



OPERATIONAL ACTIONS TAKEN BY CAM IN RESPONSE TO COVID-19 PANDEMIC



Background -Public Health and Aviation

- Diseases are spread by passengers travelling by air and affect populations in other States
- Passengers and crew can become ill on aircraft from infectious passengers
- Absence of safety critical personnel (during a public health emergency) increases flight safety risk
- Public health events severely:
 - ✓ Affect aviation and economies relying on it
 - ✓ Affect aviation efficiency



Background continued

- In August 2014, following the WHO declaration of Ebola Virus Disease in West Africa as a PHEIC under the IHR and Kenya a member State of the EAC, as one of the high risk countries for the possible spread of EBV from West Africa to East Africa,
- EAC CASSOA convened a meeting of National Aviation Authorities and National Airport Authorities under the auspices of the Center for Aviation Medicine(CAM), and came up with immediate short term and long term measures meant to combat the EBV spread through air travel in the Region as provided by the IHR,ICAO,WHO,IATA and ACI.



Background continued:

- The Centre was mandated to conduct Technical Support visits to monitor and evaluate the implementation of the measures at all International airports in the EAC Region
- This therefore, because of Ebola in the past, the EAC Region has been on high alert and the Regional preparedness and response mechanisms are fairly developed



□ COVID-19 Pandemic

- The COVID-19 main vector is air travel hence the EAC CASSOA did examine methods of enhancement of Emergency and Response preparedness to the COVID-19 Pandemic at the main International Airports in the EAC Partner States
- The measures taken included:
- Organizing and conducting/coordinating training programmes for airport Stakeholders and aviation Personnel at 10 EAC major International and Domestic airports on Public Health Emergency Preparedness Response in relation to the COVID-19 Pandemic coupled with distribution of PPEs to the Authorities. This was done through funding from the GIZ.



COVID-19 Pandemic

The training was meant to involve all Airport Stakeholders that included, Civil Aviation Authorities, Airport Health Services, Immigration, Cargo and Baggage Handlers, Security, Airline Operators, Rescue and Fire Fighters and Customs and its objectives were:

- Enhancement of the pandemic preparedness and response capacities of the staff working at EAC Airports
- Enhancement of awareness in National and airport emergency preparedness and response plans
- Enhancing capacity in surveillance and prevention of the COVID-19 spread through aviation



COVID-19 Pandemic

- The training overall deliverables as follows:
- Enhanced pandemic preparedness and response capacities of all Airport Stakeholders at the international airports in the EAC Region;
- Reduced risk of spreading COVID-19 into and out of the EAC through Aviation;
- Reduced health risk for all airport staff through infected passengers / travelers
- Enhanced capacity building in terms an increased number of Trainers at the Airports, 276 in numbers.



Measures taken continued:

- Regular review/amendment of Operational Guidelines for the management of Air Passengers and Aviation Personnel in relation to COVID-19. These are aligned to the WHO and ICAO CART(Council Aviation Recovery Task Force) Guidelines
- Conducting Technical Support visits for Monitoring and evaluation of Public Health Emergency preparedness response at all major International Airports in the Region and provision of corrective action plans for the identified gaps.



Measures taken continued

- Working with Partner States and other relevant stakeholders to encourage:
 - ✓ Standardization of Public Health Risk mitigation measures through Public Health Corridors for example the standardization and validation of testing, recovery and vaccination certificates.
 - ✓ States to promote the harmonized and inclusive approach to facilitate the international travel and entry of fully vaccinated and recovered passengers as vaccination plays an important role in aviation recovery; and
 - ✓ Collaboration with Public Health Experts to Establish key performance indicators to monitor the effectiveness of the risk mitigation measures especially with respect to aviation recovery.



Challenges

- Partner States, varying Partner States Testing Certificate Timelines and Quarantine times. This caused delays in the movement of the training facilitators.
- Closure of some Airports
- A follow up of the TOTs expected performance
- Failure by Partner States to harmonise the mitigation measures as recommended.



Lessons learned

- Communication, Cooperation, Coordination and Collaboration between civil aviation and public health ;, Plans and Procedures, Documentation, Dissemination, Awareness, Training, Exercises; Resources
- Airport – aerodrome emergency plan; core capacities; designated aircraft parking position
- Port health/medical services – PHE Contingency Plan, facilities; PPE; ambulances ;
- screening procedures
- ANSP – ATS Contingency Plan and PHE Communication Procedures
- Airline – Procedures for cabin crew handling cases on-board



Lessons learned continued

- Extension of the training programme to all domestic airports
- Refresher training programmes for the trainers
- PHCs as an effective way to structure a collaborative approach to managing cross-border health risks
- Testing, full scale or table top



Thank you
Merci
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