



International
Civil Aviation
Organization

Organisation
de l'aviation civile
internationale

Organización
de Aviación Civil
Internacional

Международная
организация
гражданской
авиации

منظمة الطيران
المدني الدولي

国际民用
航空组织

Ref. T 14/3.RAS/06/801 – AP168/10 (TC)

5 November 2010

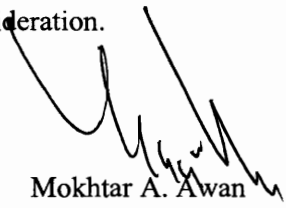
Subject: 4th Meeting of the Cooperative Arrangement
for the Prevention of Spread of Communicable
Disease through Air travel (CAPSCA) Asia Pacific
Regional Aviation Medicine Team (RAMT)
(Singapore, 15 to 16 October, 2010)

Action Required: To note

Sir/Madam,

I have the honor to forward to your Administration, the Final Report and Conclusions of the 4th Meeting of the CAPSCA Asia Pacific Regional Aviation Medicine Team (RAMT) / 1st Global RAMT which was held at the Singapore Aviation Academy, Singapore from 15 to 16 October, 2010.

Accept Sir/Madam, the assurances of my highest consideration.


Mokhtar A. Awan
Regional Director

Enclosures: Final Report and Conclusions



**ICAO COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF SPREAD OF
COMMUNICABLE DISEASE THROUGH AIR TRAVEL (CAPSCA)**

**GLOBAL COORDINATION MEETING OF THE
REGIONAL AVIATION MEDICINE TEAMS**

Singapore, 15 and 16 October 2010

1. Introduction

1.1 The 4th Meeting of the CAPSCA-Asia Pacific (AP) Regional Aviation Medicine Team (RAMT) / 1st Global RAMT was held at the Singapore Aviation Academy, Singapore from 15 to 16 October, 2010.

1.2 A total of 46 participants attended the meeting, comprising participants from Canada, China, Congo, Hong Kong China, Kenya, Malaysia, Mexico, New Zealand, Panama, Pakistan, Philippines, Singapore, South Africa, Thailand, UAE and participants from organisations such as Cathay Pacific Airlines, Etihad Airways, Airports Council International (ACI), International Air Transport Association (IATA), and ICAO. The complete Participants list is attached in **Appendix A**.

1.3 The Guest of Honour, Mr. Yap Ong Heng, Director General, Civil Aviation Authority of Singapore performed the opening ceremony and Dr. Anthony Evans, Chief Aviation Medicine, ICAO and CAPSCA Project Manager, provided the opening remarks.

2. Self Introduction by the Participants

2.1 Dr Jarnail Singh, CAPSCA-AP Project Coordinator, brought the Meeting to order and requested that participants introduce themselves. The Technical Cooperation Office of the ICAO Asia Pacific Regional Office acted as the Coordinator and Secretariat of the meeting.

3. Adoption of the Agenda

3.1 The Agenda of the Meeting, as attached in **Appendix B**, was adopted.

4. Discussions/Presentations

4.1 A presentation on 'Methodology, guidelines, checklist for airport assistance visits' was made by Ms Lia Ricalde, ICAO South America (SAM) Regional Office (RO)/Aerodrome, Air Routes and Ground Aids Section & CAPSCA-Americas SAM Regional Coordinator. She described in detail the requirements for the Assistance (Evaluation) Visit which included the 'Before and After' Visit Protocol. The need to use the right terminology, i.e. assistance visit instead of evaluation visit was emphasised. A RAMT Airport Visit

Checklist for the Americas was also presented together with the general findings. The lessons learned from CAPSCA Assistance Visits to States in the Americas are summarised as follows:

- Poor Communication Between the State Health Authority and the Civil Aviation Authority (CAA)
- CAAs Poor Knowledge Of
 - ICAO health related Annex provisions and documents
 - International Health Regulations (IHR) port of entry related documents
 - National Preparedness Plan developed by National Health Authorities
 - Public health emergencies that have been incorporated into airport emergency plans.
- Airport Emergency Plan
 - Need to harmonize the use of health declaration cards and passenger locator cards
 - The General Declaration should record any case of communicable disease in the Declaration of Health section
 - There is a lack of understanding of the meaning of a ‘public health emergency’
 - The passenger arrival and departure flows are mixed at several airports
- Training – Public health emergencies are not included in basic training to new personnel and emergency exercises are not undertaken
- CAA Organization - Differ from State to State making it difficult to determine responsibilities for public health emergencies
- Follow-up Visits – Some visited States have requested a follow-up visit to verify implementation of recommendations from the Assistance Visit team
- State’s Public Health Authorities (PHA) don’t know about health related ICAO Standards And Recommended Practices (SARPs)
- CAAs don’t know about Point of Entry Related International Health Regulations (IHR) (2005)

4.2 The Meeting noted the three presentations of CAPSCA Project Reports from the Regions:

- CAPSCA Africa: Ms. Nancy Onyedim, ICAO RO/Technical Cooperation, Nairobi, Kenya provided a summary of CAPSCA - Africa (AFI) including the activities and achievements. The challenges faced by CAPSCA - AFI are the lack of awareness of the project at operational levels and other immediate concerns for the region such as aviation safety and aviation security. The success of CAPSCA - AFI will depend on sustaining public health/aviation sector collaboration through networking opportunities, explanation of terminology like ‘SARPs’ & ‘Annexes’ to non-aviation personnel, commitment of State CAAs, and ICAO’s continued leadership/support.
- CAPSCA Americas: Dr. Jose Valente Aguilar Zinser, CAPSCA Americas RAMT Leader provided a presentation on the organisation, activities and future plans of CAPSCA - Americas. The use of non-medical airport evaluators who have undergone ‘Airport Evaluator Training’ is one way of encouraging States (i.e. CAAs) to get involved which also encourages better exchange of relevant information between CAAs and PHAs.

- CAPSCA Asia-Pacific: Dr. Jarnail Singh, CAPSCA Asia-Pacific Project Coordinator provided a run through of the activities. In particular, attention has been focused towards two important issues: i.e. Development of Technical Guidance for Public Health Emergency Planning at Point of Entry (POE) and Business Continuity Planning (pandemic preparedness) for airports, airlines and Air Navigation Service Providers.

5. CAPSCA Airport Evaluation

5.1 Dr. Jarnail Singh, CAPSCA Asia-Pacific Project Coordinator presented on ‘Lessons Learnt’ from the CAPSCA airport evaluations. These observations included:

- Lack of public health emergency plan (PHEP)
- PHEP not exercised or tested
- PH Officials don’t communicate to airport/airline officials (they tend to operate in their own ‘kingdoms’)
- Public Health Officers (PHOs) may consider only the pure ‘public health’ viewpoint i.e. a PHO may be in charge of a PHEP at an airport but be unaware of the operational issues at the airport.
- Airline issues not given consideration
- Aviation plan is developed in isolation from the State Plan

Key takeaways from the subsequent discussions include the need to share experiences between regions. National Disaster Management Organisations (NDMOs) should be involved in CAPSCA activities as they have the authority over State Plans - the Aviation plan must be an integral part of the State Plan.

6. CAPSCA Website

6.1 Mr. Michiel Vreedenburgh, ICAO North American, Central American and the Caribbean (NACC) Deputy Regional Director and CAPSCA Americas North America/Caribbean (NAM/CAR) Regional Coordinator provided a tour of the newly created CAPSCA website. The website address is www.capsca.org. The website provides links to ICAO References, CAPSCA Partners, State specific references such as State Pandemic Preparedness Plan, contact information etc. The Global RAMT Meeting agreed wholeheartedly that the website is an excellent one-stop resource and endorsed the public launching of the global CAPSCA website whose objectives include creating awareness and promotion of CAPSCA activities. The single all encompassing site will ensure consistency, avoid duplication of efforts, and be a valuable resource. The website will be a tool for harmonisation and coordination.

7. CAPSCA Steering Committees and Regional Aviation Medicine Teams

7.1 There was a presentation of Common Terms of Reference for Regional Aviation Medicine Teams (RAMT) by Dr. Anthony Evans, Chief Aviation Medicine ICAO and Project Manager CAPSCA. After some discussion, the RAMT TORs were standardised and agreed for application in all regions and are in Appendix C of this report.

8. Aviation Public Health Emergency Preparedness (PHEP) Plan

8.1 The 4th SCM of CAPSCA-AP approved the formation of a WG to work on the template of an Aviation PHEP plan. The Template for an Aviation Public Health Emergency Preparedness Plan was presented to the Global RAMT by Dr. Jarnail Singh. The contents of the template include the objectives of the template, an introduction section which describes how a national aviation public health emergency plan may be laid out, describes situations when a public health emergency of international concern (PHEIC) may be declared, the role of the Civil Aviation Authority, Guidance Material, Activation/Deactivation process, measures to be adopted, and Annexes to the Template which include the standard forms, colour coding information etc. The Global RAMT approved the template and agreed that it be uploaded onto the CAPSCA website.

9. Lessons learned from the H1N1 influenza pandemic outbreak

9.1 Lessons learned from the H1N1 influenza pandemic outbreak in Mexico, were presented by Dr. Jose Valente Aguilar Zinser, CAPSCA Americas RAMT Leader. Dr Aguilar provided insights into the Sanitary Surveillance in the Transport System developed in Mexico during the H1N1 influenza outbreak to minimize the spread of communicable disease. In the subsequent discussion the participant from China also shared some insights of the national organization structure of the PHE control. IATA requested that States have a single national policy on PHE. This would be helpful for IATA's members who can face different procedures in different regions/provinces in large countries.

10. Aviation Business Continuity Planning (for public health emergencies)

10.1 Aviation Business Continuity Planning (BCP) updates were heard from Airport, Airline and Air Navigation Service Providers Working Groups i.e. Dr. Walter Gaber (Medical Director Fraport/Airports Council International), Dr Rose Ong / Ms Sonia Ong (Cathay Pacific/Malaysian Airlines (MAS) Team on behalf of IATA), and Mr. Raymond Seah, Singapore (Air Navigation Services, CAA Singapore).

10.2 From an Airport BCP perspective the Frankfurt Airport (Fraport) BCP model which includes concept of critical levels, impact level reached, crisis management group and a 'To do list' for the Airport Duty Officer (ADO) were presented. The Volcanic Ash Contingency 'lessons learnt' were presented.

10.3 The Cathay/MAS IATA draft model was presented, representing an airline BCP perspective. The Sample Template is generic and so could be used in different types of PHEs. The components of the BCP included a Business Continuity Management Framework, Establishment of a BCM Steering Committee (led by a senior officer), High Level Process; Risk assessment, Business impact analysis, Recovery strategy, etc. The Airline BCP model documents a comprehensive plan that outlines procedures, processes and systems necessary to recover and resume critical business processes in the event of a crisis. Critical elements include scope, notification, recovery strategies and testing. The Cathay/MAS IATA model also contains recommended Checklists that an air carrier could apply in developing BCP for PHE. Depending on threat levels some or all checklists could be implemented and over 50 different functional checklists were developed for various airline job functions. The checklists are a whole continuum of steps for containment and mitigation phases.

10.4 For ANSPs, BCP is closely related to Contingency planning. Being a critical service, business continuity planning starts even before the building of a new Air Traffic Control

Centre, to cater for power failures, operational contingencies, e.g. power redundancies like, Uninterruptable Power Supply and Generator Sets software adaptability for collapsing of sectors etc. Hence PHE are likely to be incorporated into an ATS Operational Plan. The essential components of an ANSP BCP will contain:

- *Work force protection measures*: hygiene, communication mechanisms, social distancing,
- *Operational & Contingency Plans* (collapsing of ATC Positions, coordinated capacity reductions , LOAs with adjacent FIRs)
- *Segregation Measures* (common areas, different routings, stop visits, some non-essential staff can work at home)
- *Travel/Sickness/Vaccinations* (stop all unnecessary travel, provide free vaccinations, monitor staff coming back to work, Air Traffic Controllers provided priority treatment)
- *Testing* – will include Maintenance

11. Report from the 37th ICAO Assembly

Dr Anthony Evans provided an update of the work of the ICAO Assembly and how the number of working papers considered has grown over the years. He drew the meeting participants' attention to the CAPSCA Flyer that was distributed at the 37th ICAO Assembly. In particular he highlighted the following:

- A37-WP/43 of the Administrative Commission- CAPSCA is now incorporated in the regular programme of ICAO (although no additional funding has been allocated).
- A37-WP/58 of the Technical Commission – Resolution urges States and Regional Safety Oversight Organizations to ensure the PH sector and the Aviation sector collaborate to develop a national preparedness plan for aviation that is in compliance with ICAO SARPs and the WHO IHRs.

Dr Evans also informed the meeting that ICAO will rationalise and develop common nomenclature for CAPSCA-related posts, which will subsequently be disseminated globally. In addition a new CASPSCA position of Global Technical Advisor has been established for which an agreement will be signed between Singapore and ICAO for the appointment of Dr Jarnail Singh.

[Post-meeting note: Subsequent to the meeting Mr Michiel Vreedenburgh, ICAO NACC Deputy Regional Director, was nominated as CAPSCA global coordinator]

12. State, Airport and Airline Guidelines

State, Airport and Airline Guidelines were discussed by the panel consisting of Dr Anthony Evans, Dr. Claude Thibeault and Dr. Jarnail Singh. CAPSCA participants are encouraged to continuously review and comment on guidelines published by ICAO, WHO, IATA and ACI on the respective websites.

13. Adoption of Conclusions and Recommendations.

13.1 The Meeting adopted the following Conclusions:

- I. The meeting agreed that the CAPSCA Steering Committee (SC) and Regional Aviation Medicine Team (RAMT) Meetings shall be combined in all regions.**
- II. The meeting agreed for a Global CAPSCA meeting to be held annually together with a regional SC/RAMT meeting.**

- III. **ICAO will review and revise standard Terms of Reference for the regional SCs and present the proposal to the next Global CAPSCA Meeting.**
- IV. **The meeting agreed for ICAO to manage and coordinate CAPSCA on a global basis in order to achieve regional harmonisation and efficiencies.**
- V. **The meeting recognized and appreciated Singapore's contribution with the appointment of a Global Technical Advisor.**
- VI. **CAPSCA - Africa agreed to host the next Global CAPSCA Meeting in 2011 in a host State to be identified, and CAPSCA - Americas will host the global meeting in 2012.**
- VII. **The meeting agreed that the term Airport Evaluation be changed to Assistance Visit to States, which will be applicable globally.**
- VIII. **The CAPSCA website was launched. States, organisations and service providers are invited to suggest improvements, provide additional information, and particularly share their preparedness plans.**
- IX. **The RAMT Terms of Reference were standardised and agreed for application in all regions and are presented in Appendix C of this report.**
- X. **The Global RAMT approved the national Aviation Public Health Emergency Preparedness Plan template which is on the CAPSCA website. Comments are welcomed.**
- XI. **A common Passenger Locator Card has been accepted by WHO, ICAO and IATA. A revised Health Declaration Form (HDF) has been proposed by IATA & ICAO and is currently under consideration by WHO. When agreed, this will be promulgated through the appropriate international organizations.**
- XII. **The Global RAMT meeting agreed to change the term RAMT to Regional Aviation Medicine and Public Health Team (RAMPHT) to emphasise the collaborative nature of preparedness planning between the two sectors.**
- XIII. **ICAO will rationalise the titles for CAPSCA positions and these will be disseminated.**

14. Closing of the Meeting

Dr Jarnail Singh and Dr. Tony Evans thanked all meeting participants for their active participation, cooperation and contribution that made the Meeting so productive and successful. The 1st Global RAMT meeting was closed at 12.00pm on 16 October 2010.

APPENDIX A

List of Participants

Confirmed attendees:

Canada (2), China (2), Congo (1), Hong Kong (2), Kenya (2), Malaysia (4), Maldives (0), Nepal (0), New Zealand (1), Nigeria (1), Pakistan (1), Panama (1), Philippines (2), Senegal (0), Singapore (6), South Africa (1), Thailand (7), UAE (1), Cathay Pacific (1), ACI (1), IATA (1), ICAO (8), Others (1)

STATES / ADMINISTRATIONS

Canada	Mr. Dale Lahey Manager, Civil Aviation Contingency Operations, Transport Canada Civil Aviation
Canada	Dr Eric Jeffries Public Health Agency
China	Ms. Zhu Liya Deputy Director, Medical Division, East China Regional Administration of CAAC
China	Dr. Gao Li Director, Department of Training, Research Associate of Aviation Psychology, CAAC
Congo	Dr. MALEKANI SAGHASA Dieudonne
Hong Kong China	Dr. Thomas Wai-hung CHUNG Chief Port Health Officer, Department of Health, Hong Kong SAR
Hong Kong China	Dr. LO Yim-chong Senior Port Health Officer, Department of Health, Hong Kong SAR
Kenya	Col (Rtd) Dr. Stephen N. Karau Chief Medical Assessor, Kenya Civil Aviation Authority
Kenya	Dr. Waigjama Joseph Alef Kimani Medical Doctor, Private Practitioner
Malaysia	Dr. Daljit S Parmar Head Corporate Occupational Safety and Health/Senior Manager Medical Services Malaysia Airlines,
Malaysia	Mr. Mohd Yunus Charlie Charington Director, Air Transport Division, Department of Civil Aviation
Malaysia	Dr. Azmi Bin Abdul Rahim Health Officer, KLIA Health Office, Ministry of Health, Malaysia
Malaysia	Wan Hansnezareena Bte Wan Omar Manager, Public Relations KLIA, Malaysia Airports Holdings Berhad
New Zealand	John Gardner Senior Advisor Biosecurity (Environment Team)
Nigeria	Dr. Teresa O. Basse Head Aeromedical Standards, Nigeria Civil Aviation Authority"
Pakistan	Mr Idris Bangash Pakistan International Airlines, the Plaza Singapore 199591"
Panama	Dr. Carlos E. Staff RAMT CAPSCA Evaluator, ICAO
Philippines	Dr. Mary Elain Cabije Medical Officer 1, Davao International Airport, CAAP

Philippines	Dr. Benjamin Terencio III Medical Officer III, Office of the Flight Surgeon and Aviation Medicine, CAAP
Singapore	Mr. Lee Chew Weng Acting Deputy Director Emergency Preparedness, MOT
Singapore	Mr. Cyril Tee Senior Assistant Director Emergency Preparedness, MOT
Singapore	Mr. Abbas Ismail Section Head / Senior Lecturer, Temasek Polytechnic
Singapore	Mr. Seah Keok Heng Raymond SATCM (SAR/BCP) Singapore/CAAS
Singapore	Mr Lee Wai Hong Head (Emergency Preparedness), CAAS
Singapore	Mt Mike Tan Manager (Emergency Preparedness), CAAS
South Africa	Dr. Lesego Bogatsu Senior Manager, Civil Aviation Authority, Medical Division
Thailand	Mr. Jariengroj Krishna, MD. Deputy Vice President, Medical Department, Airports of Thailand
Thailand	Mrs. Benjamart Yordbutr Manager, Emergency Response Planning/Preparedness, Thai Airways
Thailand	Dr. Vinai Vuttivirojana Program Manager, Bureau of General Communicable Disease, MoPH,
Thailand	Mr. Manop Chitcharus Flight Medical Advisor, Aeronautical Section, Flight Standards Bureau
Thailand	Ms. Natkritta Srithaweeapan Transport Technical Officer, Department of Civil Aviation
Thailand	Ms. Watcharapan Porkpoon Transport Technical Officer, Department of Civil Aviation
Thailand	Dr. Sutuspun Kajarnboon Civil Aeromedical Center, Bangkok
UAE	Dr Surendra Sodhi

INDUSTRIES

Cathay Pacific	Dr. Rose Maria ONG Head, Corporate Medical Department, Cathay Pacific Airways Limited
----------------	--

INTERNATIONAL ORGANIZATIONS

IATA	Dr. Claude Thibeault MD Medical Advisor, International Air Transport Association
ICAO	Ms. Nancy E. Onyedim Regional Officer, Technical Cooperation, ICAO ESAF Office, Nairobi, Kenya
ICAO	Dr. Anthony D.B. Evans Chief ICAO Aviation Medicine Section
ICAO	Dr. Jose Valente Aguilar Zinser CAPSCA American RAMT Leader
ICAO	Dr. Jarnail Singh CAPSCA Asia Pacific Project Coordinator

ICAO	Mr. Michiel Vreedenburgh ICAO Deputy Regional Director ICAO North American, Central American and Caribbean, Regional Office, Mexico City, Mexico
ICAO	Dr. Manjit Singh Regional Officer, Technical Cooperation, ICAO Asia Pacific Regional Office
ICAO	Mrs. Patricia Annick Boimond-Basse Administrative Officer -Focal Point for CAPSCA at ICAO Regional Office Western and Central Africa
ICAO	Lia Ricalde CAPSCA American SAM Regional Coordinator
ACI	Dr. Walter Gaber Medical Director Frankfurt Airport
ECAC	Dr Annetje Roodenburg

APPENDIX B

AGENDA

15 October 2010

- 0800 – 0900 Registration
- 0900 – 0930 Opening ceremony: Guest of Honour - Mr. Yap Ong Heng, Director General, Civil Aviation Authority of Singapore
Opening remarks: Dr. Anthony Evans, Chief Aviation Medicine ICAO and Project Manager CAPSCA
Group photo
- 0930 – 1000 Tea break
- 1000 – 1030 Methodology, guidelines, checklist for assistance visits and lessons learned in the Americas: Ms Lia Ricalde, ICAO SAM RO/AGA & CAPSCA-Americas SAM Regional Coordinator
- 1030 – 1100 CAPSCA project reports from the regions:
CAPSCA Africa: Ms Nancy Onyedim, ICAO RO Nairobi, Kenya.
CAPSCA Americas: Dr. Jose Valente Aguilar Zinser, CAPSCA Americas RAMT Leader
CAPSCA Asia-Pacific: Dr. Jarnail Singh, CAPSCA Asia-Pacific Project Coordinator
- 1100 – 1230 Discussion: Lessons learnt from the CAPSCA airport evaluations: Facilitator – Dr. Jarnail Singh
- 1230 – 1345 Lunch
- 1345 – 1415 CAPSCA Website
Michiel Vreedenburgh, ICAO NACC Deputy Regional Director & CAPSCA Americas NAM/CAR Regional Coordinator
- 1415 – 1430 Common Terms of Reference for Regional Aviation Medicine Teams (RAMT); combining SCM with RAMT: Dr. Anthony Evans
- 1430 – 1500 Template for an Aviation Public Health Emergency Preparedness Plan: Dr. Jarnail Singh
- 1500 – 1530 Tea
- 1530 – 1700 Aviation Business Continuity Planning: Updates from Airport, Airline and ANS Working Groups: Dr. Walter Gaber (ACI); Dr. Rose Maria Ong and Ms. Ong (CX/MAS/IATA); Mr Raymond Seah (Singapore ANS)
- 1700 – 1900 Reception

16 October 2010

- 0900 – 0915 Overview of proceedings of Day 1: Dr Jarnail Singh
- 0915 – 1000 Lessons learned from the experience during the A(H1N1) influenza pandemic outbreak in Mexico; Dr. Jose Valente Aguilar Zinser, CAPSCA Americas RAMT Leader
- 1000 – 1030 Report from 37th ICAO Assembly: Dr Anthony Evans
Common nomenclature for CAPSCA – related posts
Update on International Disinfection Working Group
- 1030 – 1100 Updates on Guidelines: State, Airport and Airline Guidelines: Panel – Dr. Anthony Evans, Dr. Claude Thibeault and Dr. Jarnail Singh
- 1100 – 1130 Tea
- 1130 – 1200 Draft conclusions of 1st Global RAMT; Date/venue for next Asia Pacific SCM/RAMT; Date/Venue of next Global RAMT
- 1200 – 1215 Concluding remarks / Close of First Global RAMT

— END —

APPENDIX C

RAMT* TORs (as approved by the Global RAMT, Singapore, 16 October 2010)

The RAMT:

1. Reports to the Steering Committee.
2. Reviews all guidelines, including those for airports, airlines and air navigation service providers.
3. Is open to anyone who can further the objectives of CAPSCA, including International Organizations.
4. Interprets guidelines for applicability in the region.
5. Provides suggestions to ICAO for improvement of guidelines.
6. Provides ongoing assessment, planning advice and assistance visits to States.
7. Updates the checklist for assistance visits to States.
8. Appoints and trains advisors to carry out assistance visits to States in accordance with ICAO provisions and WHO International Health Regulations (2005), and associated guidelines. Such visits assist civil aviation and public health authorities, airport and aircraft operators, air navigation service providers and other stakeholders to comply with these provisions and guidelines.
9. Provides a report to the State civil aviation regulatory authority after each assistance visit, for their distribution as appropriate. The State's public health authority and airport operator should be included in such distribution.
10. Is responsible for coordination and harmonization of preparedness planning amongst Stakeholders.
11. Will review and finalise a draft sample communicable disease plan for aviation (the RAMT would not be expected to write the plan, but will need to review it).
12. Will consider an on-line discussion group, facilitated by the CAPSCA website when established.

* Note that in future meetings the RAMT will be named the RAMPHT – Regional Aviation Medicine and Public Health Team

ICAO CAPSCA Global Coordination Meeting of the Regional Aviation Medicine Teams Singapore, 15 and 16 October 2010

