



ASSEMBLY — 38TH SESSION

TECHNICAL COMMISSION

Agenda Item 30: Aviation Safety — Implementation Support

COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH EVENTS IN CIVIL AVIATION (CAPSCA)

(Presented by the Council of ICAO)

EXECUTIVE SUMMARY

Although public health events are primarily managed by the health sector, because numbers affected can be large a small reduction in risk from effective management in the aviation sector can have a significant impact on health. In a pandemic that kills 100,000, a contribution to risk reduction by the aviation sector of just one per cent would potentially save 1,000 lives - comparable to fatalities from a large aircraft accident. Public health events may also cause severe economic consequences.

The *Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation* (CAPSCA) programme provides regional meetings, training events and assistance visits to international airports/States which strengthen public health preparedness plans at global, regional, national and operational levels. To achieve this, ICAO collaborates with the World Health Organization, Airports Council International, the International Air Transport Association and other stakeholders. Since the last Assembly, which encouraged States to join CAPSCA, the programme has been extended to Europe and the Middle East and is now active in all ICAO regions.

Funding of CAPSCA has been primarily from the United Nations Central Fund for Influenza Action, which is now closed. Without CAPSCA, adverse health and economic effects may be increased due to sub-optimal responses by the aviation sector to international public health events.

Action: The Assembly is invited to indicate its continued support for CAPSCA and to encourage States and international organizations to support CAPSCA financially and/or in kind.

<i>Strategic Objectives:</i>	This paper relates to all Strategic Objectives.
<i>Financial implications:</i>	States and international organizations are encouraged to support CAPSCA financially, and/or in kind, on a voluntary basis.
<i>References:</i>	Doc 7300, <i>Convention on International Civil Aviation</i> , Article 14 Doc 9958, <i>Assembly Resolutions in Force (as of 8 October 2010)</i>

1. INTRODUCTION

1.1 Since 2003, there have been three important public health events that have adversely affected aviation: 2003 – Severe Acute Respiratory Syndrome (SARS); 2009 – Influenza A (H1N1) pandemic; and 2011 – Fukushima nuclear accident caused by the Japan earthquake. Further major public health events can be expected in future. The increasing number of air travellers suggests that in future more of them will be affected by public health events and that international promulgation of communicable disease is increasingly likely to be an important factor by which future pandemics are initially disseminated.

1.2 As large numbers of the global population are potentially involved in health events for example ranging from 18 000 to over two million estimated deaths in the three pandemics of the last 60 years, a small reduction in risk from effective management in the aviation sector can be expected to have a significant impact on the number affected by ill-health. In such events, just one per cent reduction in mortality because of good management in the aviation sector through activities such as traveller screening for disease at airports, identification and management of on-board cases, appropriate notification to the public health authority at destination and efficient communication procedures to inform travellers of action to take if they become ill, could reduce the global number of fatalities by between 180 to 20,000.

1.3 Public health events can seriously impact air transport operations as demonstrated by a reduction in passenger numbers of 80 per cent and 40 per cent to Hong Kong and Mexico respectively, at the onset of the SARS outbreak and the Influenza A (H1N1) pandemic.

1.4 The CAPSCA programme provides an opportunity for public health personnel to work directly with aviation personnel to develop effective public health preparedness plans for aviation.

1.5 The benefits of CAPSCA to States include:

- a) multi-sector collaboration within State, between States and between international organizations;
- b) improved communication, coordination, cooperation and collaboration between all stakeholders;
- c) synergistic and harmonized development of guidance by international organizations, especially between ICAO, World Health Organization (WHO), International Air Transport Association (IATA) and Airports Council International (ACI);
- d) improved public health emergency prevention and response in aviation;
- e) reduced impact of public health emergencies on population health through reduced, delayed and/or mitigated health effects;
- f) mitigation of economic and social effects caused by public health events. A faster return to normal operations when the health threat subsides; and
- g) improved management of risk perception for the general public, air travellers, service providers and aviation personnel.

1.6 The key achievements of CAPSCA include:

- a) five separate but harmonized regional projects – CAPSCA Europe and CAPSCA Middle East projects have been established since the 37th Assembly, making CAPSCA a global programme;

- b) CAPSCA regional projects being joined by 93 Member States and Territories;
- c) airport assistance visits to States/international airports being completed in 54 States/Territories;
- d) training for 20 technical advisors, provided to CAPSCA projects by States;
- e) many partner organizations (United Nations agencies and aviation industry trade associations) participating in CAPSCA activities;
- f) WHO collaboration with ICAO on meetings, training and assistance visits;
- g) expanding CAPSCA's scope beyond communicable disease (subject to future funding);
- h) CAPSCA assistance visit guidelines, a checklist and a report template;
- i) a template for development of a National Aviation Plan for a Public Health Emergency;
- j) new additional WHO, ACI and IATA Guidelines (e.g. business continuity); and
- k) development of the CAPSCA web site (www.capsca.org).

2. DISCUSSION

2.1 During the last seven years, SARPs and Procedures relating to public health emergency preparedness planning and response in aviation have been developed in:

Annex 6 — Operation of Aircraft

Annex 9 — Facilitation

Annex 11 — Air Traffic Services

Annex 14 — Aerodromes

Doc 9284, Technical Instructions for the Safe Transport of Dangerous Goods by Air

Doc 4444, Procedures for Air Navigation Services — Air Traffic Management (PANS-ATM)

2.2 From 2013, the Universal Safety Oversight Audit Programme (USOAP) Continuous Monitoring Approach (CMA) will include questions on SARPs related to preparedness planning. However, many in the aviation sector are not yet aware of the significance of such changes.

2.3 The Fukushima accident in 2011 demonstrated the advantages of an established multi-sector network, ready to respond to public health emergencies. Although developed to address the threats from communicable disease, the CAPSCA network was helpful in quickly bringing together a number of major international stakeholders. Supplemented by those with particular knowledge of the nuclear industry or special interest in the Fukushima accident, a transport task force was established. The task force, led by ICAO and involving seven UN specialized agencies and two international aviation organizations, provided guidance to States and aircraft operators. Three news releases were issued by ICAO on behalf of the task force that helped reassure passengers and crew concerning the low risk of travel to and from Japan, which in turn helped minimize disruption to air transport.

2.4 The nuclear accident in Japan demonstrated that not only public health events involving communicable disease can adversely affect air transport operations. The scope and name of the CAPSCA programme was therefore amended to take this into account. On 1 January 2013 the *Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel* became the

Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation with the same acronym, CAPSCA. Assuming funding is available, the programme will continue to be extended to address all types of public health events, biological, nuclear and chemical, including terrorist related incidents.

2.5 The cost of the CAPSCA programme is modest, approximately \$25,000 per region per year if assistance visits to individual States/airports are not funded by the project, and \$50,000 per year if they are. During 2006 to 2012, CAPSCA activities, including assistance visits, were funded primarily by the Central Fund for Influenza Action (CFIA), a fund administered by the UN Development Programme (UNDP). This fund is now closed and so other sources of income are being sought. Assistance visits to States and airports currently need to be financed on a cost-recovery basis, while meetings and training are being funded by the host States and ICAO. CAPSCA activities, especially assistance visits, are likely to diminish without additional funding to replace that from the CFIA.

3. CONCLUSION

3.1 Air transport is an important factor by which pandemics are initially disseminated. Furthermore, aviation is adversely and severely affected by such events, as are the economies of States and businesses that rely on it. Without CAPSCA, expected adverse health and economic effects may be amplified due to suboptimal responses by the aviation sector to international public health events.

3.2 Preparedness planning in the aviation sector requires multi-sector/multi-stakeholder collaboration, especially between the public health and aviation sectors. This can be a challenge as it involves overcoming sectorial barriers. CAPSCA has been shown to efficiently facilitate such collaboration.

3.3 The CAPSCA programme offers a relatively inexpensive opportunity for ICAO to maintain influence with other major stakeholders, especially with the WHO. By continuing and expanding activity in this field, public health authorities are more likely to fully include aviation aspects when developing their general preparedness plans and to participate in development of aviation specific plans, for example, airport emergency plans for public health events.

3.4 States and international organizations are invited to contribute voluntary funds to ICAO for continued implementation and growth of the CAPSCA programme.