

Conclusions – CAPSCA – AP/15

1. The meeting urged States/Administrations to establish requirements for the involvement of public health stakeholders, academia, aviation stakeholders (such as airport operators, aircraft operators, air navigation service providers, ground service providers, etc.) and other sectors, as appropriate, in the development of health-related Standard Operating Procedures (SOPs) and contingency plans in aviation.
2. The meeting recommended that States/Administrations;
 - a. Continue to support the work of the Task Force on Health Issues Outbreaks in Aviation (TF-HIOA);
 - b. Review the new and revised ICAO SARPS contained in Amendment 29 to ICAO Annex 9 – Facilitation (applicable as of 18 November 2022) and ensure that these are incorporated into national and airport level requirements and procedures as appropriate;
 - c. Make use of the ICAO Facilitation related guidance material and training opportunities;
 - d. Continue to support and implement the ICAO (Traveller Identification Programme (TRIP) Strategy elements; and
 - e. Consider preparations to issue eTravel Documents where not already doing so, and if issuing such documents, join the ICAO Public Key Directory (PKD) and upload relevant data in order to fully benefit from the system.
3. The meeting urged States/Administrations to support the strengthening of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme with active participation to ensure that its goals are achieved.
4. Acknowledging preparedness planning for public health events is a continuously evolving collaborative and coordinated process involving all relevant stakeholders from both public and private sectors, the meeting encouraged States/Administrations to improve coordination mechanisms, multisectoral at national and local level and cross border at regional and global level for information exchange and mutual recognition and harmonization of measures when responding to Public Health Emergencies of International Concern (PHEIC). In that regard improving communication strategies, remaining evidence-based and risk-based in responding to PHEIC, adequately resourcing the State machinery and assisting less resourced States may receive priority consideration.
5. As global aviation recovers and return to the pre-COVID travel volumes, States/Administrations and all relevant stakeholders are requested to take a critical review of the lessons learned from the COVID-19 pandemic including from the various control measures taken and their impact on aviation, economies and societies in general. In particular, aviation and health officials may focus on the following key areas and share best practices through the CAPSCA website.
 - a. Proportionate, risk-based and time-limited health measures
 - b. Mutual-recognition of health credentials
 - c. Clear and timely communication from governments
 - d. Economic and social cost of travel restrictions

6. States/Administrations are urged to share the lesson learned from the COVID-19 pandemic as a continuous improvement measure to formulate control and mitigation measures in preparation of future pandemics.
7. States/Administrations are requested to take note of the additional indicator included in WHO's International Health Regulations (IHR 2005) monitoring and evaluation tools to not only assess the prevention, preparedness and response capacities at points of entry (airports, ports and ground crossings), but also to account for the institutional multisectoral capacity of countries to determine the adoption and review of travel-related measures during health emergency responses.
8. For cross border travel, the key message is: there is strong need to strengthen cross border collaboration and sharing of information to support risk assessment, and international contact tracing. Collaborative efforts between States/Administration with support from WHO, ICAO and partners will allow for implementation of coordinated travel measures to prevent unnecessary interference with international travel and trade.
9. Collaboration across sectors, including between public health and civil aviation authorities, is paramount in aviation related public health emergencies; a lesson learnt from the response to the COVID-19 pandemic. Nonetheless, it does not come without challenges. At the global level, WHO and ICAO have signed a Memorandum of Understanding in November 2022, which will lead to the development of a joint workplan in 2023 as a way for both organizations to further discuss and agree on their means of collaboration and joint activities to strengthen civil aviation and public health collaboration for health emergency preparedness and response at global, regional and country levels. States/Administrations are encouraged to take this as a good example to follow at State level to develop and improve collaboration between public health and aviation authorities.
10. Infection prevention & control (IPC) standard precautions such as masking, hand hygiene, and physical distancing (when possible) are proven to be effective risk reduction strategies for COVID-19 and other infections. States/Administrations are invited to take note of the guidance published now in WHO's infection prevention and control in the context of coronavirus disease (COVID-19): a living guideline, which focuses on health care settings, but includes information relevant to air travel, such as the latest recommendations on masking in the general public. <https://app.magicapp.org/#/guideline/Lr2a8L>.
11. States/Administrations may note that ICAO Implementation Package on Public Health Corridors (PHC i-Pack) provides comprehensive tools to make science based risk assessment and manage border opening. PHC iPack may be considered a better way to introduce standardization to establish safe travel corridors between States.
12. While Acknowledging the suite of the specialized services provided by the air ambulance community such as the critical care transportation, infectious disease transportation, repatriation flights and MEDEVAC etc., the meeting noted the importance of timely responses to the urgent operational needs of the air ambulance flights by the States including necessary approvals. The meeting also noted the consensus of the air ambulance community to develop a multi-disciplinary program to develop a comprehensive air ambulance operations framework, based on the risk management principles.

13. The European Centre for Disease Prevention and Control (ECDC) is a public health agency of the European Union (EU), operational since 2005. ECDC experts collect, analyse and share data on infectious disease topics and assess the risks to Europe, and provide guidance to help countries prevent and respond to outbreaks and public health threats. Noting the benefit of a regional Entity/Society having a mandate to provide technical advice on aviation related public health matters to the Asia and Pacific States, the meeting encouraged the APAC States/Administrations to explore the possibilities of establishing such an expert group.
14. As an interim measure, the meeting recommended that States/Administrations may consider establishing a regional Aviation Medical Examiner Group.
15. Acknowledging the interest of the Aviation Medical Examiners to receive regular updates in the field of aviation medicine, the meeting requested CAPSCA to consider conducting the regional Aviation Medical Examiner Workshop including also the relevant USOAP-CMA PQ updates on regular basis. In this regard, the meeting noted the possibility of the APAC COSCAPs providing such training at the request of their respective Member States/Administrations.
16. The meeting acknowledged the benefits that a full CAPSCA Assistance Visit or a CAPSCA AV Demo Visit (in conjunction with hosting a CAPSCA AP meeting) could deliver to a State, thus encouraged States/Administrations to give due consideration to having such visits at the earliest opportunity.

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