

CAPSCA AMERICAS/09 – MEETING REPORT



INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

MEETING REPORT

**NINTH MEETING OF THE CAPSCA AMERICAS PROJECT
(CAPSCA AMERICAS/09)**

(Brasilia, Brazil, 05 to 08 August 2025)

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1. Place and dates

1.1. The Ninth Meeting of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA/09) Americas Meeting was held in Brasilia, Brazil, from 5 to 8 August, 2025, hosted by the National Civil Aviation Agency of Brazil (ANAC) at its facilities, and co-organized in coordination with the Pan American Health Organization/World Health Organization (PAHO/WHO).

2. Opening

2.1. The CAPSCA Americas/09 meeting opening was attended by Ms. Claudia Liliana Olarte Charry, Rapporteur of CAPSCA Americas; Dr. Johanna Jordaan, Chief of the Aviation Medicine Section and ICAO CAPSCA Programme Manager; Mr. Marcelo Bernardes, Superintendent of Organizational Management of ANAC; Ms. Gabriela de Lima Vieira, Manager of National Health Surveillance Agency (ANVISA); Mr. Daniel Roberto Coradi de Freitas, Coordinator of the National International Health Regulations (IHR) Focal Point at the Ministry of Health of Brazil; and Dr. Tamara Mancero, PAHO/WHO Advisor.

2.2. In their interventions, the importance of CAPSCA for civil aviation and for States was highlighted, stressing that the articulation between the different national authorities is essential for effective preparedness and response to public health events. Likewise, the relevance of coordination between ICAO and WHO/PAHO as strategic partners to strengthen capacities and international cooperation in this area was highlighted.



3. Attendance

3.1. The meeting was attended by sixty-three (63) participants, from seventeen (17) States and two (2) International Organizations. The list of participants is in **Appendix A**.

4. Officers and Secretariat

4.1. The meeting was chaired by Ms. Claudia Liliana Olarte, Chairperson of CAPSCA Americas (Colombia).

4.2. Acting as the Secretariat of the meeting were Dr. Johanna Jordaan, Chief of the Aviation Medicine Section at ICAO Headquarters and CAPSCA Programme Manager; Mr. José María Peral, Regional Officer, AVSEC-FAL of the ICAO NACC Regional Office and Regional Coordinator of CAPSCA NACC; and Mr. Leonardo Boszczowski, AVSEC-FAL Regional Specialist of the ICAO SAM Regional Office and Regional Coordinator of CAPSCA SAM.

5. Working languages

5.1. The Meeting's discussions were conducted in English and Spanish supported by simultaneous interpretation. Documents and most presentations were provided in both languages.

6. Agenda and documentation

6.1. The agenda for the meeting is presented in **Appendix B** of this report.

6.2. Meeting documentation and presentations are available on the ICAO and ANAC websites:

<https://www.icao.int/capsca/capsca-americas>

<https://www.gov.br/anac/capsca>

Agenda Item 1: Opening and administrative matters

6.3. The first session included the opening ceremony with the participation of representatives from ICAO, ANAC, the Brazilian Ministry of Health, ANVISA and PAHO/WHO. P/01 was presented to level and highlight the importance of CAPSCA, its structure and its regional governance. P/02 addressed the relevance and roles of Focal Points and Technical Advisors, as well as the need for States to integrate CAPSCA issues into National Air Transport Facilitation Committees. The importance of using the CAPSCA list of Contact Points as a coordination tool was also reviewed and underlined.

6.4. During the subsequent discussion, it was emphasized that the list of Focal Points should serve to integrate and facilitate coordination among national entities. Frequent personnel changes were mentioned as factors affecting the continuity of the designation, which led to the recommendation that the Focal Point be appointed based on technical criteria. It was emphasized that the designation may be assigned to an institutional unit rather than a specific individual, but it is essential that whoever serves as the Focal Point is familiar with the airport environment, holds a coordination mandate, and actively participates in the National Facilitation Committee.



Agenda Item 2: Review of action items from previous meetings

6.5. Under Agenda Item 2, the Secretariat introduced Working Paper WP/01, corresponding to the Follow-up to the Conclusions of CAPSCA/08 (Mexico City, Mexico, February 2024), with a detailed report on the status of implementation of each of the eleven conclusions adopted at that meeting. The progress made by several States was highlighted, as well as the areas where further progress is still needed, underscoring the need to maintain efforts to continuously promote CAPSCA actions.

6.6. The ICAO-WHO Memorandum of Understanding (MoU) and its Joint Work Plan were also presented, highlighting the importance of avoiding duplication of activities and optimizing coordination between the two organizations to maximize benefits for States.

6.7. States also shared their experiences in the implementation of National Facilitation Committees and in coordination between Civil Aviation and Public Health. Colombia highlighted the progress made by its national committee, reporting discussions on communication for passenger tracking and difficulties in accessing passenger list information. El Salvador reported on the first meeting of its national facilitation committee, the review of the National Facilitation Programme with the participation of the Ministry of Health, as well as trainings carried out at all points of entry into the country and the use of tools for outbreak detection. Cuba emphasized that it maintains vigilance in all its facilitation committees and that it has a form that travellers must complete before entering the country. Finally, Paraguay pointed out that it has a national committee as well as airport committees and has conducted drills and training sessions since the pandemic, which were considered highly effective. It also stressed that migration and health authorities have the power to decide on the entry of people in situations of health risk.

6.8. The importance of keeping active actions CAPSCA/08-1, relating to the implementation of the recommendations of the ICAO Assembly; CAPSCA/08-5, on the identification of opportunities for training and education of CAPSCA Technical Advisors; and CAPSCA/08-7, referring to the request for CAPSCA Technical Assistance Visits as a key tool to strengthen the preparedness of States. These actions are renumbered under CAPSCA/09 and will continue in force.

Agenda Item 3: Technical Evaluations

6.9. This session addressed different instruments and experiences related to the assessment of capacities in public health and aviation.

6.10. ICAO presented the scope and methodology of the CAPSCA Technical Assistance Visits, noting that they do not constitute formal audits, although it was mentioned that there are discussions in the Organization about the possibility that in the future these activities could be considered auditable. It was underlined that such visits require the coordination of multiple actors, including airports, air traffic services, aircraft operators and health authorities, and are supported by a checklist currently in the process of being updated to reflect recent amendments to the IHR (2005) and ICAO Annexes. It was also explained that the Implementation Package (iPack) Public Health Corridor (PHC) was developed based on this instrument, and States were encouraged to volunteer to request these visits through the Regional Offices as an effective mechanism to assess gaps and strengthen capacities.

6.11. During the discussion, concerns were raised about the procedure for participating in these visits, with the Secretariat clarifying that it is sufficient to formally communicate the request to the corresponding Regional Office. Participants agreed that this type of assistance contributes to improving the preparedness of States for public health emergencies in aviation, and that it constitutes an opportunity to strengthen inter-institutional and regional cooperation in the implementation of prevention and response measures.

6.12. PAHO presented the Voluntary External Evaluation (VEE/Joint External Evaluation JEE) process under the IHR (2005), underscoring its collaborative, voluntary, and multisectoral nature. The difference between ICAO-recognized international airports and WHO-designated Points of Entry was emphasized, recalling that States under the IHR must designate at least one airport and one port on their territory. The designation mandates the development of core capacities at all times and during emergencies at airports, including vector control and biosecurity measures. The integration of PAHO and ICAO assessments to avoid duplication, was also highlighted.

6.13. During the discussion, it was emphasized that, beyond having documented procedures, it is essential for airports to maintain the capacity to detect and respond to public health events at all times and during emergencies, including ensuring that airports remain free of disease vectors such as mosquitoes and rodents. PAHO will consult with Member States to determine their willingness to share the list of designated points of entry with other countries in the Region. The distinction between WHO-designated points of entry and ICAO-recognized international airports was also clarified, highlighting the importance of strengthening collaboration between health and aviation authorities to ensure an effective response to public health emergencies.

6.14. Brazil shared the experience of the VEE conducted in 2023–2024, highlighting the extensive inter-institutional coordination that involved 18 ministries and 64 national points of contact. The international mission of experts of the VEE presented, along the issued recommendations, which resulted in concrete actions to strengthen surveillance at points of entry, consolidate ANVISA's role and establish a multi-year action plan for the strengthening of national capacities.

6.15. During the presentation, the importance of the process as a mechanism for multisectoral integration and continuous improvement was underlined, emphasizing that the experience not only made it possible to identify gaps and opportunities, but also to consolidate the political and technical commitment of the entire government regarding preparedness for public health emergencies.

6.16. Colombia presented the WHO–CAPSCA Unified Instrument, the result of a joint effort to harmonize the WHO checklist with that of CAPSCA. It was explained that this integrated tool covers both WHO-designated Points of Entry and ICAO-defined international airports, with indicators of coordination, communication, routine capacity, and response capacity. It was highlighted that the Civil Aeronautics and the Ministry of Health of Colombia have been working in coordination for fifteen years, which made it possible to consolidate clear roles between authorities, define an instance of inter-institutional coordination and apply in a practical way the basic capacities of the IHR together with the thirteen CAPSCA items.

6.17. In the discussions, Paraguay raised the difference between a National Facilitation Committee and an eventual CAPSCA Committee, to which it was clarified that in Colombia there are a Health Committee and a Facilitation Committee that function independently, each with specific purposes and scope. Participants congratulated the tool as a good practice, valuing the integration achieved and the contribution it represents to improve preparedness and coordination in the region.

Agenda Item 4: Updates/Outstanding Items on Activities and Achievements

6.18. Brazil presented its experience in the management of mass events, explaining the criteria that determine what is considered an event of this nature and which is not, according to national regulations. Practical examples such as carnivals and cultural celebrations were shown, and the role of health authorities in risk assessment, coordination with airports and the implementation of preventive measures was detailed. The need for specific plans at potentially affected airports, drawn up in advance and in coordination with the health sector, was also highlighted.

6.19. In the discussion, PAHO underscored the importance of incorporating health risk analysis in each type of event to guide actions in a proportional manner, highlighting the role of national facilitation committees (CONAERO, in the case of Brazil) as spaces for intersectoral coordination. Chile commented that in its country the health authority leads these evaluations, while Venezuela consulted about the processes of disinfestation and rat control at airports and how Brazil enforces these measures. Antigua and Barbuda raised the issue of travellers refusing vaccines, to which Brazil responded that awareness and effective communication with the population are essential.

6.20. It was recommended that States develop national risk assessments for mass events, using WHO guidelines as a reference. Such guidelines should be discussed in the National Air Transport Facilitation Committees, assessing the applicability of the proposed measures – for example, the requirement of certain vaccines – to ensure their feasibility and consistency with civil aviation operations.

6.21. ICAO presented Annex 14 requirements related to emergency planning at aerodromes, stressing that any plan must contemplate different types of threats, including safety, aviation safety, natural disasters and disease outbreaks. It was stressed that the plan must provide for the coordination of all the entities that can contribute to the response and that it must be tested regularly through drills, ensuring the integration of all the actors involved in the airport and its environment.

6.22. El Salvador shared the experience of carrying out Ebola exercises at its airport, while Colombia reported that it is working between health and civil aviation to include in aeronautical regulations the

requirement of drills at airports. Brazil explained that, according to ANVISA regulations, airports designated as Points of Entry must be evaluated annually. PAHO stressed the importance of the drills being planned to avoid unexpected negative outcomes, and Colombia reinforced that phased preparation and inter-institutional collaboration reflect the spirit of CAPSCA. Antigua and Barbuda noted the challenges of small states, while the Brazilian Airports Association commented that, in addition to the drills required by federal entities, there are local requirements that sometimes overlap, reinforcing the need for coordination within a national plan.

6.23. Guatemala presented its Ash and Volcanic Sand Control Plan applied at La Aurora International Airport, which objective is to establish phases, tasks, responsibilities and procedures for coordination, alerting, mobilization and response to events of this nature. It was explained that the plan contemplates the activation of specific procedures according to the type of eruption, including the issuance of Notice to Air Mission (NOTAM), Ash NOTAM (ASHTAM) and coordination with PAHO and the Association for Information Systems (AIS) agencies. Likewise, the flow of communication between the airport administration, INSIVUMEH, Aviation Security (AVSEC), control tower and other entities was described, highlighting the importance of defining alert levels, implementing mitigation and cleaning measures, and coordinating with support institutions to guarantee the continuity of airport operations during volcanic emergencies.

6.24. In continuity, Guatemala presented WP/02 on the development of a specific course for CAPSCA technical advisors, stressing that the success of technical assistance visits depends on having properly trained professional people familiar with the programme's documentation. It was noted that there is currently no official ICAO course that formally prepares these advisors nor are the requirements to exercise this function published, which hinders training and limits access, especially in Spanish-speaking regions. The proposal included the need to clarify the profile of the technical advisor on the CAPSCA website, develop a formal course in online, face-to-face or hybrid format, preferably also in Spanish, and consider an iPack that combines theoretical and practical instruction.

6.25. It was recognized that the lack of structured training constitutes a weakness of the CAPSCA programme, identified several years ago and evidenced during COVID-19 pandemic. ICAO commented that work has been done on this issue through a working group that reviews and updates materials, but that there is no funding allocated for its full development. It was noted that efforts were under way to recruit a consultant to prepare additional material and its translations, in order to advance the development of a formal course. CAPSCA is fully aware of this training gap, which is why the validity of Conclusion CAPSCA/08-5 was reiterated as a framework of reference to promote this initiative.

Agenda Item 5: Regulatory and Technical Matters

6.26. PAHO presented the amendments to the International Certificate of Vaccination or Prophylaxis (ICVP) adopted in 2024, explaining that the new text of Article 35 of the IHR (2005) establishes the only health documents that State Parties may require in international traffic. It was highlighted that the amendments incorporate provisions for the use of documents in both digital and non-digital formats, with specific requirements on their characteristics and the responsibility of the WHO Secretariat in their implementation. It was also reported that the amended model of the CIVP, contained in Annex 6, will be applicable only to certificates issued as of the entry into force of the amended IHR, on 19 September 2025.

6.27. Brazil presented its experience in the digital issuance of the ICVP, highlighting the logistical challenges of harmonizing a document generated in more than 26 thousand vaccination centres throughout the country. It was explained that the digitization of the process made it possible to centralize the issuance, with international recognition authorized by the WHO, and is currently carried out through the "*Meu SUS Digital*" application, which has reduced lines and face-to-face procedures. It was stressed that in many States the ICVP functions as a true travel document and entry requirement, and that having a digital version archived in the cloud is convenient for passengers, avoiding the loss of flights due to forgetting or losing the physical certificate.

6.28. Discussions noted that in many States the ICVP is treated virtually as a travel document and entry requirement, which reinforces the importance of having a valid digital version. It was highlighted that the possibility of archiving the certificate in the cloud represents a significant advantage for passengers, by reducing the risk of missing flights due to forgetting or misplacing the physical document, and that this innovation can facilitate both management by authorities and the experience of travellers.

6.29. Colombia presented its recent experience in the management of yellow fever, highlighting that, although there are areas of the country classified as very high risk due to the active circulation of the virus, the measure adopted is to strongly recommend vaccination to the population and travellers, without establishing travel restrictions in case they have not been vaccinated. It was explained that the country has technical guidelines, national immunization campaigns and vaccination posts in transport terminals and airports to promote coverage.

6.30. Paraguay raised concerns about the admission of unvaccinated people to the territory, even if they could constitute a possible vector. It was clarified that in Colombia these people can enter, but they must formalize in writing their decision not to be vaccinated. This policy seeks to balance the health recommendation with respect for individual decision, reinforcing the strategy of raising awareness of the importance of vaccination as the main preventive tool.

6.31. ICAO presented the main challenges of passenger tracing, highlighting that this tool is essential for identifying and managing contacts in situations of health risk in international air transport. It was explained that tracing should be framed within the provisions of the IHR (2005), in particular Articles 23, 35 and 45, which allow the use of data for public health purposes always under conditions of confidentiality and proportionality. The importance of the provisions of ICAO Annex 9, which regulate the use of passenger data systems such as Advance Passenger Information (API) and Passenger Name Record (PNR), and which have been shown to significantly reduce contact identification times, from several days to a few hours, was also underlined.

6.32. Brazil presented its experience in the use of APIs and PNR for public health purposes, noting that, in addition to international flights, Brazilian regulations allow their use on domestic flights as well. It was explained that this information is received by different competent authorities through a one-stop shop for passenger data, and that the records have been used in epidemiological investigations, in health risk management and in the rapid identification of potentially exposed travellers, demonstrating the value of this tool to strengthen surveillance and health response in aviation.

6.33. National examples were shared such as that of Cuba, where a digital form is used that passengers must complete online before arrival, which was considered an efficient tool for tracing purposes, with the health authority acting as the first control barrier before entering the country. Paraguay, for its part, pointed out the difficulties in defining which entity should assume responsibility for the single window for data, and reported that it is in the process of developing a national API and PNR solution adapted to its needs.

6.34. ICAO presented the provisions of Annex 9 relating to the disinfection and disinfection of aircraft, recalling that these measures should be applied only when there is a real risk to public health, agriculture or the environment, and always under procedures recognized by the WHO. It was explained that States requiring disinfection should periodically review their requirements in the light of available scientific evidence and accept the corresponding certificates when the approved methods are applied. It was also stressed that both disinfection and disinfection must be carried out with internationally validated products, guaranteeing the protection of passengers and crew, avoiding damage to the aircraft and ensuring transparency in the information provided to operators and users.

6.35. PAHO presented the three available WHO guidelines on aircraft disinfection, noting that, although updated models exist, there is still a lack of high-quality studies to confirm their effectiveness in real-world contexts. It was reported that the second edition of the aircraft disinfection manual was updated in 2023 and that comparative studies conducted show limited efficacy and lack of sufficient evidence for other products. It was emphasized that there is no solid research that determines the possible impacts on human health or the long-term effectiveness of the disinfection process. States were therefore encouraged to promote additional research to validate procedures and ensure that the measures taken do not create health risks or compromise safety. It was also mentioned that PAHO is working on a vector surveillance course associated with the manual, in order to strengthen the technical capacities of States in this area. The reference guides are available at the following links:

- <https://www.who.int/publications/b/31370>
- <https://www.who.int/publications/i/item/9789240080317>
- <https://www.who.int/publications/i/item/B09173>

Agenda Item 6 – Tabletop Exercise

6.36. The table exercise was presented by Colombia and took place at the facilities of the ANAC Training Centre, located at the Brasília International Airport. The dynamic was based on a measles scenario involving a traveller from United States with connections in Colombia and Panama before arriving in Brazil. The participants, organized in groups, received progressive situations at different stages of the passenger's journey, including identifying symptoms on board, responding at the arrival airport, and subsequent confirmation of the case in the country of origin.

6.37. During the exercise, the groups had to analyse and answer operational and health questions: the role of the crew and the captain in the event of a symptomatic passenger, the classification of the aircraft, the notification to the competent authorities, the procedures to be followed at the airport, the entities that should intervene and the personal protective equipment to be used. The simulation allowed participants to test communication channels between civil aviation and public health, identify gaps in procedures and reinforce the importance of multisectoral coordination in the face of health emergencies in aviation.

6.38. In the debriefing of the exercise, lessons learned were identified. It was proven how complex it is to integrate public health emergencies into airport contingency plans, which reinforces the need to formalize these scenarios in aeronautical plans and exercise them periodically, ensuring coordination between aviation and health authorities. The importance of early notification, clarity in institutional roles, and training of frontline staff to implement the protocols was also highlighted. Finally, it was stressed that these exercises strengthen intersectoral trust and allow for the early detection of regulatory or procedural gaps that must be corrected before a real emergency.



Agenda Item 7 – Airport Visit

6.39. The visit began with a presentation of Brasília International Airport, which outlined the structure and procedures in place to respond to public health emergencies. The experience acquired during the COVID-19 pandemic and the measures implemented to strengthen the airport's preparedness for high-impact health situations were highlighted.

6.40. Subsequently, a tour of the MOP contingency area was carried out, intended for the triage of passengers with symptoms of communicable diseases. It explained how these facilities were adapted to support the management of health emergencies and ensure the continuity of operations in critical scenarios.

6.41. Participants then visited the airport's Emergency Operations Centre, where the management and communication system used to coordinate incident response was shown. It was explained that this centre integrates safety, security and public health procedures, facilitating the joint action of the authorities and services involved.

6.42. The visit concluded with the presentation of the airport's Emergency Medical Response Service, which has ambulances, medical and nursing teams, as well as evacuation plans and coordination with the main hospitals in Brasília. This service ensures the immediate attention of passengers and workers in the event of health incidents, reinforcing the airport's comprehensive response capacity.

7. Aviation Medicine Seminar

7.1. The last day of the meeting began with an aviation medicine seminar focused on the impacts of the 2024 floods in Porto Alegre, Brazil. The issue was approached from different perspectives: Fraport Brasil, as operator of the affected airport; ANAC, as the regulatory authority for civil aviation; and the academic field, through the presentation of Dr. Joana Narváez from the Federal University of Health Sciences of Porto Alegre.

7.2. Fraport Brazil shared the experience lived in the flesh during the floods that affected Porto Alegre in 2024. He recounted how the total closure of the airport forced it to face not only operational challenges, but also the management of personnel, many of whom had lost their homes in the catastrophe. The difficulty of maintaining the morale of the team, the need to offer quick solutions to the operation during a humanitarian crisis and the search for alternatives that would guarantee the minimum continuity of air services in the region were highlighted.

7.3. ANAC explained the actions of the regulatory authority during the emergency, underlining the permanent coordination with the airport operator and other State institutions. Logistical challenges were described including in accessing the airport itself and assessing its conditions, as well as managing alternative airfields to receive donations and emergency flights. The joint work with the armed forces to enable the Canoas Air Base as a provisional airport was also presented, which made it possible to guarantee the minimum connectivity of Porto Alegre during the prolonged closure of the main airport.

7.4. Dr. Joana Narváez, representing the academic field, presented an analysis of the impacts on mental health derived from the crisis in Porto Alegre. He explained that the psychological effects on workers, passengers and communities were as profound as the material damage, especially considering that many airport employees had also suffered personal losses. The absence of specific psychosocial support protocols in the aeronautical sector was highlighted, which made immediate response difficult. The presentation underscored the importance of incorporating mental health into contingency plans, training first responders, and promoting interdisciplinary cooperation to address both operational and human consequences in large-scale emergencies.

7.5. The seminar showed how the same climate crisis impacts each actor in the sector differently: the airport operator faced the continuity of operation and the well-being of its staff, the regulatory authority

had to articulate solutions in extreme conditions to maintain connectivity, and the academic field provided a view on mental health as an essential component of comprehensive emergency management. Overall, the presentations highlighted the need to address crises with an approach that simultaneously contemplates operational resilience and caring for people.

8. Conclusions and closing

8.1. Following presentations, technical discussions and the exchange of experiences between States and participating organizations, the meeting reviewed the conclusions previously adopted by CAPSCA, which were discussed and, as appropriate, updated or confirmed. As a result of this process, a set of conclusions was adopted aimed at strengthening preparedness and response to public health events in civil aviation, as well as improving coordination between the aviation and public health sectors.

8.2. The Meeting adopted the following conclusions:

CONCLUSION CAPSCA-9/1: That States consider and implement the CAPSCA recommendations contained in ICAO Assembly Resolutions.

CONCLUSION CAPSCA-9/2: That ICAO develop a description of the roles and responsibilities of CAPSCA Focal Points and Technical Advisors, in order to better inform States and promote the inclusion of CAPSCA issues on the agenda of National Air Transport Facilitation Committees.

CONCLUSION CAPSCA-9/3: That ICAO update the list of CAPSCA Focal Points (including Regional Technical Advisors), share it with PAHO, and ICAO and PAHO exchange their respective rosters to improve coordination.

CONCLUSION CAPSCA-9/4: That ICAO update the training information available on the CAPSCA website, define the profile and requirements of CAPSCA Focal Points and Technical Advisors, and develop a training course.

CONCLUSION CAPSCA-9/5: Recognizing that CAPSCA Technical Assistance Visits remain a key tool to support preparedness planning for public health events, that States request them, whether virtual or in-person, reporting these considerations no later than at the CAPSCA/10 meeting

CONCLUSION CAPSCA-9/6: That States develop national risk assessment guidelines for mass gathering events using the WHO Mass Event Risk Assessment Tool as a reference, and that such measures be evaluated in coordination mechanisms such as National Air Transport Facilitation Committees, to ensure their feasibility, efficiency and alignment with civil aviation operations, reporting on its progress by the CAPSCA/10 meeting.

REFERENCE: <https://partnersplatform.who.int/all-hazards-mass-gatherings-risk-assessment>

CONCLUSION CAPSCA-9/7: That States engage in dialogue with their public health authorities and other national institutions to identify effective and efficient passenger contact tracing solutions, ensuring alignment with data protection requirements and facilitation provisions set out in ICAO Annex 9, reporting on its implications no later than the CAPSCA/10 meeting.

CONCLUSION CAPSCA-9/8: That ICAO and PAHO/WHO report to States on the implementation of the Work Plan for the Region of the Americas under the Memorandum of Understanding signed between ICAO and WHO, for the next CAPSCA/10 meeting.

CONCLUSION CAPSCA-9/9: That States review their requirements for the disinfection of aircraft and airports in coordination with public health and civil aviation authorities, based on WHO guidance, considering scientific evidence, safety, facilitation aspects and potential impacts on passengers and vector surveillance plans at points of entry will also be strengthened through a risk-based approach aligned with the International Health Regulations (2005), reporting on their progress no later than at the CAPSCA/10 meeting.

REFERENCES:

- <https://www.who.int/publications/b/31370>
- <https://www.who.int/publications/i/item/9789240080317>
- <https://www.who.int/publications/i/item/B09173>

9. CAPSCA Presidency Election (2025–2028)

9.1. After the reading of the conclusions, the possibility of holding elections for the Presidency of CAPSCA in the period 2025-2028 was opened; in the absence of nominations, the Secretariat proposed that Dr. Liliana Olarte of Colombia continue chairing CAPSCA on an interim basis until a new chair is elected, a proposal that was accepted by the meeting. Brazil also proposed the name of Mr. Claudio Ianelli, from ANAC, as Vice-Chair, which was also accepted by the meeting.

10. Closing Ceremony

10.1. The closure of CAPSCA/09 took place on August 8, 2025. ICAO SAM Regional Director, Mr. Fabio Rabbani thanked ANAC for its hospitality and impeccable organization of the event, highlighting the importance of the CAPSCA Program as a space for cooperation between civil aviation and public health. In his speech, he highlighted the main issues discussed during the meeting, including passenger tracking, harmonization of health documents, disinfection and disinfection of aircraft and lessons learned from the tabletop exercise, underlining the need to strengthen intersectoral coordination and formalize these scenarios in airport contingency plans.

10.2. The President of ANAC, Adriano Miranda, greeted the participants and reaffirmed the importance of coordination with ANVISA and with the other national authorities to ensure effective preparedness for health emergencies.

10.3. Dr. Tamara Mancero, PAHO, thanked States for their active participation and highlighted the close collaboration with ICAO's SAM and NACC Regional Offices, which allows progress to be made in joint public health and aviation initiatives.

10.4. Dr. Johanna Jordaan, Chief of ICAO's Aviation Medicine Section, congratulated participants on the high level of discussions and the excellent organization of the meeting, reiterating ICAO's commitment to strengthening the CAPSCA Program at the global level.

10.5. Finally, Dr. Liliana Olarte, Chairperson of CAPSCA, thanked all attendees and ANAC for their hospitality, and officially declared the closing of the meeting.

CAPSCA

Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation



Ninth ICAO Collaborative Arrangements for the Prevention and Management of Public Health Events in Civil Aviation Americas Meeting
Novena Reunión del Proyecto de Arreglo de colaboración para la prevención y gestión de sucesos de salud pública en la aviación civil, Américas CAPSCA Américas 9 – CAPSCA/09

ANAC Brazil Headquarters 5 to 8 August, 2025/ Sede de ANAC Brasil, del 5 al-8 de agosto 2025

Lista de Participantes

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1. Craig Ajim Gary Christian
2. Charmain J. Ephraim
3. Thomas Simon Richards jr

BELICE/BELIZE

4. Natalie Nicole Bruce

BRASIL/BRAZIL - ANAC

5. Claudio Beschizza Ianelli
6. Diego Jose Pereira da Silva

BRASIL/BRAZIL – ANVISA

7. Marcos Alfonso
8. Geraldo Marques Ferreira Filho
9. Cássio Nascimento Marques
10. Gabriela de Lima Vieira

BRASIL/BRAZIL – CENAD

11. Rosane Duque Estrada Vieira

BRASIL/BRAZIL – DECEA

12. Mariana Coelho

BRASIL/BRAZIL – MINISTÉRIO DA SAÚDE

13. Lucio Tobias Campello Silva
14. Matheus de Paula Cerroni
15. Otto Henrique Nienov

CHILE

16. Paula Glenia Marinkovic Casas

COLOMBIA

17. Claudia Liliana Olarte Charry
18. Javier Rios Plata

CUBA

19. Sibelis Hechavarria García

EL SALVADOR

20. Danelia Alejandra Ramirez Zelaya
21. Norma Alexandra Torres de Alvarado

GUATEMALA

22. Mónica Lucrecia Bonilla Cruz
23. Mario Alberto Canto

HAITÍ

24. Jean Raymond Demorcy
25. David Yu Charles

PARAGUAY

26. Javier Delvalle

ORGANIZACIONES INTERNACIONALES/ INTERNATIONAL ORGANIZATIONS

OACI/ICAO

27. Fabio Rabbani
28. Johanna Jordaan
29. José María Peral
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CAPSCA Americas 9 – Brasilia – Brazil
ANAC Headquarters (5-8 August, 2025)

Agenda

Tuesday, 05 August

8:00 – 9:00 – Registration

9:00 – 16:00 – Plenary Sessions

Agenda Item 1: Opening and administrative matters

- Opening Ceremony
- CAPSCA Structure – CAPSCA Regional Governance and Roles
- CAPSCA PoC List
- Administrative information
- Approval of the meeting agenda

Agenda Item 2: Review of action items from previous meetings

- Follow-up on decisions made at CAPSCA/08 / Status of implementation of recommendations
- ICAO–WHO Memorandum of Understanding and Joint Work Plan

Agenda Item 3: Technical Assessment / Evaluations

- CAPSCA Technical Visits (ICAO)
- Joint/Voluntary External Evaluation (PAHO)
- Brazil’s Experience with Voluntary External Evaluation
- CAPSCA/WHO Unified Questionnaire

Wednesday, 06 August

9:00 – 16:00 – Plenary Sessions

Agenda Item 4: Updates/Outstanding matters from activities and achievements (start)

- Mass gatherings and role of airports
- Regional experiences
- Preparedness for natural disasters and public health emergencies

Agenda Item 5: Regulatory and technical topics

- Digital format versus paper format of the ICVP (International Certificate of Vaccination or Prophylaxis), in light of the new amendment to the International Health Regulations – IHR
- Yellow Fever Requirements Updates
- Passenger Traceability and Data Privacy
- Disinsection/Disinfection of Aircraft

Agenda Item 6 – Tabletop Exercise - preparation

- Communication Channels of National IHR Focal Points
- Protocol for Handling a Suspected Case
- Exercise Dynamics
- Logistics for the next day

Thursday, 07 August

8:00 – 12:30 – Tabletop Exercise

1:30pm – 16:30 – Airport visit

Agenda Item 6 – Tabletop Exercise – Execution

- Scenario-Based Tabletop Exercise: A practical simulation to test communication and decision-making processes.

Agenda Item 7 – Airport Visit

- Guided visit to selected airport facilities relevant to public health emergency preparedness and response.

Friday, 08 August

9:00 – 12:30 – Aviation Seminar

13:30 – 16:00 – Closing Session

Aviation Seminar (9:00 – 12:30)

- Managing Mental Health and Operational Challenges During Climate Crises: Lessons by Porto Alegre

Agenda Item 7 – Closing of the Meeting (13:30–16:00)

- Exercise debriefing
- Approval of the CAPSCA 9 Meeting conclusions /actions
- Election of the CAPSCA President for 2025–2028 ()
- Administrative announcements
- Closing ceremony