



**Eighth ICAO Collaborative Arrangements for the Prevention and Management of Public Health  
 Events in Civil Aviation (CAPSCA/08) Americas Meeting**  
 Mexico City, 27-29 February 2024

**Agenda Item 2: Review of action points from previous meetings**

**LIST OF CONCLUSIONS FROM PREVIOUS CAPSCA EVENTS**

(Presented by the Secretariat)

**EXECUTIVE SUMMARY**

CAPSCA Regional meetings and activities were stopped with the COVID-19 outbreak. Although online training was delivered, the programme was not officially relaunched until the CAPSCA Global Symposium in March 2022. Since then, the different ICAO Regional Offices are bringing back the CAPSCA regional meetings and activities.

This paper gathers the conclusions of the last CAPSCA meeting held in the NAM, CAR and SAM regions, CAPSCA/07, and the conclusions of the CAPSCA Global Symposium for the perusal and comments of the participants.

<b>Action:</b>	Suggested actions are presented in Section 4.
<i>Strategic Objectives:</i>	<ul style="list-style-type: none"> <li>• Security &amp; Facilitation</li> </ul>
<i>References:</i>	<ul style="list-style-type: none"> <li>• Previous CAPSCA events</li> </ul>

**1. Introduction**

1.1 The latest ICAO Collaborative Arrangements for the Prevention and Management of Public Health Events in Civil Aviation Americas Meeting, CAPSCA/07, took place before the COVID-19 outbreak at the *Centro de Instrucción Internacional de Aeropuertos y Servicios Auxiliares (CIASA)* in Mexico City, Mexico, from 6 to 9 September 2016.

1.2 After that, and at a global level, ICAO organized the Virtual CAPSCA Global Symposium 2022 from 29 to 31 March 2022, focused on the lessons learnt after the COVID-19 pandemic for a resilient future.

1.3 This working paper presents the list of conclusions from CAPSCA/07 for the review and comments of the participants and includes, for reference, the CAPSCA Symposium Conclusions.

## 2. List of CAPSCA/07 Conclusions

2.1 To align regional efforts with the Global Aviation Security Plan (GASep), most of the ICAO regions organized specific regional conferences to seek commitment of the States and translate GASep priority outcomes into their reality.

Event	Conclusion	Comments/Status
CAPSCA/07	<p><b>Conclusion 1:</b> Due to the positive results, continuity must be given to CAPSCA Project and the necessary arrangements shall be made, for CAPSCA to be classified as a Programme at ICAO Headquarters level.</p>	CAPSCA already achieved the classification as a voluntary programme managed by ICAO with support from WHO. <b>CLOSED.</b>
CAPSCA/07	<p><b>Conclusion 2:</b> The State's parties involved in the development and participation of response plans to public health events should agree in the contribution of funds for the continuation of the CAPSCA Project. This agreement should be settled among the authorities of the respective States.</p>	Update on available funds during the round de table.
CAPSCA/07	<p><b>Conclusion 3:</b> In the CAPSCA Assistance Visits (AV) and Follow-Up Visits (FV) to States and their airports, commitment is expected from public health, civil aviation and airport authorities and other specific areas on corrective action plans of their competency to facilitate follow-ups from ICAO and WHO respectively.</p>	Call of commitment to States and airports that receive a CAPSCA assistance visit.
CAPSCA/07	<p><b>Conclusion 4:</b> The CAPSCA AV and FV reports sent by ICAO to the Civil Aviation Authorities shall be shared with public health authorities, airport, and other entities involved; a communication mechanism needs to be established for such purpose, this task and responsibility can be assigned to the CAPSCA Point of Contact (PoC) in each State.</p>	Designation of the CAPSCA PoC as coordinator of Civil Aviation Authorities and Public Health Authorities.
CAPSCA/07	<p><b>Conclusion 5:</b> The objective and the programme template must be reviewed, as well as the AV and FV, to encourage a more flexible approach focused on the States' needs, identifying more technical than administrative solutions, to provide a balanced and specialized support to States. This task has been commended to ICAO, WHO and States to provide recommendations through their focal points respectively.</p>	No information on the implementation status.
CAPSCA/07	<p><b>Conclusion 6:</b> To consider greater participation in the CAPSCA events by State's entities involved in the development of response plans of public health events, and the importance for participants to share their experiences and solutions internally to their entities.</p>	Encouragement of participation in CASPCA events.

Event	Conclusion	Comments/Status
CAPSCA/07	<p><b>Conclusion 7:</b> To implement a coordination mechanism between the public health authority and the immigration office in each State, in order that relevant information related to public health events are systematically collected and available to the public health authority to take the corresponding actions.</p>	Need of coordination mechanism between public health authorities and immigration.
CAPSCA/07	<p><b>Conclusion 8:</b> Review the ICAO and WHO tools to make them compatible and to avoid duplicity of work. A consolidated tool exists and was developed by Mexico and supported by WHO. It was proposed that such a document be sent to the NACC Regional Office for retransmission to CAPSCA Coordinators and States for comments no later than 18 November 2016.</p>	<p>No information on the implementation status.</p> <p>Update on ICAO/WHO cooperation during the meeting.</p>
CAPSCA/07	<p><b>Conclusion 9:</b> Dr. Manohar Sing from Barbados, in coordination with the ICAO NACC Regional Office, was assigned to coordinate the CAPSCA Americas Meeting for 2017, to be held in a Caribbean State.</p>	Meeting cancelled.
CAPSCA/07	<p><b>Conclusion 10:</b> States must assign and inform the ICAO Regional Offices the health specialists to become CAPSCA Technical Advisors.</p>	States should designate a CAPSCA coordinator also in charge of coordination with Regional Offices.

### 3. Conclusion and Joint Statement at the CAPSCA Global Symposium 2022

3.1 The CAPSCA Global Symposium organized by ICAO in March 2022 had the motto “Impact of Public Health Events in Aviation — Lessons Learnt for a Resilient Future”. Following its conclusion, a joint statement was agreed with the following points:

The **CAPSCA Global Symposium** held on 29 – 31 March 2022 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.

3.2 The list of CAPSCA Symposium conclusions and the full statement are included as **Appendices** to this working paper (only available in English).

**4. Suggested actions**

4.1 The meeting is invited to

- a) take note of the conclusions; and
- b) comment on their status (especially on the conclusions highlighted in yellow).

-----

## 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.