**F I N A L**

# SUMMARY OF DISCUSSIONS OF THE

# JOINT ICAO EUR/MID THIRTEENTH MEETING OF THE COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH EVENTS IN CIVIL AVIATION

## (CAPSCA EUR-MID/13)

*(Paris, France, 7-9 October 2026)*

## 1. Introduction

1.1 The Joint ICAO EUR/MID Thirteenth Meeting of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA EUR-MID/13) was held in Paris, France, from 7 to 9 October 2026. The first two days were held at the Auditorium, Maison de l'environnement et des Territoires, Paris-CDG Airport, and the third day at the Innovation Hub, Paris-CDG Airport.

1.2 The Meeting was organized jointly by the ICAO European and North Atlantic (EUR/NAT) and Middle East (MID) Regional Offices, with the support of ICAO Headquarters and the World Health Organization (WHO), and with contributions from CAPSCA partner organizations, States and industry.

1.3 A total of 66 participants, attending in person and online, represented 15 EUR/NAT States, 9 MID States and Brazil, together with 8 international organizations and partner entities. The list of participants is at **Appendix A**.

1.4 The Meeting provided a forum for strengthening collaboration and face-to-face dialogue among civil aviation and public health authorities and CAPSCA partners. Its objective was to enhance coordination and cooperation in order to strengthen States' preparedness and response planning for public health events, mitigate risks to human health and aviation operations, review global and regional developments, and exchange experience and good practices.

1.5 The Meeting elected the Chairperson of CAPSCA EUR and the Chairperson of CAPSCA MID, in accordance with the adopted work programme. The ICAO EUR/NAT Office received 1 nomination letter from Portugal for the chairmanship of CAPSCA EUR; and accordingly, Dr. Maria João Martins was elected unanimously as the CAPSCA EUR Chairperson. Dr. Maria João Martins chaired the meeting. The ICAO MID Office received 1 nomination letter from Jordan for the chairmanship of CAPSCA MID; and accordingly, Dr. Khalil M. Khalil was re-elected as the CAPSCA MID Chairperson for another term.

1.6 The Meeting noted the importance of maintaining a practical, multisectoral approach that brings civil aviation, public health, border authorities, airports, airlines, ground handlers, manufacturers and other operational stakeholders into preparedness and response arrangements.

## 2. Adoption of the Agenda

2.1 The Meeting adopted the following agenda:

**Agenda Item 1: Election of the Chairperson and the Vice-Chairperson.**

**Agenda Item 2: Review of Conclusions of CAPSCA EUR-MID/12 and follow-up actions.**

**Agenda Item 3: Update from the CAPSCA EUR Contact Tracing Project Team. Approval of Terms of Reference.**

**Agenda Item 4: ICAO/CAPSCA and WHO global and regional updates.**

**Agenda Item 5: Aviation medicine and public health preparedness workshop.**

**Agenda Item 6: CAPSCA key partners updates.**

**Agenda Item 7: Activities and feedback from CAPSCA States, including practical experiences in aviation public health preparedness, communicable disease management and airport-level coordination.**

**Agenda Item 8: Round table discussions on lessons learned from recent outbreaks, preparedness for future public health emergencies in civil aviation, and multisectoral coordination.**

**Agenda Item 9: CAPSCA Focal Points workshop, including aircraft disinfection/disinsection, ICAO SARPs and IHR amendments, national aviation plans, facilitation committees and mental health in aviation operations in conflict zones.**

2.2 The work programme was adjusted during the Meeting, where necessary, to accommodate virtual speakers and technical considerations. The substance of the adopted agenda was maintained.

## 3. Review of previous outcomes and global/regional developments

*Review of CAPSCA EUR-MID/12 outcomes and follow-up actions*

3.1 The Meeting reviewed the outcomes and follow-up actions from CAPSCA EUR-MID/12. The review highlighted the continuing need to strengthen regional engagement, national aviation-health preparedness, multisectoral coordination, practical exercises, contact tracing arrangements and implementation of IHR core capacities at points of entry.

3.2 Participants were reminded that enhancement initiatives from previous meetings are intended to be followed through between annual meetings, with progress reported back to the plenary. The Meeting emphasized that implementation depends on sustained engagement by States and partner organizations, not only action by the CAPSCA Secretariat.

*Projects to improve the ICAO CAPSCA strategy*

3.3 ICAO presented projects to improve the CAPSCA strategy and explained that CAPSCA is explicitly reflected in the ICAO Business Plan 2026-2028. The programme is being aligned with ICAO's broader strategic and crisis-management frameworks and is intended to support resilient aviation through flexible, evidence-based and multidisciplinary approaches.

3.4 The Meeting was informed that the evolving CAPSCA governance framework places emphasis on sustainability, partnerships, stakeholder engagement, measurable results, implementation support, science and technology, improved data collection and information sharing, and capacity development before emergencies occur.

3.5 ICAO outlined work to update the CAPSCA checklist to reflect the amended IHR and developments in ICAO Standards and guidance; increase the use of virtual assistance before on-site visits;

develop a digital aviation health management framework; harmonize training and reference material; and strengthen links with national facilitation mechanisms and other ICAO programmes.

3.6 The discussion underlined the importance of collaboration between public health and facilitation communities, including the need for national CAPSCA focal points and public health representatives to participate in National Air Transport Facilitation Committees, and for facilitation representatives to engage in aviation-health preparedness.

*WHO EMRO update on public health emergency preparedness and IHR implementation*

3.7 WHO EMRO presented an update on public health emergency preparedness and IHR implementation at points of entry. The Meeting noted that points of entry are a critical interface between international travel, trade and public health, and that preparedness requires both capacities available at all times and additional capacities for response to public health emergencies.

3.8 WHO emphasized risk-based and proportionate travel measures, tested contingency plans, trained personnel, arrangements for assessment and care of ill travellers, quarantine and isolation when appropriate, laboratory support, vector control, and effective coordination across the aircraft-airport-national response pathway.

3.9 The Meeting was informed of continuing gaps across the region, including uneven infrastructure and response capacity, insufficiently developed or tested public health emergency contingency plans, digital infrastructure constraints, workforce turnover and financial limitations. WHO highlighted the value of context-specific plans, simulation exercises, after-action reviews and formal multisectoral coordination mechanisms.

3.10 Examples from Jordan, Yemen and cross-border work in North Africa illustrated how joint planning and exercises can be used to align civil aviation and public health arrangements, test draft plans and institutionalize responsibilities. Participants stressed that no single sector can effectively manage a public health emergency at a point of entry in isolation.

## 4. Aviation medicine and public health preparedness workshop

*Hantavirus event - Netherlands*

4.1 The Netherlands presented the response to a Hantavirus outbreak involving a passenger vessel, including medical evacuation, repatriation and follow-up. The response required coordination among the flag State, port and health authorities, WHO, ECDC, diplomatic channels, private operators, insurers and air-ambulance providers.

4.2 The presentation illustrated the complexity of managing a health emergency originating in the maritime sector but requiring aviation support for medical evacuation and repatriation. The Meeting noted the importance of early information exchange, clarity on responsibilities, access to suitable ports, medical-evacuation arrangements and cross-border coordination.

*Hantavirus event - Spain*

4.3 Spain presented its response after the affected vessel reached the Canary Islands. A broad emergency-response structure brought together health, civil protection, law-enforcement, defence, foreign affairs, regional authorities, port and airport authorities, WHO, ECDC and the countries concerned.

4.4 The Meeting noted that 122 passengers and crew were evacuated on 10 and 11 May and that the European Union Civil Protection Mechanism was activated. The experience demonstrated the importance of synchronized port-airport arrangements, coordinated transport and repatriation, consistent risk communication and close cooperation between maritime and aviation authorities.

*Medical evacuation capabilities and the EU Civil Protection Mechanism*

4.5 The European Commission Emergency Response Coordination Centre (ERCC) described the Union Civil Protection Mechanism and rescEU capabilities. The Meeting was informed that, when national response capacity is overwhelmed, participating States may request assistance through the ERCC, which coordinates offers of assistance, specialist teams and transport.

4.6 The presentation highlighted the operational planning required for medical evacuation, including patient assessment, transport assets, receiving facilities, cross-border coordination and the interface between public health, civil protection and aviation.

*Airport malaria at Frankfurt Airport*

4.7 Germany presented the investigation, experience and lessons learned from airport malaria at Frankfurt Airport. The case provided an additional example of a public health event requiring close coordination between public health authorities and airport stakeholders and reinforced the relevance of preparedness for vector-borne as well as directly transmissible diseases.

*Ground-handling operational continuity during a public health event*

4.8 EgyptAir Ground Services presented measures to protect ground-handling staff and maintain operational continuity during public health events. The presentation covered the ground-handling functions in which staff, passengers, baggage, aircraft and equipment interact, including baggage handling, ramp operations, ground-support equipment, aircraft servicing, waste handling, cleaning and disinfection, and staff transport.

4.9 The Meeting noted that ground handlers are essential operational partners in preparedness plans and should be covered by risk assessments, staff training, personal protective measures, cleaning and disinfection procedures, continuity arrangements and communication mechanisms.

## 5. CAPSCA key partners updates

*European Commission - Health Security*

5.1 The European Commission presented the EU health-security framework and the shift toward an all-hazards, whole-of-government and whole-of-society approach to preparedness. The update covered Regulation (EU) 2022/2371 on serious cross-border threats to health, the Health Security Committee, the Early Warning and Response System, Union prevention, preparedness and response planning, and public health emergency preparedness assessments.

5.2 Recent Hantavirus and Ebola responses were used to illustrate the need for coordination across Commission services, public health, civil protection and transport. The Meeting noted the value of rapid scientific advice, coordinated opinions and guidance, operational support through the EU Health Task Force and the use of the Union Civil Protection Mechanism for repatriation.

5.3 The discussion also highlighted the need for clear exit strategies when exceptional travel or public health measures are introduced, so that measures can be removed when the epidemiological justification no longer applies.

*ECDC*

5.4 ECDC provided an update on its reinforced mandate and operational support for serious cross-border threats to health. Its activities relevant to aviation include outbreak support, the EU Health Task Force, technical guidance on travel-related public health measures and contact tracing, after-action reviews, country-support workshops, and collaboration with partner organizations.

5.5 ECDC presented the Public Health Emergency Preparedness Assessments (PHEPAs), which are conducted on a three-year cycle in EU/EEA countries and are designed to translate self-assessment and other information into practical recommendations and national action plans. Participants noted the importance of complementarity with WHO assessment mechanisms and avoiding unnecessary duplication.

5.6 The Meeting noted recurring strengths and areas for improvement at points of entry: plans and legal frameworks are often in place, but plans may require broader all-hazards coverage, routine testing, stronger data-sharing arrangements, clearer roles and better integration with national surveillance and response systems.

*EASA*

5.7 EASA explained the Agency's mandate and its activities in the field of aviation medicine, with particular emphasis on one of its health research projects concerning aircraft surfaces. This research project is expected to analyse scientifically proven solutions to reduce the spread of airborne infectious agents within the aircraft environment.

5.8 The objectives of the project are to investigate the possibilities to further reduce the spread of a series of airborne infectious agents (viruses, bacteria, fungi) within the aircraft environment by improving filtration systems, recirculation systems and cabin airflow. Also, risks associated with contact with contaminated surfaces will have to be addressed, including the impact that various disinfection and cleaning methods implemented by operators may have not only on initial airworthiness aspects but also on continued airworthiness aspects.

5.9 The expected outcome is to provide scientific evidence to support regulatory decision making, as well as an implementation roadmap for the Agency and Industry.

*IATA*

5.10 IATA addressed the operational aviation perspective on public health preparedness. IATA highlighted its ongoing collaboration with ICAO and WHO, outlined the activities and guidance developed in response to recent Ebola outbreak, and presented relevant facts and figures illustrating key lessons learned from previous public health events.

5.11 With regard to preparedness for future public health emergencies, particular emphasis was placed on IATA's 2026 report on risks to the global economy, which identifies pandemics as a high-impact risk. IATA emphasized the importance of robust risk assessment, clear communication, and proportionate response measures, while underscoring the need for the early involvement and active participation of airlines in preparedness and response efforts.

5.12 Particular attention was given to passenger-data access for contact tracing, the limitations on using API/PNR data for health purposes, and the need to reconcile public health objectives with data-protection, legal and operational requirements.

5.13 The Meeting discussed the value of a standardized, legitimate and fit-for-purpose request mechanism for passenger data. Participants stressed that requests should be targeted, case-specific and time-limited, and that airlines should be engaged early when procedures and guidance are developed.

5.14 IATA emphasized the importance of feasibility checks before measures are imposed, joint planning and exercises during non-crisis periods, operationally workable guidance, clear communication of national entry requirements, and structured debriefing after events.

## 6. Activities and feedback from CAPSCA States

*Switzerland - simulation exercises on Ebola virus disease*

6.1 Switzerland shared experience from simulation exercises involving the management and medical evacuation of a suspected viral haemorrhagic fever case. The exercise demonstrated the importance of defining responsibilities at international, national and airport levels and of testing the full chain from aircraft arrival to transfer to a designated health facility.

6.2 Operational lessons included the need for early coordination, clear zoning around the aircraft and ambulance, limiting the number of personnel in the intervention area, appointing an external supervisor with an overall view of the operation, positioning the ambulance close to the aircraft, planning decontamination and ensuring a safe route to the receiving hospital.

*United Arab Emirates - airport and airline public health preparedness*

6.3 The UAE presented a joint Ministry of Health and Prevention / General Civil Aviation Authority approach to airport and airline public health preparedness. The approach is supported by joint risk assessments, IHR core-capacity assessments, simulation exercises and the Civil Aviation Communicable Disease Management Programme (CAR-CDMP).

6.4 The CAR-CDMP was described as a regulatory and operational framework applied to airports and air operators, incorporating procedures, training, surveillance, audits and outbreak-specific guidance. Examples from Hantavirus and Ebola demonstrated how information received from international focal points and overseas stations can trigger coordinated risk assessment and response while maintaining essential travel and cargo operations.

6.5 The UAE explained that preparedness is managed as a continuous improvement cycle of assessment, gap analysis, corrective action, implementation, monitoring and reassessment. The Meeting also noted the UAE's intention to explore the use of artificial intelligence to support early detection and risk assessment.

6.6 Discussion on quarantine and suspected cases reinforced the importance of disease-specific risk assessment, cooperation between civil aviation and health authorities, and pre-defined arrangements for isolation, home or institutional quarantine, contact management and medical transfer as appropriate.

*Switzerland - cross-border health measures under the pandemic preparedness plan*

6.7 Switzerland presented its revised pandemic preparedness plan, which builds on lessons from COVID-19 and addresses national and international cooperation, early detection and risk assessment, governance, prevention, health-care continuity, containment, mitigation, restoration of functionality and communication.

6.8 The Meeting noted the distribution of responsibilities among the Federal Council, Federal Office of Public Health, customs and border authorities, migration authorities, cantons and transport operators. Examples included traveller information, contact tracing, digital passenger-location forms, health questionnaires, screening arrangements and an airport network used for consultation and coordinated communication.

6.9 Participants exchanged practical experience on quarantine, medical transfer and risk communication. Switzerland noted that quarantine is generally arranged by cantonal health authorities rather than within airport premises, with specialized hospitals available for high-risk diseases such as Ebola.

## 7. Round table discussions, Contact Tracing Project Team and WHO Europe update

*Round table discussions*

7.1 The round table consolidated lessons from the Hantavirus and Ebola events and discussed preparedness for future public health emergencies in civil aviation. Participants repeatedly emphasized the need for collaboration, coordination and communication across sectors and levels of government.

7.2 The discussion highlighted the value of joint exercises, after-action reviews, proportionate and risk-based measures, consistent messaging, early engagement of operational stakeholders and clear arrangements for data sharing. Participants also stressed that measures must be operationally feasible and should include an exit strategy.

7.3 Contact tracing generated substantial discussion. While public health authorities require timely access to accurate passenger data in specific situations, existing aviation-security data frameworks and data-protection rules may restrict use. The Meeting supported continued technical and regulatory work and early involvement of airlines, public health authorities, regulators and relevant ICAO groups.

*EUR Contact Tracing Project Team*

7.4 ECDC presented an update on the EUR Contact Tracing Project Team (CT PT), co-chaired by WHO/Europe and ECDC with ICAO EUR/NAT Secretariat support and participation from EASA and subject-matter experts. The project period runs from September 2024 to July 2029.

7.5 The Project Team is reviewing existing contact-tracing procedures and the roles of airlines and public health authorities; identifying bottlenecks and inefficiencies in the retrospective retrieval of passenger data; and developing operational and regulatory options.

7.6 Planned outputs include clarification of the role of contact tracing for rare or sporadic events, a briefing to ICAO Headquarters on passenger-data challenges, a standardized request template for civil aviation authorities, airlines and public health authorities, and contributions to the review of relevant ICAO Standards, Recommended Practices and guidance.

7.7 The Meeting endorsed the Terms of Reference of the Contact Tracing Project Team – **Appendix B** - with flexibility for the Secretariat to make necessary editorial adjustments and requested the Team to report progress to CAPSCA EUR-MID/14. The Terms of Reference reflect the decision to extend the membership of the Contact Tracing Project Team to include MID States.

*WHO Regional Office for Europe*

7.8 WHO/Europe presented global and regional updates on border-health activities under the Preparedness 2.0 strategy and action plan for 2024-2029. Support to points of entry includes assessments, contingency planning and SOP development, simulation exercises, staff capacity building, after-action reviews, risk communication and risk-based guidance for international travel measures.

7.9 The Meeting was informed about annual regional functional simulation exercises and the use of State Party self-assessment reporting and Joint External Evaluation findings to identify priorities. Participants emphasized alignment among WHO, ECDC and ICAO mechanisms to reduce duplication and make assessments and assistance more useful to States.

## 8. CAPSCA Focal Points workshop

*Aircraft cleaning, disinfection and disinsection*

8.1 Airbus presented aircraft cleaning and disinfection recommendations, distinguishing routine cleaning from disinfection and emphasizing compliance with aircraft-maintenance procedures and material-

compatibility requirements. The presentation highlighted the need to protect aircraft structures and systems while meeting public health requirements.

8.2 The discussion identified a practical challenge created by differing national requirements, product availability and manufacturer approvals. Participants discussed the balance between specifying active ingredients and specifying products that have been tested for aircraft compatibility, and the respective responsibilities of health authorities, operators and manufacturers.

8.3 The Meeting agreed that further harmonization is needed between public health requirements and aviation operational/manufacturer considerations and reflected this need in the meeting enhancement initiatives.

*Mental health in aviation operations in conflict zones*

8.4 ICAO presented mental-health considerations for aviation operations in conflict zones. The Meeting noted that mental health is a continuum and that aviation personnel may face acute, chronic and cumulative stress arising from operational pressures, exceptional circumstances, direct or indirect exposure to conflict and broader personal factors.

8.5 Practical measures discussed included direct and trusted communication, face-to-face engagement where possible, fair rotation of assignments, temporary operational accommodations, access to safe spaces and recreational activities, and additional management safety briefings before operations into higher-risk areas.

8.6 Participants discussed whether CAPSCA should have a role in mental-health support following natural disasters. The prevailing view was that natural-disaster response remains primarily a national responsibility, with CAPSCA involvement most relevant where civil aviation is directly affected and assistance is requested. ICAO also noted ongoing work on mental fatigue and the interface between human factors, aviation medicine and accident investigation.

*2024 amendments to the International Health Regulations*

8.7 WHO presented the 2024 amendments to the International Health Regulations, which entered into force for most States Parties in September 2025. The update covered the National IHR Authority, the definition of a pandemic emergency, solidarity and equity provisions, financing, digital and non-digital health documentation, and implementation mechanisms.

8.8 For points of entry and aviation, the Meeting noted the strengthened whole-journey responsibilities of conveyance operators, including embarkation and disembarkation; laboratory and specimen-transport arrangements; quarantine provisions for affected conveyances; digital health documentation; and the need to maintain core capacities at designated points of entry.

8.9 The discussion emphasized risk-based, evidence-informed and proportionate measures that protect public health while facilitating safe international travel and trade. A question was raised on harmonization between WHO digital health documents and ICAO digital-seal arrangements; ongoing WHO-ICAO technical coordination was noted.

*National facilitation arrangements and national aviation-health planning*

8.10 The Netherlands presented the role of the National Air Transport Facilitation Committee in relation to health measures. Annex 9 requires a national facilitation committee, but its broad remit makes it important to use focused expert groups for technical work while reserving higher-level steering structures for strategic or inter-ministerial issues.

8.11 The Netherlands described how cooperation between transport and health authorities strengthened after COVID-19 and how an expert group on health contributes to national emergency planning, entry requirements, crisis communication, lessons learned and implementation of Annex 9 health provisions.

8.12 The Meeting emphasized that crisis communication should be prepared before an emergency, that airline and airport operators should be involved in national planning, and that public health authorities should participate routinely in national and airport facilitation arrangements rather than only during a crisis.

*Future CAPSCA EUR-MID priorities*

8.13 Participants were invited to identify priorities for future CAPSCA work. Contact tracing remained a priority, together with implementation of the amended IHR, harmonization of public health measures, regular exercises, emerging technologies, all-hazards preparedness and stronger coordination across aviation, health and other transport sectors.

8.14 The Meeting emphasized the need to preserve institutional memory and preparedness between emergencies, including through exercises, after-action reviews, updated plans, training and continued networking among focal points and partner organizations.

## 9. Meeting outcomes and CAPSCA EUR-MID enhancement initiatives

9.1 The Meeting reviewed and agreed a set of key takeaways and CAPSCA EUR-MID enhancement initiatives. The agreed objective statement recognized the Meeting as a forum for strengthening collaboration and networking among civil aviation and public health authorities and partners, reviewing global and regional developments, sharing State experience, and improving preparedness and response.

9.2 During the review of the proposed outcomes, participants stressed that coordination should place civil aviation, maritime and public health authorities on an equal footing; that relevant stakeholders include contractors and subcontractors; that new surveys should be coordinated with existing WHO and ECDC mechanisms to minimize duplication; and that after-action reviews are an important method for developing lessons learned.

9.3 The following enhancement initiatives were agreed:

a) ICAO to develop a questionnaire and conduct a biannual survey to assess and monitor States' preparedness and response planning for public health events.

b) States are encouraged to establish/strengthen mechanisms for coordination between civil aviation and maritime authorities, in collaboration with public health authorities, to facilitate a coordinated and effective response to public health emergencies affecting air and maritime transport.

c) States are encouraged to enhance collaboration, coordination and communication among all relevant stakeholders to strengthen preparedness and response to public health emergencies, including through regular simulation exercises and drills to validate preparedness arrangements, identify areas for improvement, and reinforce coordinated response mechanisms.

d) States are encouraged to share their experiences, practices and lessons learned in the use of advanced technologies and Artificial Intelligence (AI) for the early detection, monitoring and risk assessment of public health emergencies, with a view to promoting the exchange of knowledge and identifying opportunities for their effective application in aviation public health preparedness and response.

e) ICAO, WHO and all CAPSCA partners to develop guidance to support a harmonized approach to the implementation by States of aircraft disinsection and disinfection measures, taking into account applicable international standards, public health requirements, and operational considerations.

f) Stakeholders are encouraged to share their experiences, practices and lessons learned regarding aircraft disinsection and disinfection during the CAPSCA EUR-MID/14 meeting, to support the exchange of knowledge and contribute to the development of harmonized approaches.

g) The Terms of Reference of the Contact Tracing Project Team (CT PT) are endorsed and the team is requested to provide an update on their progress during the CAPSCA EUR-MID/14 meeting.

h) States are urged to maintain preparedness by building on lessons learned from past events and leveraging the latest scientific research and developments.

i) States are further encouraged to collaborate to promote the adoption of harmonized, risk-based and evidence-informed measures to ensure a coordinated and proportionate response during public health events.

9.4 The Meeting agreed that CAPSCA EUR-MID/14 would be convened as an in-person meeting in the MID Region, tentatively in the fourth quarter of 2027. The MID Office and the CAPSCA-MID Chairperson will undertake necessary coordination to receive confirmation of hosting from a volunteer MID State.

## 10. Closing of the Meeting

10.1 In closing, the Chair and the ICAO Regional Coordinators thanked ICAO Headquarters, WHO, partner organizations, speakers, participating States, Groupe ADP and all participants for their contributions and active engagement throughout the three days.

10.2 Participants were encouraged to take the agreed initiatives and principal outcomes back to their national administrations and organizations and to continue the collaboration established during the Meeting.

10.3 The Meeting concluded that sustained preparedness, practical cooperation and harmonized, evidence-informed approaches are essential to protect public health while maintaining safe, resilient and proportionate international air transport operations.

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## APPENDIX A — LIST OF PARTICIPANTS

*(Paragraph 1.3 refers)*

**BAHRAIN**
Hasan FARHAN

**BRAZIL**
Cláudio BESCHIZZA IANELLI

**CZECHIA**
Marie HAUEROVA

**EGYPT**
Hoda SHAHEEN

**FRANCE**
Raphaël TARAVELLA
Nicolas UDREA

**GERMANY**
Maria AN DER HEIDEN
Kathrin SCHATEN

**GREECE**
Dimitrios ROUPAKIAS

**IRELAND**
Catherine CURRAN
Jack FITZMAURICE
Declan MAHER
Carmel MORAN

**ITALY**
Serenella Maria CORVO (online)
Emanuela Maria FRISICALE (online)
Antonello FURIA

**JORDAN**
Khalil Mohammad KHALIL

**KUWAIT**
Anwar ALKANDARI (online)

**KYRGYZSTAN**
Burul KASYMOVA
Gulnura MEDETBEKOVA
Elmira MUKAMBETOVA

**LIBYA**
Adel GREBA
Ibrahim WALI

**LITHUANIA**
Rolanda LINGIENĖ

**NETHERLANDS**
Diantha RAADGERS
Saskia VAN EGMOND
Thijs VEENSTRA

**NORWAY**
Frank Arne SANDSUND

**PORTUGAL**
Maria MARTINS
Fernando SANTOS

**RUSSIAN FEDERATION**
Sergey IVASHOV (online)

**SAUDI ARABIA**
Ayman BANJAR
Khalid HASHLAN

**SLOVAKIA**
Martina PILKOVA

**SPAIN**
Rocío del Pilar PALMERA SUÁREZ

**SUDAN**
Hiba ABD ALRAHIM OSMAN OMER (online)
Alfatih Rabie ABDALLA SAAD (online)
Ahmed DARREER (online)
Talha ELSSIR ALGAILY
Nabila MAHMOUD (online)

**SWITZERLAND**
Gisèle JUNGO

**UNITED ARAB EMIRATES**
Mohamed ABBAS
Fatma AL SAFAR
Fatma ALATTAR
Ibrahim ALHAMMADI

**YEMEN**
Gamal ALMAS (online)

**AIRBUS**
Nora PETERSEN

**EASA**
Pedro CAETANO

**ECAC**
Hanane ACHAHBOUN

**ECDC**
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Kim BROLIN
Thomas HOFMANN
Dorothée OBACH (online)
Emmanuel ROBESYN (online)

**EGYPTAIR**
Khaled ATWA
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**EUROPEAN COMMISSION**
Daniel CUETOS SUAREZ
Ingrid KELLER

**GENÈVE AÉROPORT**
Frederic EYNARD

**IATA**
Vincent FEUILLIE
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**ICAO EUR/NAT**
Teresa ANTUNES
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Mohamed SMAOUI

**WHO**
Fatima ARIFI (online)
Mahgoub HAMID (online)
Janusz JANIEC
Tanja SCHMIDT (online)

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## APPENDIX B — CONTACT TRACING Project Team (CT PT) ToR

*(Paragraph 7.7 refers)*

| CONTACT TRACING Project Team (CT PT) ToR | |
|---|---|
| **Project Title** | Contact Tracing Project Team (ECT PT) |
| **Parent Group** | CAPSCA EUR |
| **Project Period** | Sep 2024 to July 2029 |
| **Project Objective** | Review contact tracing procedures (CTP) and the role of airlines and public health authorities in the EUR/NAT-MID areas and suggest the way forward. Report during the plenary CAPSCA EUR-MID meetings. |
| **Project Outcomes** | Communicate and clarify on the work of the Project Team that contract tracing is mainly an instrument relevant for rare situations to trace contacts of infected passengers unrelated to pandemics.<br><br>Prepare a briefing note for ICAO HQ on the challenges associated with obtaining data for contact tracing purposes, and follow up with the relevant Sections, Panels, Study Groups and Working Groups.<br><br>Develop a contact tracing request template for distribution to Civil Aviation Authorities (CAAs), airlines, and public health authorities.<br><br>Contribute to the review and amendment of public health-related SARPs and guidance material concerning contact tracing, as appropriate. |
| **Membership** | As nominated by CAPSCA EUR-MID, EASA, ECDC, WHO EUR and WHO EMR. Other subject matter experts may also participate, as deemed appropriate by the Project Team. |
| **Coordination Requirements** | A series of virtual meetings. Coordination may also be required with subject matter experts outside the PT. |
| **Project High Level Tasks** | 1. Review the existing CTPs and the role of airlines and public health authorities in the EUR/NAT and MID areas;<br>2. Identify bottle necks and inefficiencies while occasionally and retroactively retrieving passenger data related to air travel of infected passengers (problem statement);<br>3. Suggest way forward for operational and regulatory steps. |
| **Project Lead (Chair Team)** | WHO/Europe and ECDC |
| **Project Secretariat Support** | ICAO EUR/NAT Office |

Classified as ECDC NORMAL