



## INTERNATIONAL CIVIL AVIATION ORGANIZATION

### AFI PLANNING AND IMPLEMENTATION REGIONAL GROUP EIGHTEENTH MEETING (APIRG/18) Kampala, Uganda (27 – 30 March 2012)

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#### Agenda Item 2.2: Global, Regional and Interregional Activities

#### REGIONAL TECHNICAL COOPERATION

*(Presented by the Secretariat)*

SUMMARY
This paper presents the activities of the Technical Co-operation Bureau (TCB) in Africa from the perspective of global, and regional activities, and the mechanisms used in the implementation of cooperative type projects in civil aviation. ICAO encourages States to work together in addressing common problems by pooling and sharing resources. States are urged to make greater use of ICAO Technical Cooperation Programme projects developed for providing assistance through cooperative arrangements.
<b>REFERENCE(S):</b> A37-13 (1-78) APIRG/ 16 and 17
<b>Related ICAO Strategic Objective(s):</b> A

#### 1. INTRODUCTION

1.1 The Project on the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) is a joint Air Navigation/Technical Cooperation Bureau global initiative.

1.2 The project aims at reducing the risk of spread by air travel of influenza of pandemic potential and other important communicable diseases, and mitigating the effects of such spread through assistance in the implementation of relevant ICAO Standards and Recommended Practices (Annexes 6, 9, 11, 14 and 18) and supporting guidelines, and the World Health Organization WHO, International Health Regulations IHR (2005).

1.3 The regional cooperative type project currently being implemented by the Technical Cooperation Bureau in the area of air navigation services is the Cooperative Development of Aeronautical Meteorology (CODEVMET).

1.4 The CODEVMET project is in the second phase of assistance to nine (9) Western and Central African States (Cape Verde, Democratic Republic of Congo, Gambia, Guinea, Guinea-Bissau, Liberia, Nigeria, Sao Tome and Principe and Sierra Leone).

1.5 In the first phase of the project, the aviation meteorology facilities and services in the above mentioned group of States were evaluated, action plans prepared for removal of the identified deficiencies, and sets of recommendations forming guidelines for the medium to long-term (5-10 years) planning and implementation of aviation meteorology services and facilities, developed. A cooperative resource sharing programme document addressing the requirements for removal of the deficiencies and enhancing the capacity of State regulatory authorities in carrying out safety oversight of Aeronautical Meteorological Services has been prepared and constitutes the Phase II project called CODEVMET-WACAF Pilot Project or (CODEVMET-WACAF PP)

1.6 APIRG 17 Conclusion 17/104 a) required States interested in the CODEVMET Project to submit a formal application to the ICAO WACAF office, for enrollment to the project. To date no new applications were received

## 2. DISCUSSION

### 2.1 CAPSCA

2.1.1 Annex 11 (to the Chicago Convention)— *Air Traffic Services* and Annex 14 — *Aerodromes, Volume I — Aerodrome Design and Operations* require air traffic services authorities and aerodrome operators to establish contingency planning or aerodrome emergency plans, respectively, for public health emergencies of international concern.

2.1.2 Annex 9 – Facilitation requires a Contracting State to 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. Guidance in developing the national aviation plan may be found on the CAPSCA website: [www.capsca.org](http://www.capsca.org).

2.1.3 Periodic testing of preparedness plans by means of table-top or live exercises involving all relevant stakeholders, especially public health authorities, airports and airlines, are essential.

2.1.4 Visits are organized under the CAPSCA project on request to international airports in participating States, to assist with implementation of ICAO requirements with regard to public health emergencies and training of personnel from the civil aviation, airports and public health authorities, as well as airlines. CAPSCA Guidelines for the State/Airport Assistance Visit are shown at **Appendix A** to this working paper.

2.1.5 It is envisaged that Audit Protocol Questions related to the management of communicable disease in aviation will be included in the Continuous Monitoring Approach (CMA) of the Universal Safety Oversight Audit Programme (USOAP).

2.1.6 The three main challenges facing the CAPSCA project are how to:

- a) involve all necessary stakeholders
- b) secure funding for further work beyond December 2012
- c) obtain relevant expertise

2.1.7 In the field of medicine, the traditional role of ICAO and consequently of the State civil aviation regulatory authorities has been the medical certification of pilots and air traffic controllers. State public health departments have equally not been much involved in the aviation sector. The WHO IHR (2005), Annex 1B outlines the core capacity requirements regarding facilities needed to manage public health emergencies, at designated airports, ports and ground crossings.

2.1.8 The combined efforts of ICAO and WHO in developing preparedness planning in aviation under the CAPSCA project has greatly contributed to promoting the involvement of both the public health and the aviation sectors.

2.1.9 To date the main financial support for the CAPSCA Project has been a series of grants from the UN Central Fund for Influenza Action (UNCFIA), a fund administered by the United Nations Development Programme (UNDP). This source of funding is expected to be exhausted by December 2012. Some funding has been provided by States and by international organizations, in cash and in kind. Additional funding is required for the continuity of the CAPSCA project. In the CAPSCA Africa Project it was agreed in October 2010 to apply a temporary waiver on the US \$5000 joining fee, to encourage more African States to join the Project. However, the waiver is likely to be discontinued after December 2012 with the end of the funding from the UNCFIA.

2.1.10 The CAPSCA project organizes regional training events. Several workshops have been organized to provide training in preparedness planning to State aviation and public health authorities as well as other stakeholders. Specific training for Assistance Visit Technical Advisors is also being provided. Two of such workshops for Technical Advisors (one in French and one in English) are scheduled to take place during 2012. The AFI Region needs to have a substantial pool of Technical Advisors who can be mobilized to carry out Assistance Visits.

2.1.11 Desirable Qualifications for CAPSCA State/Airport Assistance Visit Technical Advisors are provided in **Appendix B** to this working paper.

2.1.12 To-date, approximately 70 States have joined the CAPSCA programme worldwide. Of this number, 17 States are in the CAPSCA-Africa project. Thirty six (36) international airports have received assistance visits, of which five (5) are in the AFI Region.

## 2.2 *CODEVMET*

2.2.1 This CODEVMET-WACAF PP was launched on 2 February 2011 during its First Steering Committee Meeting and has an expected duration of 24 months.

2.2.2 The operational activities of the project are expected to start on the recruitment of the Project Coordinator after payment of the first year contribution by States.

2.2.3 A draft amendment to CODEVMET-WACAF-PP is under preparation to redesign the scope of the Project in line with the level of contributions received from participating States that are ready to commence, with the possibility of other States joining when they are ready to contribute.

2.2.4 In view of the foregoing, the Group may wish to adopt the following Draft Conclusion:

**DRAFT CONCLUSION 18/XX: IMPLEMENTATION OF COOPERATIVE TYPE GLOBAL AND REGIONAL PROJECTS**

**That States:**

- a) **include in their Civil Aviation Regulations public health emergency related provisions of ICAO Annexes and guidance material;**
- b) **establish an Aviation Public Health Emergency Plan which is integrated in the National Public Health Emergency Plan;**
- c) **which are not members of the CAPSCA project are encouraged to join, request assistance visits and contribute to the funding of the CAPSCA Project; and**
- d) **nominate candidates to be trained as Technical Advisors.**

**3. ACTION BY THE MEETING**

3.1 The meeting is invited to:

- (a) note the information provided in this working paper;
- (b) agree on the Draft Conclusion as at paragraph 2.2.4 of this working paper.

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## INTERNATIONAL CIVIL AVIATION ORGANIZATION

### COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF SPREAD OF COMMUNICABLE DISEASE THROUGH AIR TRAVEL (CAPSCA)

#### STATE AND AIRPORT ASSISTANCE VISIT GUIDELINES

#### 1. Before the Assistance Visit

1.1 The State Civil Aviation Authority, in consultation with the airport operator, the Public Health Authorities and other stakeholders will request the ICAO Regional Office for an Assistance Visit (AV) and designate a contact point for the visit.

1.2 The ICAO Regional Office will send a letter to the State CAA at least 60 days before the assistance visit attaching the preliminary agenda and the checklist to be used during the assistance visit.

1.3 The assistance visit checklist should be completed and returned by the State to ICAO at least 15 days before the date of the visit.

#### 2. Duration of the Assistance Visit

2.1 The length of the assistance visit to the State will depend on the responses to the AV checklist, the size and the number of airports to be visited. The assistance visit usually covers one international airport per State and typically spans for a period of 2 days.

2.2 The assistance visit includes a training/familiarization session involving all the stakeholders.

#### 3. Conduct of the Visit

- a) The assistance visit technical advisors team will meet the relevant stakeholders who typically comprise the CAA representatives, airport operator representatives, airport medical officer, security, customs and immigration, airlines, air navigation services provider (ATS), Public Health representatives, tourism authority, local/regional government;

- b) The meeting will be conducted by the team leader following a previously discussed agenda with the CAA designated point of contact;
- c) The assistance visit technical advisors team will make a presentation on the results of the previously submitted AV checklist, how the visit will be performed, what areas of the airport will be covered, and what is expected to be achieved after the assistance visit is concluded;
- d) The State Public Health Agency should also make presentations related to the national public health emergency preparedness plan focused on the points of entry - airports;
- e) The CAA should make a presentation of Civil Aviation Regulations covering public health emergency related provisions of ICAO Annexes and guidance material as well as the Aviation Public Health Emergency Preparedness Plan and how it is integrated into the national public health emergency plan;
- f) The airport operator will present their airport public health emergency preparedness plan and how it is included in the airport emergency plan and the Aviation Public Health Emergency Preparedness Plan;
- g) All relevant documentation such as the Airport Emergency Procedures Manual (incorporating the public health emergency plan) and relevant Standard Operating Procedures (SOPs) of all stakeholders including the air navigation services provider, aircraft operators and port health services should be made available to the assistance visit technical advisors team;
- h) Public Health Exercises that have been conducted at the airport can also be presented;
- i) The CAA and the airport operator should schedule a tour of the airport facilities involved in public health emergencies (medical services, ambulances, , designated locations for aircraft, baggage treatment, etc.) to verify the implementation of the airport public health emergency preparedness plan by the AV team;
- j) The airport assistance visit can be carried out for both departing as well as arriving passengers;
- k) A debrief will be conducted after the assistance visit.

#### **4. Debriefing**

4.1 This is the most important part of the visit. After the assistance visit is completed, the results are presented to all the stakeholders, including the State Public Health Authorities. A gap analysis will be carried out and suggestions for improving the preparedness plan will be discussed by the assistance visit technical advisors team and the stakeholders.

## **5. Final Report**

5.1 The results of the assistance visit are provided to the CAA and can only be made public by them. The final report contains the description of the State and airport assistance visit. This will usually comprise but not be limited to the following:

- ✓ documentation exchanged with the CAA authorities;
- ✓ AV Checklist responses by the CAA and stakeholders;
- ✓ list of attendees;
- ✓ agenda;
- ✓ presentations made at the assistance visit meeting;
- ✓ issues discussed during the assistance visit meeting prior to the airport visit
- ✓ list of findings by the assistance visit team;
- ✓ recommended actions, with target completion dates;
- ✓ any other issues raised by the stakeholders.

5.2 The Assistance Visit Report template including the checklist is available for download on the CAPSCA web site at: [www.capsca.org](http://www.capsca.org).

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**Desirable Qualifications for CAPSCA State/Airport Assistance Visit Technical Advisors**

- a) Interest in improving public health emergency planning in the aviation sector;
- b) Desire to facilitate communication and collaboration between different stakeholders;
- c) Availability to undertake State/international airport Assistance Visits (travel and daily expenses, but not salary, will be met from the CAPSCA project funds);
- d) Qualification and experience in aviation medicine and/or;
- e) Qualification and experience in public health medicine and/or;
- f) Experience in contingency/emergency planning in the aviation sector.

Note: Qualification in medicine or aviation medicine is not mandatory to become a CAPSCA Technical Advisor.