CAPSCA FUNDING BEYOND 2012

2nd CAPSCA Middle East Meeting
(Cairo, Egypt, 3-5 December 2012)

Dr Anthony Evans
Chief, Aviation Medicine ICAO & CAPSCA project manager
(Acknowledgement Mr Michiel Vreedenburgh)
UN CFIA grants expire on 31 December 2012

No funds allotted to CAPSCA in ICAO 2011 – 2013 regular programme budget approved by States in 2010 Assembly

CAPSCA requires funding to continue activities beyond 2012
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ICAO CAPSCA Regional Projects
CAPSCA Partner Organisations
ICAO CAPSCA Benefits (1)

- Improved and harmonized public health emergency response planning, preparedness and management
- Multi-sector framework and network within State, between States and between International Organisations
  - Global
  - Regional
  - National
  - Local
- Before, during and after a PHE:
  - Communication
  - Coordination
  - Cooperation
  - Collaboration
ICAO CAPSCA Benefits (2)

- Reduced impact of public health emergencies on populations:
  - Reduced/mitigated spread of disease
  - Delayed spread of disease
  - Peak effects of disease reduced
- Optimize resources for PHE response
- Proportional response encouraged – ‘knee jerk’ reactions minimised
- Mitigation of economic and social effects
- Timely and planned return to normal operations
- Improved management of risk perception – for air passengers and aviation personnel
- Synergistic development of standards and guidance, utilising resources from different sources, both public and private
Assistance Visits Observations (1)

- 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
Common Actions Required by States

- Whole of Society Approach to Emergency Preparedness
- Exercised
- Personal need training in AEP and AEP should be included
- CAA and PHA should jointly review the AEP
- Sector
- Civil aviation regulations should include PHE related SARPs
- AEPs should include procedures and protocols for PHEs harmonised with national PHEP for aviation
- CAA and PHA should jointly review the AEP
- Person need training in AEP and AEP should be included
- PHEs harmonised with national PHEP for aviation
- AEP should include procedures and protocols for PHEs harmonised with national PHEP for aviation
- Civil aviation regulations should include PHE
- Master level
- Requires collaboration of Government at ministerial level
- Together on the national PHEP for aviation
- Formal framework and procedures for working
- Aviation and public health authorities to have
- Whole of Society Approach to Emergency
ICAO CAPSCA Ongoing Activities

- Continue to 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)
- Increase State membership
- Meetings
- Training
- Assistance visits
- Guidance
- Web site resource

“TO DO IS TO BE” - Nietzsche
“TO BE IS TO DO” - Kant
“DO BE DO BE DO” - Sinatra
ICAO CAPSCA Further Development

- State Action Plans and implementation of CAPSCA Assistance Visit Recommendations
- Regional Coordinators to follow-up with States
- Review lessons learned and improve the assistance visit process
- Analyse observed regional trends and recommend typical actions
- Promote national implementation of CAPSCA concept
- CAPSCA Follow-up Visits to States
- Business continuity and communications guidance
- Expand scope of CAPSCA beyond communicable diseases to incorporate all types of events (“all-hazards”) with the potential to become a public health emergency with an international impact
- Passenger screening methods survey and research
ICAO/WHO Planned Collaboration for ICAO SARPs and IHR (2005) Implementation

✈ 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
✈ 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
✈ ICAO and WHO to consider harmonising the ICAO safety oversight audit programme and IHR (2005) designated airport certification requirements, where applicable
ICAO CAPSCA Funding Needs

✈ USD 300,000 per year based on average expenditure during 2010 and 2011 for global activities
ICAO CAPSCA Potential Sources of Funding

- **ICAO**
  - Regular budget year-end carry-over funds
  - Special implementation projects (SIP)
  - Safety Fund (SAFE)
  - Regional Projects – e.g. COSCAPs, AFI
  - HQ ANB and Regional Office regular programme allotments
  - Next triennium regular programme budget (2014 – 2016) – to be approved by States at Assembly in 2013

- **States & Airports**
  - Voluntary contributions, e.g. Colombia, APAC SARS
  - Cost recovery for visits, e.g. APAC
  - Project participation fee, e.g. APAC, AFI
  - Technical Advisor Assistance Visit travel, e.g. United States
Organizations

- UN funds – e.g. WHO, WFP, OCHA, UNWTO, etc.
- Industry – e.g. IATA, ACI, etc.
- Regional – e.g. EU, etc.
- National – e.g. CDC, GIZ, etc.
- Private – e.g. Robert Koch Institute, etc.
Next Steps

- Fund raising campaign
  - ICAO – Council, Regional Offices, Meetings
  - States – Assembly 2013
  - CAPSCA – Chairpersons, Team Leaders
  - Partner Organisations
States and Organisations are encouraged to:

- Support ICAO to continue the CAPSCA Programme beyond 2012; and

- Propose to ICAO possible sources of and mechanisms for funding CAPSCA.