United Nations Central Fund for Influenza Action (UN CFIA)

Office for the Coordination of Humanitarian Affairs (OCHA)

CAPSCA

WFP

World Tourism Organization (UNWTO)

IOM - OIM

ACI

IATA

CDC

Centers for Disease Control and Prevention
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20 States  
**2012  
***2013
CAPSCA AP 2012/13 Activities

- 5th CAPSCA AP Meeting – Ulaanbaatar, 19 – 21 April 2012
  - 'Training of Technical Advisors for CAPSCA-AP’
  - Airport AV demo/walkthrough
- Presentations at APANPIRG/23, 49th DGCA APAC Conference and 13th COSCAP-North Asia SCM
- Participation at the 3rd Global CAPSCA Meeting at Santiago, 8-12 Oct 2012
  - Representatives from Singapore, Mongolia, NZ, Macao, Hong Kong
- Nepal CAPSCA Assistance Visit, 11-12 Dec 2012
- Technical Advisor Training Workshop, Bangkok, 13-14 Dec 2012
- 6th CAPSCA AP Meeting – 22-25 April 2013, Manila
Review of
5th CAPSCA AP Meeting
Conclusions
A total of 51 participants attended the meeting, representing both Civil Aviation Administrations and Public Health Authorities.

9 States/Administrations of the Asia Pacific Region, i.e. Brunei Darussalam, Hong Kong China, Macao China, Malaysia, Mongolia, New Zealand, Philippines, Singapore, and Thailand.

Partner Organizations - WHO, WFP, ACI, Asia Europe Foundation (ASEF), European Civil Aviation Conference (ECAC), IATA/Cathay Pacific Airways, Malaysia Airlines, Malaysia Airports and Thai International Airways.
Conclusion No 1:

- CAA Mongolia was elected as Chair of the CAPSCA AP Project until the next (6th) CAPSCA AP Meeting.

- Following the 6th CAPSCA AP Meeting the Chairman’s term would be for a 3 year period.

- A Vice Chairperson for the CAPSCA AP would also be elected at the next CAPSCA AP meeting.
Conclusion No 2:

States are encouraged to:

a) confirm participation in the CAPSCA AP Project by the civil aviation authority (CAA) and/or public health authority (PHA) by sending a letter to ICAO and/or WHO regional offices respectively in accordance with ICAO Resolution A 37-13 and as agreed by DGCA Asia Pacific Conference Action Item 47/15 (Note: there is currently no cost to join CAPSCA);

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

d) request Assistance Visits (at no cost to State) in 2012/13 by sending a letter to ICAO.
Conclusion No 3:

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

a) a timely and engaging information policy;
b) a risk communication strategy based upon the needs of the public, the scientific evidence and official information from WHO, ICAO and other International Organizations;
c) an appropriate message and format;
d) prioritization of staff and travelers; and
e) political and corporate support.
Conclusion No 4:

States and Territories are urged to consider business continuity management/whole of society principles in preparing and updating aviation public health emergency preparedness plans.
Conclusion No 5:

WHO presented a guide to bridge the gap between the legal requirements of IHR (2005) and the pragmatic readiness and response capacity for Public Health Emergencies (PHE) at designated Points of Entry (PoE). The meeting encouraged States to use this newly published WHO guide [IHR (2005): A guide for PHE contingency planning at designated POEs] as a reference document to develop a PHECP at designated POE. This WHO document is also referenced in the ICAO “Template for a National Aviation Public Health Emergency Preparedness Plan” which can be found on the CAPSCA website.
Conclusion No 6:

States should prepare for the ICAO Universal Safety Oversight Audit Programme (USOAP) which, from 2013, will include protocol questions concerning Public Health Emergency related Standards and Recommended Practices (SARPs).
Conclusion No 7:

States/Administrations/International Organizations may consider the use of the Asia Europe Foundation scenarios, recommendations and materials for testing and developing preparedness plans for pandemics and public health emergencies.
Conclusion No 8:

WHO agreed to facilitate an invitation to ICAO to the next Asia Pacific Strategy on Emerging Diseases (APSED) meeting to be held in June/July 2012.
Conclusion No 9:

States and Organizations are encouraged to:

a) support the continuation of CAPSCA beyond 2012; and

b) propose to ICAO possible sources of and mechanisms for future funding of the CAPSCA Project.
Conclusion No 10:

CAA Philippines offered to host the next (6th) CAPSCA meeting in Manila in April 2013 which was accepted with appreciation. It will be followed by a Regional Technical Advisor Training Workshop and a demonstration Airport Assistance Visit at an airport in the greater Manila area to be decided by Philippines.
Conclusion No 11:

Assistance visits involving participation by both the aviation sector and by the public health sector, including WHO, are encouraged.
Conclusion No 12:

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.
Conclusion No 13:

The Meeting reviewed and approved the harmonized ICAO Terms of Reference for CAPSCA Projects available on the CAPSCA website.
Terms of Reference

1. CAPSCA-AP is established in the ICAO Asia Pacific Region to foster that the Public Health sector and the Aviation sector in the AP Region States collaborate to develop and maintain a national preparedness plan for aviation in compliance with the World Health Organization International Health Regulations (2005) and ICAO Standards and Recommended Practices.

2. Is comprised of representatives from:
   - States that have joined the CAPSCA AP project (Civil Aviation Authorities and Public Health Authorities);
   - Donors (States and Organizations);
   - ICAO, WHO and other partner UN, aviation and health related Regional and International Organizations; and
   - Other representatives as necessary, as determined by the ICAO CAPSCA Project Manager.
3. Is chaired by a Chairperson and Vice-Chairperson elected by the representatives of CAPSCA AP member States present in the meeting when the election is held, representing the civil aviation and public health sectors, if possible, normally for a period of 3 years, or until the project is completed, whichever is earlier.

4. Meets annually, and in conjunction with the Global Coordination Meeting when held in the AP region.

5. Contribute to the ongoing review of all guidelines, including those for States, airport and aircraft operators, and air navigation service providers, and submit recommendations for revision to the corresponding organisations through ICAO and WHO.

6. Interprets and disseminates guidelines for applicability in the region.
7. Is open to any representative who can further the objectives of CAPSCA, including International Organizations, as determined by the ICAO CAPSCA Project Manager.

8. Provides ongoing assessment, planning advice and assistance visits to States.

9. Contribute to the ongoing review of the ICAO CAPSCA checklist for assistance visits to States and airports.

10. Trains technical advisors designated by States to carry out assistance visits to States in accordance with ICAO provisions and WHO International Health Regulations (2005), and associated guidelines.
The spirit of CAPSCA at Ulaanbaatar

“My best photo in Ulaanbaatar 2012 - shows people talking, people listening, everyone attentive and engaged just the spirit of CAPSCA”

- John Gardner
Senior Advisor Biosecurity (Environment Team), Ministry of Health NZ
ICAO Cooperative Arrangement For The Prevention Of Spread Of Communicable Disease Through Air Travel (CAPSCA) Assistance Visit
Nepal & Tribhuvan International Airport, Kathmandu
(10-11 December 2012)
Chronology of Events

- 12 July 2012 - Acceptance Letter from Nepal of an CAPSCA Assistance Visit (AV)
- 6 September 2012: ICAO APAC Regional Office sent a letter to the CAA Nepal attaching the preliminary agenda and the assistance visit checklist to be completed before the actual AV
- 24 November 2012 : CAA Nepal in coordination with the airport and public health authorities completed the checklist and returned it to the ICAO Regional Office
- 10 to 11 December 2012: CAPSCA Assistance Visit (AV) to Nepal was conducted
- 24 January 2013: Final report of the CAPSCA Assistance Visit was sent to CAA Nepal by ICAO
- 13 Feb 2013: Meeting between CAA Nepal and all stakeholders to discuss the Final AV Report findings and recommendations
- 27 Feb 2013: Official acceptance of the proposed action plan by CAA Nepal to ICAO
CAPSCA Assistance Visit (AV) to Nepal

- **ICAO and WHO CAPSCA Team:**
  - Dr Jarnail Singh, ICAO CAPSCA Technical Advisor (Team Leader)
  - Mr Michiel Vreedenburgh, ICAO CAPSCA Project Coordinator (Technical Advisor)
  - Dr. Yogesh Choudhri, WHO SEARO representative
  - Dr Ravi Kiran Kafle, National Professional Officer, WHO Country Office for Nepal
  - Dr Rolly Bayaban, Philippines (OJT for Technical Advisor)
  - Mr Manjit Singh, ICAO CAPSCA AP Regional Coordinator (OJT for Tech Advisor)

- 66 participants consisting of all the relevant stakeholders

- Airport walkthrough of the various areas - the Emergency Operations Centre, medical services/response area, customs, immigration, baggage area, passenger screening & holding facilities, ATC Tower, apron

- Recommendations (both general and specific) in the area of procedures, processes and provisions associated with ICAO Health Related SARPs & Guidelines were made and discussed during the debriefing session and also during the airport visit itself.
Day 1 Opening Meeting – CAPSCA Assistance Visit Nepal
Tribhuvan International Airport (TIA), Kathmandu
Technical Advisor Training Workshop, ICAO Regional Office, Bangkok, 13-14 Dec 2012

- 31 Participants from: AUSTRALIA (1), BRUNEI DARUSSALAM (1), BANGLADESH (1), INDONESIA (1), MONGOLIA (3), MALAYSIA (4), NEPAL (4), PHILIPPINES (1), SINGAPORE (3), SRI LANKA (3), THAILAND (9)
- ACI (1), WHO SEARO (1), IOM (1), ICAO (4)
- Suvarnabhumi International Airport walkthrough
Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel Asia Pacific (CAPSCA-AP) Technical Advisor Training
ICAO Regional Office, Bangkok, Thailand, 13-14 December 2012
• **APANPIRG/23 - WP/28 : USOAP Programme – Public health emergency preparedness protocol questions, Continuous Monitoring Approach (CMA)**

• APANPIRG noted that as from 2013 the USOAP audit protocol will include Protocol Questions on PHE planning.

• **Conclusion 23/51 - ICAO Public Health Emergency related SARPs**
  States/Administrations:
  a) should develop, update and test aviation public health emergency (PHE) preparedness plan in collaboration with public health authorities, in compliance with related ICAO SARPs and WHO IHR (2005), and prepare for the ICAO USOAP Continuous Monitoring Approach (CMA) audit which, from 2013, will include protocol questions concerning PHE related ICAO Standards and Recommended Practices; and

  b) consider become participating members of the ICAO CAPSCA Asia Pacific project, if not yet members, and accept PHE Preparedness Assistance Visits by the ICAO CAPSCA Asia Pacific Project, by sending a letter to the ICAO APAC Regional Office.
Conclusion 23/51 - ICAO Public Health Emergency related SARPs

Action taken by APAC Regional Office:

— ICAO letter ref. AN 3/3- AP172112 (AGA) dated 3 December 2012 was sent by the Regional Office to all APAC States inviting APAC States / Administrations to join the ICAO CAPSCA Asia Pacific Programme and take advantage of the associated airport assistance visits and training of a network of experts, if not already done so.
DGCA 49/DP/8/2: Management of public health emergencies in aviation - funding the CAPSCA Programme beyond 2012

The Conference noted that CAPSCA was established in 2006 by ICAO to develop harmonized multi-sector guidance for States and funded by the UN Central Fund for Influenza Action (CFIA) funds.

The Conference also noted that by end 2012 no further funding support will be available from this source.

The Conference noted the significant achievements undertaken by CAPSCA during its period of existence including amendments related to public health to Annex 6, 9, 11, 14 and 18.

The main issue now is funding and the paper offered various possibilities for funding and sought strong support from APAC States/Administrations.
Action Item:

The Conference recognized the effectiveness of CAPSCA in the area of Public Health Emergency preparedness planning and urged States to:

a) support ICAO to continue the CAPSCA Project beyond 2013 and propose possible sources and future mechanisms to fund the continuity of CAPSCA;

b) Improve communication, coordination, cooperation and collaboration among civil aviation and public health authorities in order to develop capacities for public health emergency preparedness in the civil aviation system.
‘The ICAO Secretary General informed the meeting that he would be bringing up the need for greater collaboration between ICAO and WHO in his forthcoming meeting with the Director General WHO. Recognizing the need for continuance of the CAPSCA Programme he confirmed that ICAO would be allocating some regular programme funding to help support the activities of CAPSCA during 2013’
CAPSCA Asia Pacific Achievements

• From CAPSCA AP...Global Programme of 5 regional CAPSCA Projects

• Collaboration with WHO SEARO & WPRO (joint CAPSCA missions) ongoing

• 20 members

• 12 international airports in 10 States/Administrations in the APAC region have received CAPSCA Assistance Visits: Singapore, Macao, Hong Kong, Malaysia, Thailand, Philippines (*Manila, *Cebu), Indonesia (*Bali, *Jakarta), Jinan Airport, China (with WHO), Bhutan (with WHO), Kathmandu (Dec 2012, with WHO)

• Pool of CAPSCA Technical Advisors available & an OJT programme is ongoing

• Programme to sensitize States on ‘amendments to ICAO Annexes (6, 9, 11, 14, 18)’ and ‘Incorporation of questions on PHE preparedness in ICAO USOAP (CMA)’ – presentations at APANPIRG/23, 49th DGCA APAC Conference & 13th COSCAP NA SCM
Recommended Actions

States are encouraged to:

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

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

c) request Assistance Visits in 2013/14 by sending a letter to ICAO APAC Regional Office

d) volunteer to host the 7th CAPSCA AP meeting
THANK YOU

http://www.capsca.org/