



WORKING PAPER

**SPECIAL AFRICA-INDIAN OCEAN (AFI)
REGIONAL AIR NAVIGATION (RAN) MEETING**

Durban, South Africa, 24 to 29 November 2008

Agenda Item 6: Development of a set of comprehensive work programmes in the air navigation field, aimed at improving efficiency of the air navigation system (Efficiency Committee)

**PREPARATION OF THE AVIATION SECTOR FOR AN OUTBREAK OF A
COMMUNICABLE DISEASE POSING A SERIOUS PUBLIC HEALTH RISK, OR PUBLIC
HEALTH EMERGENCY, OF INTERNATIONAL CONCERN**

(Presented by the Secretariat)

SUMMARY

This paper proposes a means of preparation for the aviation sector that is aligned with the World Health Organization's International Health Regulations (2005).

Action by the meeting is in paragraph 4.

1. INTRODUCTION

1.1 After the acute impact on air travel from the Severe Acute Respiratory Syndrome (SARS), ICAO strengthened its support of Article 14, *Prevention of Spread of Disease to the Convention on International Civil Aviation* (Doc 7300). The emerging threat from pandemic influenza in 2005 further focused efforts in this area and the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) project was commenced by ICAO in Asia, in September 2006. In November 2006, preparedness planning guidelines for States were posted on the ICAO public website (<http://www.icao.int/icao/en/med/guidelines.htm>) and in July 2007 changes to ICAO Annex 9 — *Facilitation* became applicable that required States, inter alia, to establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk. In November 2007 CAPSCA commenced in Africa, and in July 2008 relevant proposals to amend Annex 14 — *Aerodromes and the Procedures for Air Navigation Services — Air Traffic Management* (PANS-ATM, Doc 4444) were distributed by State letter AN 13/1.8-08/53 for comment.

1.2 The World Health Organization's International Health Regulations (2005) (WHO IHR) came into force in June 2007 and they include many references to airports and aircraft. The main challenge facing the aviation sector is to bring together the various organizations that need to be involved in preparedness planning in the aviation sector to ensure that the response to a serious public health risk is effective and proportionate to the risk.

2. BACKGROUND

2.1 The Aviation Medicine Section of ICAO has traditionally focused its efforts on aspects related to the health of flight crew and air traffic controllers. However, with respect to the prevention of the spread of communicable disease, Article 14 of the Convention states: "Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate....".

2.2 Although now rather outdated (smallpox has been eradicated and the WHO IHR (2005) encompasses any disease posing a serious public health risk) the Article still remains valid.

2.3 Bearing in mind the risks posed by modern diseases such as SARS, and influenza having pandemic potential, the 35th Session of the ICAO Assembly adopted Resolution A35-12 which requested the Council, as a matter of priority: "...to develop Standards and Recommended Practices in the appropriate Annexes to the Convention in order to address contingency plans to prevent the spread of communicable diseases by air transport."

2.4 ICAO accordingly developed Standards and Recommended Practices (SARPs) in Annex 9 that include:

- a) "8.16. A Contracting State shall establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern.";
- b) revision of the health part of aircraft general declaration (Annex 9, Appendix 1); and
- c) improved notification procedures to public health authorities of a suspected case of communicable disease on board an aircraft.

2.5 Changes to Annex 9 became applicable on 15 July 2007 and guidelines concerning improved notification procedures were promulgated by State letter (AN 5/22-07/55) during the same month.

2.6 Resolution A35-12 also requested the Council to "...establish suitable institutional arrangements to coordinate efforts by contracting States and other members of the international civil aviation community aimed at protecting the health of passengers and crews."

2.7 ICAO established a working group that included WHO, International Air Transport Association (IATA), Airports Council International (ACI) and the United States Centers for Disease Control and Prevention to develop guidelines for States, airport operators and aircraft operators concerning preparedness planning. Guidelines for States are available on the ICAO public website. More detailed guidelines, emphasizing the specific action to be taken by aircraft and airport operators respectively can be found on the websites of IATA and ACI.

2.8 To assist in the implementation of the guidelines, the Air Navigation and Technical Cooperation Bureaux of ICAO collaborated to establish the CAPSCA project. The project was commenced in Asia and several workshops and seminars have been undertaken. Twelve airports have been evaluated in the region with respect to pandemic preparedness. The project has been supported by contributions from States and by two grants from the UN Central Fund for Influenza Action.

2.9 CAPSCA-Africa was initiated by means of an aviation medicine seminar in Libreville, Gabon, in November 2007. Subsequently, two workshops were held, in Johannesburg, South Africa and Dakar, Senegal, in March 2008. States in Africa were encouraged to join CAPSCA by means of State letters TC 1/3.11-010, dated 5 June 2008 (distributed from the Dakar Regional Office) and TC 2/31-0211, dated 13 June 2008 (distributed from the Nairobi Regional Office).

2.10 Proposals to amend Annexes 11 and 14, Volume I, were distributed by State letter on 31 July 2008. These include the following:

- a) public health emergencies in Attachment C, “Material relating to Contingency Planning” with respect to air traffic services (ATS);
- b) public health emergencies in Annex 14, Volume I, Chapter 9, as an example of items to be included in aerodrome contingency plans; and,
- c) PANS-ATM procedures for flight crew and air traffic controllers in the event of a suspected case of communicable disease on board an aircraft.

2.11 With respect to the PANS-ATM amendments, these are considered necessary because experience has demonstrated that notification of public health authorities of an inbound suspected case of communicable disease is currently unreliable and limited use of ATS for notification of the appropriate authority at destination should improve such reliability. Additionally, the public health response is more efficient the longer the time period between notification and aircraft arrival, and the proposed procedures will maximize the time available for preparation.

2.12 ICAO is exploring with WHO the possibility of a joint airport evaluation programme.

3. DISCUSSION

3.1 Pandemic preparedness planning requires a cross-organizational effort, primarily involving the regulatory authorities and the public health authorities. It has been found that communication between different stakeholders is the most challenging aspect of developing a pandemic preparedness plan for the aviation sector.

3.2 It has been found that the chief medical officer of, or aviation medicine adviser to, a regulatory authority may not, in many States, been much concerned with the subject of prevention of the spread of communicable disease, or the risk of contracting such disease by travellers on board aircraft. On the other hand, public health authorities have little knowledge of the aviation sector and need aviation medicine advice. It is therefore essential that national regulatory and public health authorities work together, with other stakeholders as necessary, to develop a pandemic preparedness plan for aviation that is integrated into the national preparedness plan. Such plans should be synergistic with regional and global initiatives. The meeting is therefore invited to adopt the following recommendation:

Recommendation 6/x – Pandemic preparedness planning in the aviation sector

That the AFI Planning and Implementation Regional Group (APIRG) adopt the MED performance objective concerning pandemic preparedness planning in the aviation sector, as contained in the Performance Framework Form in the appendix to this paper.

4. ACTION BY THE MEETING

4.1 The meeting is invited to approve the draft Recommendation at paragraph 3.2 above.

APPENDIX

MED PERFORMANCE OBJECTIVES

PREPARE THE AVIATION SECTOR FOR AN OUTBREAK OF A COMMUNICABLE DISEASE POSING A SERIOUS PUBLIC HEALTH RISK, OR PUBLIC HEALTH EMERGENCY, OF INTERNATIONAL CONCERN				
Benefits				
Efficiency	<ul style="list-style-type: none"> reduction of risk of spreading disease by air transport; 			
Safety	<ul style="list-style-type: none"> reduction of risk from disease to individual air travellers; mitigation of adverse economic effects caused by a disease outbreak; more rapid recovery when an outbreak is over. 			
<i>Strategy</i>				
Short term (2010)				
Medium term (2011 - 2015)				
MED OC COMPONENTS	TASKS	TIME FRAME START-END	RESPONSIBILITY	STATUS
	<ul style="list-style-type: none"> Regulatory authorities establish means of communication with national public health authorities. States establish national and airport facilitation programmes to include pandemic preparedness planning (unless effective alternatives are in place). States join the CAPSCA project and participate in Steering Committee and Regional Aviation Medicine Team Meetings. States consider supporting the CAPSCA project by providing financial contributions or contributions in kind. Minimum of two international airports per year evaluated against the ICAO guidelines with respect to preparedness planning. CAPSCA Steering Committee Meeting held annually. CAPSCA Regional Aviation Medicine Team Meeting held annually. 	2009		
		2009		
		2009		
		2009		
		Ongoing		
		Ongoing		
		Ongoing		
Linkage to GASP	<ul style="list-style-type: none"> 2.1.1. Focus Area 1 – Inconsistent Implementation of International Standards 2.2.1. Focus Area 5 – Inconsistent Coordination of Regional Programs 			

— END —