ICAO CAPSCA Assistance Visits to States and Airports

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1st ICAO CAPSCA Middle East Meeting/Workshop
Cairo, Egypt, 11 - 15 December 2011
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 & Doc 4444
✈️ WHO IHR (2005)
✈️ ICAO, WHO, ACI & IATA guidelines
Tools

- Guidelines
- Questionnaire
- Checklist
- Report template

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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 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 questionnaire to ICAO
6. ICAO Mission plan and team coordination
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

State Requirements
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)
State’s Participating Organisations (2)

- 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 in the ATS Contingency Plan
- Aircraft operator on its PHE procedures
- CAPSCA Assistance Visit methodology, questionnaire, checklist & report
Airport Visit Methodology

- 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

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

- National PHE Plan – Aviation part
- Airport Emergency Plan – PHE part
- ATS Contingency Plan - on-board case procedures
Confidential Report

Sent to CAA with recommendation to forward to PHA and airport

State Action Plan

ICAO CAPSCA Regional Coordinator Follow-up Implementation
**Assistance Visits completed**

- **Asia** – 9 States/SARs (2 joint with WHO), 10 Airports, 1 State Technical Advisor
- **Africa** – 5 States, 7 Airports, 4 State Technical Advisors have completed OJT
- **Americas** – 18 States (4 joint with WHO), 22 Airports, 11 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
Trends Observed (2)

- 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
Typical Recommendations

✈ Aviation and public health authorities to have framework and procedures for working together on the national PHEP for aviation
✈ 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 review the AEP
✈ AEPs should be exercised and personnel trained
Next Steps (1)

- Visit all CAPSCA participating States
- More joint ICAO/WHO visits
- Integrate CAPSCA questionnaire into the checklist
- 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
States are encouraged to:

a) confirm participation in CAPSCA - Middle East;

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.
Thank you

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