



**Octava Reunión del Proyecto de Arreglo de colaboración para la prevención y gestión de sucesos de salud pública en la aviación civil (CAPSCA/08), Américas**  
Ciudad de México, México, del 27 al 29 de febrero de 2024

**Cuestión 2 del  
Orden del Día:**

**Revisión de los puntos de acción de las últimas reuniones**

**LISTADO DE CONCLUSIONES DE LOS EVENTOS CAPSCA PREVIOS**

(Presentada por la Secretaría)

**RESUMEN EJECUTIVO**

Las reuniones y actividades regionales de CAPSCA se detuvieron con el brote de COVID-19. Aunque se impartió capacitación en línea, el programa no se relanzó oficialmente hasta el Simposio global de CAPSCA en marzo de 2022. Desde entonces, las diferentes Oficinas Regionales de la OACI están recuperando las reuniones y actividades regionales de CAPSCA.

Este documento recoge las conclusiones de la última reunión de CAPSCA celebrada en las regiones NAM, CAR y SAM, CAPSCA/07, y las conclusiones del Simposio Global CAPSCA para la lectura y comentarios de los/as participantes.

<b>Acción:</b>	Las acciones sugeridas se presentan en la Sección 4.
<b>Objetivos Estratégicos:</b>	<ul style="list-style-type: none"><li>• Seguridad de la aviación y facilitación</li></ul>
<b>Referencias:</b>	<ul style="list-style-type: none"><li>• Eventos CAPSCA previos</li></ul>

**1. Introducción**

1.1 La última Reunión del Proyecto de Arreglo de colaboración para la prevención y gestión de sucesos de salud pública en la aviación civil Américas, CAPSCA/07, tuvo lugar antes del brote de COVID-19 en el *Centro de Instrucción Internacional de Aeropuertos y Servicios Auxiliares (CIASA)* en la Ciudad de México, México, del 6 al 9 de septiembre de 2016.

1.2 Posteriormente, y a nivel mundial, la OACI organizó el Simposio Global Virtual CAPSCA 2022 del 29 al 31 de marzo de 2022, enfocado en las lecciones aprendidas luego de la pandemia de COVID-19 para un futuro resiliente.

1.3 Esta nota de estudio presenta la lista de conclusiones de CAPSCA/07 para la revisión y comentarios de los/as participantes e incluye, como referencia, las Conclusiones del Simposio CAPSCA.

## 2. Lista de Conclusiones CAPSCA/07

2.1 Para alinear los esfuerzos regionales con el Plan global para la seguridad de la aviación (GASeP), la mayoría de las regiones de la OACI organizaron conferencias regionales específicas para buscar el compromiso de los Estados y traducir los resultados prioritarios del GASeP en su realidad.

Evento	Conclusión	Comentarios/Estado
CAPSCA/07	<p><b>Conclusión 1:</b> Debido a los resultados positivos, se debe dar continuidad al Proyecto CAPSCA y realizar las gestiones necesarias para que CAPSCA sea clasificado como Programa a nivel de la Sede de la OACI.</p>	<p>CAPSCA ya logró la clasificación como programa voluntario gestionado por la OACI con el apoyo de la OMS. <b>CONCLUIDO</b></p>
CAPSCA/07	<p><b>Conclusión 2:</b> Las partes del Estado involucradas en el desarrollo y participación de planes de respuesta a eventos de salud pública deberán acordar el aporte de fondos para la continuación del Proyecto CAPSCA. Este acuerdo deberá ser concertado entre las autoridades de los respectivos Estados.</p>	<p>Actualización sobre los fondos disponibles durante la mesa redonda.</p>
CAPSCA/07	<p><b>Conclusión 3:</b> En las Visitas de Asistencia (AV) y Visitas de Seguimiento (FV) de CAPSCA a los Estados y sus aeropuertos se espera compromiso de las autoridades de salud pública, aviación civil, aeroportuarias y otras áreas específicas sobre planes de acciones correctivas de su competencia para facilitar los seguimientos. de la OACI y la OMS respectivamente.</p>	<p>Llamado de compromiso a Estados y aeropuertos que reciban visita de asistencia CAPSCA.</p>
CAPSCA/07	<p><b>Conclusión 4:</b> Los informes CAPSCA AV y FV enviadas por la OACI a las Autoridades de Aviación Civil serán compartidas con las autoridades de salud pública, aeroportuarias y demás entidades involucradas; Es necesario establecer un mecanismo de comunicación para tal fin, esta tarea y responsabilidad se puede asignar al/ a la Punto de Contacto (PoC) de CAPSCA en cada Estado.</p>	<p>Designación del PoC de CAPSCA como coordinador/a de Autoridades de Aviación Civil y Autoridades de Salud Pública.</p>
CAPSCA/07	<p><b>Conclusión 5:</b> Se debe revisar el objetivo y el modelo del programa, así como el AV y el FV, para fomentar un enfoque más flexible y centrado en las necesidades de los Estados, identificando soluciones más técnicas que administrativas, para brindar un apoyo equilibrado y especializado a los Estados. Esta tarea ha sido encomendada a la OACI, la OMS y los Estados para que proporcionen recomendaciones a través de sus puntos focales respectivamente.</p>	<p>No hay información sobre el estado de implementación.</p>

Evento	Conclusión	Comentarios/Estado
CAPSCA/07	<b>Conclusión 6:</b> Considerar una mayor participación en los eventos de CAPSCA por parte de las entidades del Estado involucradas en el desarrollo de planes de respuesta a eventos de salud pública, y la importancia de que los/as participantes compartan sus experiencias y soluciones internamente con sus entidades.	Fomento de la participación en eventos de CASPCA.
CAPSCA/07	<b>Conclusión 7:</b> Implementar un mecanismo de coordinación entre la autoridad de salud pública y la oficina de inmigración en cada Estado, a fin de que la información relevante relacionada con eventos de salud pública sea recopilada sistemáticamente y disponible para que la autoridad de salud pública tome las acciones correspondientes.	Necesidad de un mecanismo de coordinación entre las autoridades de salud pública e inmigración.
CAPSCA/07	<b>Conclusión 8:</b> Revisar las herramientas de la OACI y la OMS para hacerlas compatibles y evitar duplicidad de trabajo. Existe una herramienta consolidada que fue desarrollada por México y apoyada por la OMS. Se propuso que dicho documento sea enviado a la Oficina Regional NACC para su retransmisión a los/as Coordinadores/as y Estados de CAPSCA para comentarios a más tardar el 18 de noviembre de 2016.	No hay información sobre el estado de implementación.  Actualización sobre la cooperación OACI/OMS durante la reunión.
CAPSCA/07	<b>Conclusión 9:</b> El Dr. Manohar Sing de Barbados, en coordinación con la Oficina Regional NACC de la OACI, fue asignado para coordinar la Reunión de las Américas de CAPSCA para 2017, a realizarse en un Estado del Caribe.	Reunión cancelada.
CAPSCA/07	<b>Conclusión 10:</b> Los Estados deberán asignar e informar a las Oficinas Regionales de la OACI los/as especialistas en salud para que se conviertan en Asesores/as Técnicos/as de CAPSCA.	Los Estados deberían designar un/a coordinador/a de CAPSCA también a cargo de la coordinación con las Oficinas Regionales.

### 3. Conclusión y declaración conjunta en el Simposio Global CAPSCA 2022

3.1 El Simposio mundial CAPSCA organizado por la OACI en marzo de 2022 tuvo el lema “Impacto de los eventos de salud pública en la aviación: lecciones aprendidas para un futuro resiliente”. Tras su conclusión, se acordó una declaración conjunta con los siguientes puntos:

El **Simposio Global CAPSCA** celebrado del 29 al 31 de marzo de 2022 acordó por unanimidad:

1. Instar a los Estados miembros de CAPSCA a apoyar la implementación de las conclusiones del Simposio Global de CAPSCA;
2. Respalda la recomendación de CAPSCA de que se desarrolle un Plan de Salud de la Aviación con objetivos, prioridades y metas según sea necesario;
3. Solicitar a los socios de CAPSCA que continúen brindando colaboración en especie para el trabajo futuro de CAPSCA;
4. Solicitar a los Estados no miembros de CAPSCA que se conviertan en miembros para desarrollar la preparación y la planificación de respuesta y resiliencia ante emergencias de salud pública relacionadas con la aviación mundial; y
5. Solicitar a CAPSCA que continúe construyendo una colaboración más estrecha con todas las organizaciones relevantes para ayudar a los Estados a través de visitas de asistencia técnica a las partes interesadas de la aviación.

3.2 La lista de conclusiones del Simposio CAPSCA y la declaración completa se incluyen como **Apéndices** a esta nota de estudio (solo disponible en inglés).

#### **4. Acciones sugeridas**

4.1 Se invita a la reunión a

- a) tomar nota de las conclusiones; y
- b) comentar sobre su estado (especialmente sobre las conclusiones resaltadas en amarillo).

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## CAPSCA Symposium Conclusions

31 March 2022

### 1. Conclusions – High level

- 1.1 The need for leadership and cross-sectoral collaboration in managing public health events in aviation – early engagement of political leadership at national and sub-national levels involving policy makers in decision making; and close collaboration between public health and civil aviation authorities to ensure that decisions are science-driven and evidence-based, yet they are also operational and implemented rapidly and adequately.
- 1.2 Although precautionary principle could apply when data is limited, it should be reviewed and guidance amended as data becomes available; specifically when it applies to border closures, as these have a great potential to harm pandemic response.
- 1.3 The different mandates and perspectives of the different sectors need to be taken into account and working methods adjusted to achieve a practical balance.
- 1.4 Need for analysis of measures implemented during this pandemic, and for developing capacities and ensuring investments in pandemic preparedness as well as response accordingly.
- 1.5 Establish a robust system of communication, recognizing that communication from both a scientific and public perception perspective is essential, and implementing it in a way to maximize visibility.
- 1.6 More standardization of health measures between states, realizing that it might not be possible to reach international consensus given the fact that these measures need to be context-specific.
- 1.7 The importance of multi sectoral collaboration, including aviation, public health, humanitarian operations, tourism and others.
- 1.8 All stakeholders at all levels to continue to build relationships ahead of time, collaborate and share information to meet public health challenges.
- 1.9 Consider lessons learned when coordinating health measures in order to maintain essential air cargo operations, air ambulance operations and aviation safety (due to effects on aviation personnel).
- 1.10 States and the industry to make use of ICAO, WHO and CAPSCA mechanisms to enhance coordination and cooperation, in accordance with the agencies' rules of engagement with different actors.

- 1.11 States and the aviation industry are encouraged to use the tools, opportunities and mechanisms made available to them by ICAO and the WHO.
- 1.12 In-house medical capacity (within aviation entities) provides advantages to build bridges between aviation and health.
- 1.13 Resources and capacity building at all levels important, including national structures and NCLB.
- 1.14 Leverage other emergency frameworks, making available comprehensive framework in response to any type of public health event.

## **2. Conclusions – CAPSCA**

- 2.1 CAPSCA working efficiently, inclusiveness and flexibility allows good collaboration with organizations and the industry.
- 2.2 Consider ways to be agile to develop better standards faster with approval by ICAO.
- 2.3 Harmonization important – consider SARPs, while allowing for customized protocols.
- 2.4 Continue to connect the organization standards setting, resource mobilization and implementation activities.
- 2.5 Leverage WHO and State/ Regional Centers of Disease Control – consider instruments to formalize collaboration.
- 2.6 CAPSCA contributions was very useful during the COVID-19 pandemic and it is important for CAPSCA to preserve and maintain the momentum in order to be ready for the next pandemic.
- 2.7 CAPSCA should be strengthened as a scientific and technical expert group, avoiding political interference to enable it to meet its objectives.
- 2.8 CAPSCA should continue to follow a risk based, science based and evidence-informed approach when formulating recommendations and guidance material.
- 2.9 CAPSCA to become a scientific repository to provide reliable guidance and tools to improve risk management planning and capabilities in states.
- 2.10 CAPSCA should maintain a balance in formulating recommendations and developing tools and measures to support implementation.

- 2.11 Strengthen the CAPSCA framework by considering:
- i. increased inclusiveness, membership and funding;
  - ii. formalization within the ICAO framework;
  - iii. establishment of formalized collaboration with WHO and other relevant organizations;
  - iv. measures to support a robust financial framework;
  - v. measures to provide additional human resources;
  - vi. medium and long term objectives for the continued evolution of CAPSCA, including building more capacity in member states and industry organizations;
  - vii. developing policies and procedures to support scientific analysis and identifying relevant triggers and criteria to improve efficiency during public health events;
  - viii. developing a blueprint and a playbook providing the flexibility and agility to adapt quickly as needed, including scaling measures up and down;
  - ix. developing templates to be customizable for multiple scenarios including for other public health threats such as biosecurity and chemical events;
  - x. including an audit element in CAPSCA assistance visits;
  - xi. making use of structured dedicated working groups to achieve objectives;
  - xii. making use of iPacks as a strategy for implementation update guidance and activities based on feedback from teams working in practice, and keep it up to date;
  - xiii. refining response plans to be less reactive and more pro-active – responding to threats quickly;
  - xiv. training crew and CAPSCA members on aeromedical tools, right people for the right group; and
  - xv. developing forward looking capability more actively tracking disease outbreaks.

### **3. Conclusions – Facilitation**

- 3.1 Recognize the importance of air transport facilitation as a Strategic Objective of ICAO;
- 3.2 Development of a strategic framework for implementation of mitigation measures to deal with public health emergencies at borders (air travel);
- 3.3 States should:
- i. implement National Facilitation Committees and use the Passenger Health Locator Form;
  - ii. consider adopting the ICAO specifications for Visible Digital Seals;
  - iii. send their public key certificates to ICAO for publication in the ICAO Health Master List tools when applicable; and
  - iv. ensure the auditing of Chapter 10 of Annex 9.

## ICAO CAPSCA GLOBAL SYMPOSIUM

### *“The impact of Public Health Events in Aviation - Lessons Learnt for a Resilient Future”*

The CAPSCA Global Symposium held on 29 – 31 March 2022;

1. Considering that Article 14 of the Convention on International Civil Aviation states that “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, and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft”;
2. Recalling that the rise and spread of Severe Acute Respiratory Syndrome (SARS) in 2003 and the rapid and wide dissemination of Avian Influenza in 2005 raised the concern in aviation for building of consensus on a common approach to the worldwide concern about avian influenza and the possibility of a human pandemic;
3. Recalling ICAO and Member States considered it necessary to address potential disruption that a human influenza pandemic, as well as other communicable diseases and non-communicable health risks of serious public health concern could cause on air travel;
4. Recalling that the development of aviation-related public health preparedness plans was identified as a need for States to prevent, as far as possible, the spread of influenza of pandemic potential and similar communicable diseases by air travelers and to mitigate the socioeconomic consequences;
5. Recalling that the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) was established in 2006 as a project with the primary objective of reducing the risk of spreading communicable diseases by air travelers and in mitigating the effects of such diseases, should they occur, through cooperative arrangements between the participating States, Airport and Aircraft Operators, Air Navigation Service Providers and Public Health Authorities;
6. Recalling that funding for CAPSCA in the beginning was provided as in kind contributions from States and international organizations with most costs being met from the UN Central Fund for Influenza Action (CFIA);
7. Recalling that CAPSCA evolved with time as the “Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation” to combine efforts to improve public health preparedness planning and response to a wide variety of public health events that affect the aviation sector and working together with ICAO member States and, international, regional, national and local partner organizations;



8. Acknowledging CAPSCA's assistance provided to States for the implementation of public health related ICAO Standards and Recommended Practices in the Annexes to the Chicago Convention, Procedures for Air Navigation as well as WHO's International Health Regulations of 2005 in collaboration with health authorities through Technical Assistance visits to States, capacity building support, conduct of regional and global CAPSCA Annual meetings and providing advice and guidance to States;
9. Recognizing CAPSCA's significant contribution during the COVID-19 pandemic to the ICAO Council Aviation Recovery Task Force (CART) in the development of CART Recommendations, Take-off Guidance for Air Travel through the COVID-19 Public Health Crisis (TOGD) and the Manual on COVID-19 Cross-border Risk Management (Doc 10152);
10. Acknowledging the consistent and steadfast support of the CAPSCA partner organization to the work of CAPSCA voluntarily, regularly and effectively since the beginning of CAPSCA's engagement with COVID-19 pandemic support activities;
11. Noting that ICAO High-level Conference on COVID-19 (HLCC) of October 2021 recommended through Facilitation Stream Recommendation 7/1 that States should recognize the importance of the CAPSCA and become members of CAPSCA, and ensure that the relevant national agencies participate within their CAPSCA membership;
12. Endorsing that public health events preparedness planning should be considered an essential activity to build future resilience in aviation;
13. Noting that the HLCC also recommended that States, to the extent feasible, make available financial and human resources to participate in CAPSCA activities;
14. Noting that the HLCC through Facilitation Stream Recommendation 7/1 recommended ICAO to review the CAPSCA framework and governance to optimize preparedness planning and response to public health emergencies, as well as support the strengthening of the CAPSCA framework;

Unanimously agreed to:

1. Urge the CAPSCA Member States to support implementation of the conclusions of the CAPSCA Global Symposium;
2. Endorse CAPSCA's recommendation that an Aviation Health Plan with objectives, priorities, goals and targets as necessary should be developed;
3. Request CAPSCA partners to continue providing in-kind collaboration for CAPSCA's future work;
4. Request CAPSCA non-Member States to become members to build global aviation related public health emergency preparedness and response planning and resilience; and

5. Request CAPSCA to continue to build closer collaboration with all relevant Organizations to assist States through Technical Assistance visits to aviation stakeholders.