



Agenda Item 7: Regional Cooperation and Training Matters
7.2 Collaborative Arrangement for the Prevention and Management of
Public Health Events in Civil Aviation (CAPSCA)

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

(Presented by the Secretariat)

SUMMARY	
The <i>Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)</i> programme, provides assistance visits to international airports/States, as well as regional meetings and training events, 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.	
This paper informs on CAPSCA implementation.	
References:	
<ul style="list-style-type: none"> • International Health Regulations (IHR) 2005 • Article 14 of the Convention on International Civil Aviation • Annexes 6, 9, 11, 14, PANS-ATM (Doc 4444) and <i>Technical Instructions for the Safe Transport of Dangerous Goods by Air</i> (Doc 9284) • Assembly A38-WP/35 • www.capsca.org 	
Strategic Objectives	<i>This information paper is related to all Strategic Objectives</i>

1. Introduction

1.1 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 1% would potentially save 1,000 lives - comparable to fatalities from a large aircraft accident. Public health events may also cause severe economic consequences.

1.2 As large numbers of the global population are potentially involved in health events, for example, ranging from 18,000 to over 2 million estimated deaths in the 3 pandemics of the last 60 years, small risk reduction 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 1% 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 the destination, and efficient communication procedures to inform travelers to take action if they become ill could reduce the global fatality number to 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% and 40% to Hong Kong and Mexico, respectively, at the onset of the Severe Acute Respiratory Syndrome (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 for States include:

- a) Multi-sector collaboration within a State, between States and 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
- 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 (**Appendices A and B**):

- a) 5 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 joined by 93 member States and Territories
- c) Airport assistance visits to States/international airports 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, checklist and a report template

- i) 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)
- k) Development of the CAPSCA website (www.capsca.org)

1.7 The United Nations Central Fund for Influenza Action (UN CFIA) funding grant for CAPSCA expired at the end of 2012. States have concluded in the Fourth Meeting of North American, Central American and Caribbean Directors of Civil Aviation, June 2011, and the CAPSCA Global Coordination Meeting held in 2012, that the project should continue. States and international organizations are invited to contribute voluntary funds to ICAO for continued implementation and growth of the CAPSCA programme.

1.8 The target beneficiaries for CAPSCA are personnel of public health authorities, civil aviation authorities, airports, airlines, air navigation service providers, emergency response agencies, tourism authorities of States, and representatives of related international organizations.

1.9 During the last seven years, ICAO Standards and Recommended Practices (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)*

1.10 Since 2013, the Universal Safety Oversight Audit Programme (USOAP) Continuous Monitoring Approach (CMA) includes questions on SARPs in all related areas: Organization (ORG), Operations (OPS), Air Navigation Services (ANS), and Aerodromes and Ground Aids (AGA) related to preparedness planning. However, many in the aviation sector are not yet aware of the significance of such changes.

1.11 Air transport is a key method by which pandemics are initially disseminated. Furthermore, aviation is adversely and severely affected by such events as are State economies 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.

1.12 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 shown that it can efficiently facilitate such collaboration.

1.13 The CAPSCA programme offers a relatively inexpensive opportunity for ICAO to maintain influence with other major stakeholders, especially with 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 the development of aviation specific plans; for example, airport emergency plans for public health events.

CAPSCA Regional Projects

	Asia-Pacific 	Africa 	Americas 	Europe 	Middle East 
Year of Establishment	2006	2007	2009	2011	2011
Member States	19	24	32	6	9
State Technical Advisors trained by ICAO (OJT completed)	2	4	14	0	2
States & Airport Assistance Visits completed	10	8	29 (plus 2 follow-up visits)	0	2

APPENDIX B



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