

CAPSCA - Asia Pacific

4th Steering Committee Meeting

Kuala Lumpur, Malaysia. 24th May 2010



Dr. Jarnail Singh


Civil Aviation Authority of Singapore

CAPSCA



1. CAPSCA – Asia Pacific
2. CAPSCA – Africa
3. CAPSCA - Americas
4. CAPSCA – Middle East

2



CAPSCA Asia-Pacific

Members: <ol style="list-style-type: none">1. China P.R.2. Hong Kong, China3. Indonesia4. Macao, China5. Malaysia6. Nepal7. Philippines8. Singapore9. Solomon Islands10. Thailand11. Tonga12. Vietnam13. India14. Mongolia	Airports Evaluated: <ol style="list-style-type: none">1. Singapore2. Macao3. Hong Kong4. Malaysia5. Thailand6. Philippines<ul style="list-style-type: none">*Manila*Cebu7. Indonesia<ul style="list-style-type: none">*Bali*Jakarta8. (Jinan Airport, China – With WHO)
--	---


→

→

- 3rd SCM --- 12 June 2009 Macao
- 3rd RAMT --- Sept. 2009 RO BKK
- 4th SCM --- May 24 2010 Malaysia

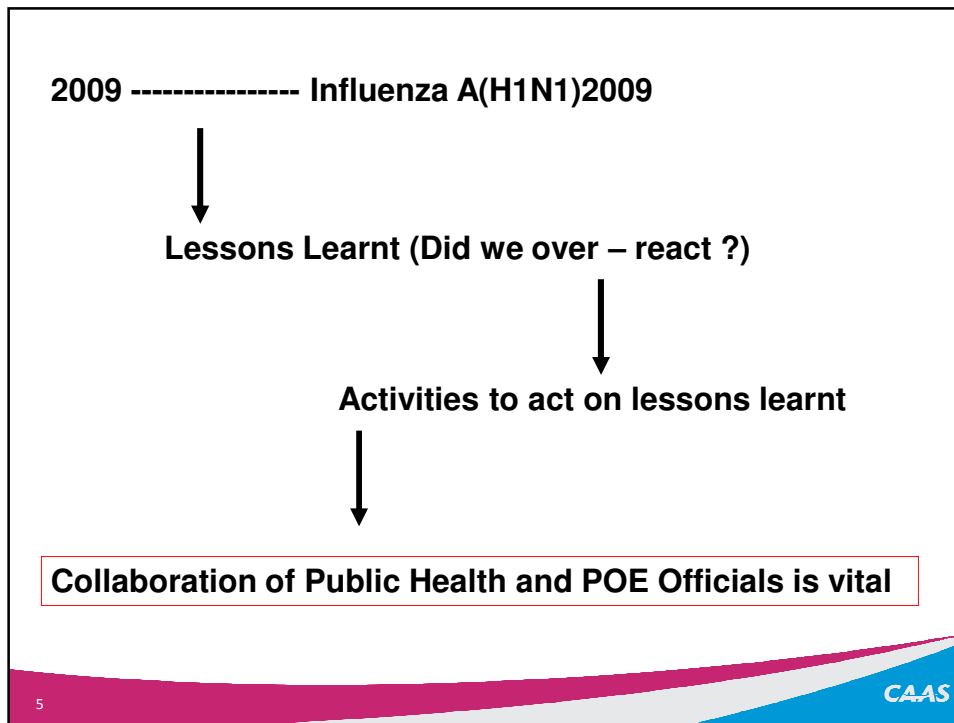
CAAS

2009 Swine flu → *Influenza A(H1N1)*



I have nothing to do with it.....

4 CAAS



Guidance for Public Health Emergency Contingency Planning at Designated Points of Entry Requirement under the International Health Regulations (2005)

In any PHEIC, it is the National Health Authority that will normally lead the emergency response in conjunction with the health sector and points of entry. It is therefore vitaly important that the national public health authority sponsor and guide the development of designated POE public health contingency planning to achieve the following objectives:

- designate a POE;
- ensure alignment and interoperability between response plans at the local POE, national and international level;
- update required national policy to support POE PHEIC plans;
- support the establishment and building of relationships between NPHA and POE public health staff;
- support the building of core capacity at designated POEs;
- play a sponsorship and facilitation role in the multi-sector collaboration that's required to build effective POE PH plans; and
- support the enhancement of technical competencies of the public health officials at designated POE
- support the harmonization of regional and global emergency plans

6 CAAS

**Guidance for Public Health Emergency Contingency Planning
at Designated Points of Entry
Requirement under the International Health Regulations (2005)**

Attention to these factors will both increase situational awareness between the national authorities and POE health officials, and also increase the confidence that any significant threat to public health that transits through points of entry has a better probability of being managed effectively by authorities.

7

CAAS



**WHO-ASEAN Meeting on Public Health
Measures at International Points of Entry**

MANILA, PHILIPPINES, 24-26 NOVEMBER 2009

**Summary and Conclusions
& Recommendations**

CAAS



Summary and Conclusions

1. This meeting has been the first forum in the Asia Pacific Region with focus on discussions on public health measures at international points of entry under the International Health Regulations (IHR). The meeting was jointly organized by two WHO Regional Offices and ASEAN-Secretariat.
2. The IHR (2005) are a global legal framework for managing public health risks and emergencies. The **paradigm shift** of IHR (2005) has been emphasized, including the shift from control of borders to also containment at source; from three quarantinable diseases to all emerging infectious diseases and acute public health threats; and from preset measures to adapted response

Summary and Conclusions

3. Emerging infectious diseases and public health threats do not respect international borders. No country can manage these threats alone. **Collective efforts** by all countries, regional and international community is vital to ensure regional health security in the Asia Pacific.
4. Country practices, experiences and lessons learned from the pandemic response at POEs were shared. Pandemic (H1N1) 2009 has been the first opportunity for Member States and WHO to test the new IHR with a truly world-wide public health event. Roles of international POE in preventing or responding to the international spread of disease have been also tested with this real emerging global threat.

11

CAAS

Summary and Conclusions

5. POEs can play an important role for the provision of updated health information to travellers, both arriving and departing. The importance and need for National Governments to provide information to people before they travel was emphasized
6. Risk-assessment has emerged as an increasingly important decision-making process for implementing balanced (e.g. resources) public health measures at POEs

12

CAAS

Summary and Conclusions

7. The pandemic situation is unpredictable and may still be evolving. Meanwhile, other emerging disease threats may occur and spread rapidly. [Continuing preparedness for public health emergency response at POEs is vital.](#)
8. Effective mechanisms for multi-agency communication, coordination and information-sharing (including communication between POE authorities and National IHR Focal Points) is essential to meet IHR obligations

13

CAAS

Recommendations

1. Strengthen POE core capacities under the IHR framework. By June 2012, each Member State should have at least one designated airport and one designated port as applicable
2. Implement preventative measures with emphasis on the importance of;
 - a. Identification of competent authorities and responsible agencies for each preventative measure
 - b. Identification and update of national guidelines for these areas, in line with relevant international guidelines
 - c. Coordination with relevant stakeholders to ensure harmonised, quality implementation and evaluation of these measures
 - d. Encourage multi-lateral cooperation and information sharing

14

CAAS

Recommendations

3. At designated POEs, strengthen emergency preparedness and response through;
 - a. Development, testing and evaluation of a **public health emergency contingency plan**
 - b. Establishment of effective mechanisms for multi-agency **communication, coordination and information sharing**, including operational link between POE authorities, relevant stakeholders and the National IHR Focal Point
 - c. Establishment of a clear **decision-making mechanism** to facilitate the incorporation of best-available evidence and information to achieve a balanced public health response at POEs.
 - d. Documentation (e.g. SOPs, MoUs) of arrangements made with relevant agencies for response measures, such as patient treatment, isolation, quarantine and other measures
 - e. Encouraging bi- and multi-lateral cooperation and information sharing

15

CAAS

Recommendations

4. WHO, in coordination with relevant partners such as ASEAN and ICAO, is recommended to;
 - a. Strengthen collaboration between WHO and National IHR Focal Points concerning internationally recommended public health measures at POEs
 - b. Conduct a study of public health measures implemented at international POEs in response to pandemic (H1N1) 2009 and share findings with member states
 - c. Develop technical guidance on public health emergency preparedness at designated POEs
 - d. Provide guidance to countries to assist the meeting of minimum capacity standards for preventative measures


16

CAAS

**INFORMAL CONSULTATION ON THE DEVELOPMENT OF
TECHNICAL GUIDANCE FOR PUBLIC HEALTH EMERGENCY
PLANNING AT DESIGNATED POINTS OF ENTRY**


Manila, Philippines

18-19 February 2010




Dr. Jarnail Singh

Civil Aviation Authority of Singapore



**INFORMAL CONSULTATION ON THE DEVELOPMENT OF TECHNICAL GUIDANCE FOR
PUBLIC HEALTH EMERGENCY PLANNING AT DESIGNATED POINTS OF ENTRY**

18



CAAS



Experiences/lessons learned

Dr Anthony Evans
Chief, Aviation Medicine Section
International Civil Aviation Organization Montreal

Manila, February 2010

19

CAAS

Jarnail

Observations from CAPSCA Airport Evaluations:

1. No Public Health Emergency Plan (PHEP) in place
2. PHEP in place on paper but not exercised or tested (Either Table-top or Full Scale Exercise)
3. PHEP in same consideration as bomb threat or hijack actions
4. Public Health Officials do not talk to Airport / Airline Officials (and vice versa)
5. Public Health Officials in charge of PHEP at Airport but not cognizant of Implementation issues at Airport

20

CAAS

Jarnail

Observations from CAPSCA Airport Evaluations:

- 6. Airline issues not given consideration**
- 7. Airport Officials in charge but not cognizant of Public Health issues**
- 8. Public Health Officials looking at issue from pure “public health” viewpoint**
- 9. Airport plan (as a POE) in isolation to rest of State plan**
- 10. Interpretation and implementation of IHRs at Airport (as a POE)**

21

CAAS

Outcome:



**Guidance for Public Health
Emergency Contingency Planning
at Designated Points of Entry**
Requirement under the International Health Regulations
(2005)

22

CAAS

Coming up:

WHO – South East Asia Regional Office

Subject: Regional Meeting on IHR Core Capacities at Points of Entry, Colombo, Sri Lanka, 14-16 July 2010

The Regional Meeting on Strengthening of IHR Core Capacity at Points of Entry is being proposed to bring all the Member States together to identify current strengths and weaknesses and identify follow up actions at national and regional level to strengthen core capacities at Points of Entry.

CAPSCA Asia-Pacific

CAPSCA Africa:

- Launched Nov. 2007
Seminar/Workshop in Gabon
- Mar 2008: Training W/shops & Table top Exercises: South Africa & Senegal
- Feb 2009: Lagos & Abuja airports in Nigeria evaluated; 1st SCM held
- October 2009: Cape Town and Johannesburg (South Africa) Evaluated. 1st RAMT held.
- June 2010: Kenya Workshop on Pandemic Preparedness Planning

CAPSCA Americas:

- Launched in Mar/April 2009: Lima, Peru
- 1st SCM – June 2009, Mexico
- 1st RAMT – December 2009 together with Evaluations of Lima and Cuzco airports (Peru)
- 2nd SCM – June 2010 With walk thru of DFW airport

CAPSCA Middle East

To be launched soon

Forged International Cooperation: WHO and other UN bodies, ACI, IATA, Specialist agencies

Changes to ICAO SARPs: Annexes 6, 9, 11 & 14

Within States: Catalyst to Aviation & Public Health Sector Cooperation.

Becoming a global institution... harmonized response....benefits States

UNDP Funding

CAPSCA Asia-Pacific
CAPSCA Africa: <ul style="list-style-type: none">•Launched Nov. 2007 Seminar/Workshop in Gabon•Mar 2008: Training W/shops & Table top Exercises: South Africa & Senegal•Feb 2009: Lagos & Abuja airports in Nigeria evaluated; 1st SCM held•October 2009: Cape Town and Johannesburg (South Africa) Evaluated. 1st RAMT held.•June 2010: Kenya Workshop on Pandemic Preparedness Planning
CAPSCA Americas: <p>Launched in Mar/April 2009: Lima, Peru</p> <p>1st SCM – June 2009, Mexico</p> <p>1st RAMT – December 2009 together with Evaluations of Lima and Cuzco airports (Peru)</p> <p>2nd SCM – June 2010 With walk thru of DFW airport</p>
CAPSCA Middle East To be launched soon

Global RAMT
October 15 – 16 2010
Singapore Aviation Academy



Thank you for your kind attention!

Jarnail Singh

