



International Civil Aviation Organization

North American, Central American and Caribbean Office (NACC)

**First Meeting of the Steering Committee of the ICAO Cooperative Arrangement  
for the Prevention of Spread of Communicable Disease through Air Travel  
(CAPSCA) – Americas Project (RLA/08/901)**

**(CAPSCA SCM/1)**

Mexico City, Mexico, 25 - 26 June 2009

CAPSCA-SCM/1 – WP/02Rev.

21/05/09

## **THE CAPSCA PROGRAMME OF ICAO HISTORY; CHALLENGES; ACTION BY THE STEERING COMMITTEE**

(Presented by the Secretariat)

### **SUMMARY**

After the severe impact on air travel from SARS, ICAO strengthened its support of Article 14 to the Convention on International Civil Aviation – Prevention of Spread of Disease. The emerging threat from pandemic influenza in 2005 further focused efforts in this area and the CAPSCA project was commenced in Asia, in September 2006. In November 2006 preparedness planning guidelines for States were posted on the ICAO public website and in July 2007 changes to ICAO Annex 9 - Facilitation became applicable. In November 2007, CAPSCA commenced in Africa with an aviation medicine seminar in Libreville, Gabon. The project commenced in the Americas at an aviation medicine seminar in Lima, Peru, in April 2009. Funding thus far has been provided by States and by three grants from the UN Central Fund for Influenza Action. In late April 2009 the Influenza A(H1N1) outbreak brought the need for good preparedness planning into sharp focus.

The World Health Organization's International Health Regulations (2005) entered into force in June 2007, and includes 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 to ensure that the aviation response to a serious public health risk is effective and proportionate to the risk.

***Strategic  
Objectives***

*This working paper is related to Strategic Objectives D and E.*

## **1. History**

1.1 In 2003, the rapid spread of Severe Acute Respiratory Syndrome (SARS) caught many States by surprise and a primary casualty was the aviation sector, resulting in a major reduction in air travel. This raised the concern of ICAO which, together with the World Health Organisation (WHO), the International Air Transport Association (IATA) and representatives from a number of States in South East Asia, arranged a workshop, hosted by Singapore, to develop anti-SARS measures for airports, with the

aim of reducing the risk of spread of the disease through air travel. This helped to restore the confidence of the travelling public and bolstered the economies associated with the aviation sector.

1.2 In 2005, the rapid and intercontinental spread of avian influenza was observed, increasing the potential for a human influenza pandemic. The WHO held a meeting in Geneva in November 2005, attended by 600 experts and representatives of States and international organisations, including ICAO. The consensus was that neither the timing nor the severity of the next pandemic could be predicted with any certainty due to the unpredictable behaviour of influenza viruses. Governments around the world were urged to take the threat seriously, mobilise resources and take appropriate preventive actions. The WHO produced a “global influenza preparedness plan” which set out specific objectives and actions for each of the six phases in the development of an influenza pandemic. However, neither the meeting nor the WHO plan addressed the aviation sector in detail.

1.3 ICAO developed an aviation related preparedness plan and convened meetings in Singapore, being made possible by the agreement of the participating Governments to utilise their remaining funds in the Anti-SARS ICAO project.

1.4 Two 2-day meetings were held in Singapore during February 2006. The first meeting was of a 15-member Working Group which finalised the ICAO guidelines for States, airports and airlines, that had been drafted earlier by the Chief of the Aviation Medicine Section at ICAO HQ and the ICAO Technical Co-operation Expert, with the assistance of experts from the World Health Organization (WHO), Airports Council International (ACI), IATA and the US Centers for Disease Control and Prevention (CDC). The result was a “Global Aviation Preparedness Plan for Avian Influenza”. Forty-two participants and experts from 10 States attended the second meeting. Some States/Administrations also presented their preparedness plans. Some modifications were introduced and the meeting proposed that the main document should be entitled “Preparedness Planning Guidelines (Aviation Aspects) for a Communicable Disease of Public Health Concern”, making it relevant to any communicable disease. The current State guidelines are posted on the ICAO public website:

**<http://www.icao.int/icao/en/med/guidelines.htm>**

Detailed guidelines for airports and airlines can be found on the websites of ACI and IATA respectively:

**[http://www.airports.org/cda/aci\\_common/display/main/aci\\_content07.jsp?zn=aci&cp=1\\_665\\_2\\_\\_](http://www.airports.org/cda/aci_common/display/main/aci_content07.jsp?zn=aci&cp=1_665_2__)**

**[http://www.iata.org/whatwedo/safety\\_security/safety/health\\_safety/aviation\\_communicable\\_diseases.htm](http://www.iata.org/whatwedo/safety_security/safety/health_safety/aviation_communicable_diseases.htm)**

1.5 To ensure the implementation of the guidelines, ICAO launched the CAPSCA – Asia project, the details of which are discussed in more detail in another paper. Nine international airports have so far been evaluated in the Asia Pacific region.

1.6 CAPSCA – Africa commenced as part of a five-day aviation medicine seminar in Libreville, Gabon, in November 2007, an event arranged by the African Civil Aviation Commission (AFCAC) and jointly organized by ICAO, WHO, IATA and ACI. The final two days of this seminar addressed the topic of preparedness planning, when the subject was introduced to participants and arrangements were made for two future workshops. These two-day workshops took place in Johannesburg, South Africa and Dakar, Senegal, during March 2008. Since then, two regional experts have been appointed and the first two airport evaluations took place in Nigeria, immediately prior to a Steering Committee Meeting.

1.7 A recent development involves consideration of combining CAPSCA evaluations with a WHO assessment of compliance with the relevant parts of the IHR (2005). To this end a joint review of an international airport in China was undertaken as a pilot study by the ICAO regional expert for CAPSCA-Asia and the WHO technical officer for transport and points of entry. In future it may be possible for a joint certificate to be awarded by ICAO/WHO to an airport that complies with both the ICAO guidelines and the IHR (2005).

1.8 The CAPSCA-Americas project commenced, as with the initial steps in Africa, with an aviation medicine seminar that included preparedness planning as a major topic on the programme. This was held at the ICAO Regional Office in Lima, Peru, during 30 March – 3 April 2009.

1.9 In April 2009 the outbreak of Influenza A(H1N1) brought into sharp focus the need for stakeholders in the aviation sector to have good preparedness plans. Fortunately the mortality rate has so far been relatively low and the outbreak has tested the preparedness plans of States without much loss of life. What is apparent is that despite very clear recommendations from WHO, there has not been a globally harmonized response. One of CAPSCA's main goals is to improve the level of global harmonization in response to an outbreak of a communicable disease, such as potentially pandemic influenza.

## **2. Challenges**

2.1 The two main challenges concerning the CAPSCA-Americas project will be to:

- 1) involve all necessary stakeholders
- 2) obtain adequate regional expertise for the project

## **2.2 Involvement of stakeholders**

2.2.1 Experience with CAPSCA has demonstrated that pandemic preparedness planning requires a significant degree of cross-organizational involvement, reflecting the disparate nature of the aviation industry. The traditional role of ICAO and therefore of regulatory civil aviation authority medical departments has been the medical certification of pilots and air traffic controllers. On the other hand, many public health departments have historically not been much involved in the aviation sector, especially in public health aspects of airline operations. This has sometimes resulted in preparedness planning in the aviation sector 'falling between two stools' and not receiving adequate consideration.

2.2.2 The International Health Regulations (IHR) (2005) entered into force in June 2007, and they provide a major impetus to pandemic preparedness planning for transport related organizations. Further, the World Health Organization (WHO) has appointed a technical officer for transport and points of entry, and for IHR coordination, which has greatly facilitated collaboration between the ICAO and WHO in this area. The combined efforts of ICAO and WHO in developing preparedness in aviation should assist in promoting the involvement of both the public health and the aviation sectors.

2.2.3 Up to now, ICAO's work on pandemic planning in the aviation sector has not been primarily focussed on the aviation safety aspects associated with an outbreak of a disease of serious public health concern. There are, however, some areas that need to be considered and included in any pandemic preparedness plan. These involve the safe provision of air traffic services (air traffic control) and airport operations (such as provision of rescue and fire-fighting facilities) when numbers of available staff may be significantly reduced. Contingency plans for air traffic management and airport operations should therefore include public health emergencies. Further, the procedure for air traffic control to notify

the destination public health authority when it is informed of an inbound suspected case of communicable disease, and of its involvement in diverting aircraft, should this be necessary, also needs consideration by the State in its national pandemic preparedness plan. Airport operators should also be involved in planning decisions that may significantly change the number of departing or arriving aircraft. Changes to Annex 11 – *Air Traffic Services*, Procedures for Air Navigation Services (PANS-ATM) and Annex 14 – *Aerodromes* to include public health issues become applicable by States in November 2009. A revision to Annex 6 – *Operation of Aircraft* includes changes to the recommended contents of on board medical supplies, relating to the spread of communicable disease on aircraft.

## 2.3 Obtain adequate regional expertise for the project

2.3.1 Regional Aviation Medicine Teams (RAMTs) are part of the CAPSCA project. The goal of the RAMT is to: provide technical input concerning the ICAO guidelines for States, guidelines for airport and aircraft operators, and recommendations concerning the airport evaluation checklist. In order to promote cross-organizational involvement on a national basis it is suggested that development of the national Facilitation programme should be encouraged. Representatives of all main stakeholders should be requested by the State to join the national Facilitation programme. Examples of such stakeholders are: public health officers; regulatory aviation officers; airline operators, airport operators; air traffic service providers; and security service providers.

2.3.2 There are many existing airport Facilitation committees and national Facilitation (FAL) committees already in existence. International standards and recommended practices obliging States to establish these committees are found in Chapter 8 of ICAO's Annex 9 - *Facilitation*. For example, Standard 8.17 of Annex 9 requires each Contracting State to establish a national air transport Facilitation programme based on the facilitation requirements of the Chicago Convention. Standard 8.19 requires each State to establish air transport Facilitation committees and airport Facilitation committees, as required. Guidance on establishing such committees is provided in Appendices 11 and 12 to Annex 9. The national committees are intended to set national policies and airport committees implement these at the practical level, on all Facilitation-related matters including customs, immigration, health, quarantine issues. Appendix 12 of ICAO Annex 9 ('Model National FAL Programme') is the **Attachment** to this working paper.

2.3.3 In addition to providing support to the RAMTs, CAPSCA requires support to manage the project locally. It is envisaged that States may be willing to provide assistance in kind, by loaning staff on a part time basis, to attend Steering Committee and RAMT meetings, and conduct airport evaluations. These tasks would be undertaken with the assistance of the ICAO NACC and SAM Regional Offices, and ICAO headquarters in Montreal. It is suggested that two regional experts/coordinators, one Spanish-speaking and the other English-speaking should be appointed, or a single coordinator if fully bilingual. Although it is not envisaged that these experts/coordinators would not be paid a salary by the project, all travel and DSA would be met from CAPSCA funds.

## 2.4 Future Funding

2.4.1 CAPSCA has thus far been funded from three sources *viz*:

- funds remaining from the anti-SARS work;
- funds from States provided directly to the CAPSCA project; and
- three grants from the UN Central Fund for Influenza Action (CFIA).

2.4.2 The source of future funding needs to be considered, including the possibility of additional grant applications to the CFIA and consultation from States. However, until the end of 2010, given the current level of activities, funding has been secured for CAPSCA – Americas.

### **3. Action by the Steering Committee:**

3.1 The Meeting is invited to:

- a) Note the history and challenges of the CAPSCA project to date.
- b) Recommend that States pursue the development of airport and national facilitation programmes to include pandemic preparedness planning.
- c) Endorse the proposal that a letter be sent by ICAO to Directors General of Civil Aviation Authorities, and a similar letter, to the public health sector by WHO to National Focal Points for Public Health, that:
  - 1) Encourages participation by public health and aviation authorities in the CAPSCA Americas Project and First Regional Aviation Medicine Team meeting in the Americas;
  - 2) Requests that if only one participant from a State can attend, details of the counterpart in the public health or aviation sector, as appropriate, be provided to ICAO; and
  - 3) Encourages the involvement of medical departments of civil aviation authorities and of public health officers in preparedness planning for the aviation sector.
- d) Encourage ACI and IATA to send a copy of the letter to their contacts in airport and aircraft operators in the region, adding the support of their organization to the goals outlined in (b) and (c) above

-----

## ATTACHMENT

### ANNEX 9 - *FACILITATION*.

## APPENDIX 12. MODEL NATIONAL FAL PROGRAMME

### 1. PURPOSE OF A NATIONAL FAL PROGRAMME

The purpose of a National FAL Programme is to implement the Chicago Convention mandate that Contracting States provide for and facilitate the border-crossing formalities that must be accomplished with respect to aircraft engaged in international operations and their passengers, crews and cargo.

### 2. SCOPE OF A NATIONAL FAL PROGRAMME

The applicable articles of the Chicago Convention and the tasks involved in implementing each one are presented in the table below. Activities aimed at accomplishing these and related tasks in a State constitute the National FAL Programme.<sup>1</sup>

### 3. ORGANIZATION AND MANAGEMENT

3.1 The primary responsibility for the National FAL Programme rests with the Civil Aviation Authority (CAA) and/or the Ministry of Transport. However, success of the programme requires the active participation of other ministries or agencies, such as:

Customs	Passport/visa issuing authorities
Foreign Affairs	Public Health
Agriculture/environment	Identification card issuing authorities
Security and narcotics control	Quarantine
Tourism	
Immigration	

3.2 In addition, the active participation of airport operators (public or private) and resident international aircraft operators or their representative organizations is essential.

3.3 Other entities which may play an advisory role include the governmental agencies or non-governmental organizations which promote international tourism and trade.

3.4 The recommended vehicle for carrying out the National FAL Programme is the **National FAL Committee**, which is composed of the heads of the government agencies involved and the chief executive officers of the national organizations representing the aircraft operators and airport operators. The chairman should be a top-management official in the CAA or an appropriate authority. In order to sustain a close link between the national FAL committee and the national aviation security committee, appropriate members from the national aviation security committee may also be members of the national FAL committee and vice-versa.

3.5 For the purpose of carrying out the work of the committee, the members may designate one or more middle-management persons in their respective organizations to represent them in meetings at the staff level (working groups). These officials should be given sufficient authority to speak on behalf of their respective organizations and to initiate necessary action in support of the committee's work. The chairman should designate a middle-management official in his department or agency to chair and convene the staff-level meetings.

3.6 The decision to convene meetings of the National FAL Committee or the members' designated representatives, and the frequency and venue of such meetings, are matters of the chairman's discretion. Working arrangements for accomplishment of the various implementing tasks would depend on the nature of the task and the issue at hand.

#### 4. ESTABLISHMENT OF A NATIONAL FAL PROGRAMME

It is advisable that the authority for a National FAL Programme and the membership of the National FAL Committee be established through legislation, regulation, or executive action from an authorized person, in order to ensure the participation of the various agencies and industry groups involved and to make provision for continuity. The Director General of Civil Aviation (DGCA) or appropriate authority should initiate the process to obtain such a mandate through the national political system.

<i>Chicago Convention mandate</i>	<i>Implementing tasks</i>
<b>Article 10 – Landing at customs airport</b> ... every aircraft which enters the territory of a contracting State shall, if the regulations of that State so require, land at an airport designated by that State for the purpose of customs and other examination. On departure from the territory of a contracting State, such aircraft shall depart from a similarly designated customs airport. ...	<ul style="list-style-type: none"> <li>— Establish customs airports and open new ones as appropriate.</li> <li>— Develop procedures by which operators of scheduled and non-scheduled services may request permission to land or depart from customs airports.</li> <li>— Arrange for border inspection services at customs airports.</li> </ul>
<b>Article 13 – Entry and clearance regulations</b> The laws and regulations of a contracting State as to the admission to or departure from its territory of passengers, crew or cargo of aircraft, such as regulations relating to entry, clearance, immigration, passports, customs, and quarantine shall be complied with by or on behalf of such passengers, crew or cargo upon entrance into or departure from, or while within the territory of that State.	<ul style="list-style-type: none"> <li>— Support the interested border control agencies in the establishment and maintenance of effective inspection systems at airports, and in their efforts to rationalize their respective procedures.</li> <li>— Develop programmes for control of security problems such as document fraud, illegal migration and smuggling.</li> <li>— Coordinate preparations for clearing large numbers of international visitors for special events, e.g. international athletics competitions.</li> </ul>
<b>Article 14 – Prevention of spread of disease</b> 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, ...	<ul style="list-style-type: none"> <li>— Establish, review and amend as necessary the national policies regarding prevention of the spread of contagious diseases by air, for example, aircraft disinsection, disinfection, public health-related quarantine programmes, and screening measures to be applied in a health emergency.</li> </ul>
<b>Article 22 – Facilitation of formalities</b> Each contracting State agrees to adopt all practicable measures, through the issuance of special regulations or otherwise, to facilitate and expedite navigation by aircraft between the territories of contracting States, and to prevent unnecessary delays to aircraft, crews, passengers and cargo, especially in the administration of the laws relating to immigration, quarantine, customs and clearance.	<ul style="list-style-type: none"> <li>— Establish, review and amend as necessary the national regulations which implement the State's customs, immigration and quarantine laws pertaining to international movements by air.</li> </ul>
<b>Article 23 – Customs and immigration procedures</b> Each contracting States undertakes, so far as it may find practicable, to establish customs and immigration procedures affecting international air navigation in accordance with the practices which may be established or recommended from time to time, pursuant to this Convention. ...	<ul style="list-style-type: none"> <li>— Establish and amend as appropriate, customs and immigration procedures carried out at airports, to harmonize them with the standards and recommended practices set forth in Annex 9.</li> <li>— Support and advocate the national issuance of passports and other travel documents in accordance with ICAO specifications in Doc 9303 – <i>Machine Readable Travel Documents</i>.</li> </ul>

<p><b>Article 37 – Adoption of international standards and procedures</b>  Each contracting State undertakes to collaborate in securing the highest practicable degree of uniformity in regulations, standards, procedures, and organization in relation to aircraft, personnel, airways and auxiliary services in all matters in which such uniformity will facilitate and improve air navigation.</p> <p>...</p> <p>(j) Customs and immigration procedures</p> <p>...</p>	<p>— Participate in ICAO development of Annex 9.</p> <p>— Review national procedures periodically in order to ensure harmonization with the provisions of Annex 9.</p>
<p><b>Article 38 – Departures from international standards and procedures</b>  Any State which finds it impracticable to comply in all respects with any such international standard or procedure, or to bring its own regulations or practices into full accord with any international standard or procedure after amendment of the latter, or which deems it necessary to adopt regulations or practices differing in any particular respect from those established by an international standard, shall give immediate notification to the International Civil Aviation Organization of the differences between its own practice and that established in the international standard. ...</p>	<p>— Periodically review conformity by all relevant agencies with the provisions of Annex 9 and notify ICAO of differences between national practices and the relevant standards.</p>

**Footnote for section 2**

1. A group of smaller States with similar needs and goals may decide to establish a sub-regional FAL programme in the interest of achieving economies of scale.