



ASSEMBLY — 41ST SESSION

EXECUTIVE COMMITTEE

Agenda Item 28: Other high-level policy issues to be considered by the Executive Committee

IMPLEMENTATION OF RESOLUTIONS A37-13, A39-24, A40-14, THE ICAO CAPSCA PROGRAMME AND MEDICAL PROVISIONS DURING PUBLIC HEALTH EMERGENCIES

(Presented by the Council of ICAO)

EXECUTIVE SUMMARY

The ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme is a voluntary cross-sectorial, multi-organizational collaboration programme providing a collaborative framework between the aviation and public health sectors. It functions under the supervision of the Medical Provisions Study Group (MPSG).

Assembly Resolutions A37-13: *Prevention of spread of communicable disease through air travel*, A39-24: *Strategy on disaster risk reduction and response mechanisms in aviation* and A40-14: *Mitigation of the spread of disease through, inter alia, aircraft disinsection and vector control methods, and the importance of CAPSCA for implementation* were adopted by the Assembly during its 37th, 39th and 40th Sessions, respectively.

The High-level Conference on COVID-19 made recommendations regarding a crisis response framework for health-related crises, strengthening CAPSCA, accelerating mental health management and developing COVID-19 fitness for duty protocols.

The ICAO CAPSCA Global Symposium, held in March 2022 to address the HLCC recommendations, was very supportive of the proposals to be considered to strengthen CAPSCA and to build aviation resilience for future public health emergencies.

This working paper reports progress on the implementation of Resolutions A37-13, A39-24, A40-14, the ongoing work of CAPSCA and the MPSG, as well as proposals to protect the health and safety of aviation personnel and passengers during public health emergencies in the future.

Action: The Assembly is invited to:

- a) note the work undertaken since the 40th Session of the Assembly;
- b) emphasize the importance of the implementation of Resolutions A39-24 and A40-14;
- c) adopt Resolution A41-xx to supersede Resolution A37-13; and
- d) urge Member States, international organizations and industry to:
 - i) support CAPSCA (Resolution A40-14) and the strengthening of the CAPSCA programme (HLCC and CAPSCA Global Symposium outcomes);
 - ii) support the activities of the MPSG to protect the health and safety of aviation personnel and passengers during public health emergencies; and
 - iii) provide financial and in-kind voluntary contributions for the implementation of the CAPSCA programme.

<i>Strategic Objectives:</i>	This working paper relates to Safety, Air Navigation Capacity and Efficiency, and Security and Facilitation Strategic Objectives.
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<i>Financial implications:</i>	The activities referred to in this paper will be undertaken subject to the resources available in the Regular Budget, Voluntary funds and/or from extra budgetary contributions.
<i>References:</i>	<p>Annex 1 Annex 14 Annex 6 Annex 18 Annex 9 Annex 19 Annex 11</p> <p>Doc 10160, <i>High-level Conference on COVID-19</i> Doc 10152, <i>Manual on COVID-19 Cross-border Risk Management</i> Doc 10140, <i>Assembly Resolutions in Force (as of 4 October 2019)</i>, A37-13, A39-24 and A40-14 Doc 7300, <i>Convention on International Civil Aviation</i>, Article 14 Doc 4444, <i>Procedures for Air Navigation Services – Air Traffic Management (PANS-ATM)</i> WHO International Health Regulations (IHR) A41-WP/19-EX/7, <i>Developments pertaining to Annex 9 – Facilitation</i> A41-WP/20-EX/8, <i>Outcome of the Facilitation Stream of the High-level Conference on COVID-19</i> CAPSCA symposium outcomes (https://www.icao.int/safety/CAPSCA/Pages/Global-Events.aspx).</p>

1. INTRODUCTION

1.1 Article 14 of the 1944 Convention on International Civil Aviation obliges Contracting States "to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the Contracting States shall from time to time decide to designate". ICAO coordinates efforts to ensure that all Contracting States have preparedness and response capacities to mitigate the impact of public health emergencies in air transport.

1.2 Established in 2006, the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) is a voluntary cross-sectorial, multi-organizational collaboration programme managed by ICAO and supported by the World Health Organization (WHO), other United Nations (UN) organizations, Member States, stakeholders from the aviation and public health sectors, other international and regional organizations and academia.

1.3 Since its establishment, CAPSCA has been actively involved in numerous Public Health Emergencies including but not limited to: SARS, Avian Flu (H5N1), Swine Flu (H1N1), the volcanic ash event in Iceland, the nuclear disaster in Fukushima, MERS-CoV, Ebola, Zika, Yellow fever, Plague, Measles, and recently, the COVID-19 pandemic.

2. THE OBJECTIVES OF THE CAPSCA PROGRAMME IN ICAO

2.1 Under the supervision of the Medical Provisions Study Group (MPSG), CAPSCA assists States with the implementation of the WHO International Health Regulations (IHR), recommendations and guidance, as well as with the implementation of relevant health-related ICAO Standards and Recommended Practices (SARPs) and guidance including:

- a) Annex 1 — *Personnel Licensing*: Chapter 6 (Medical provisions for licensing);
- b) Annex 6 — *Operation of Aircraft, Part I — International Commercial Air Transport Aeroplanes*: Chapter 6 (Aeroplane instruments, equipment and flight documents);
- c) Annex 9 — *Facilitation*: Chapter 10 (health-related provisions);
- d) Annex 11 — *Air Traffic Services*: Chapter 2 (General - Contingency agreements);
- e) Annex 14 — *Aerodromes, Volume I — Aerodrome Design and Operations*: Chapter 9 (Aerodrome operational services, equipment and installations);

- f) Annex 18 — *The Safe Transport of Dangerous Goods by Air*;
- g) Annex 19 — *Safety Management: Chapter 3 (State Safety Management Responsibilities)*;
- h) Doc 4444, *Procedures for Air Navigation Services – Air Traffic Management (PANS-ATM)*; and
- i) Doc 10152, *Manual on COVID-19 Cross-border Risk Management*.

2.2 CAPSCA's role is primarily one of coordination and capacity building at global, regional and national levels, by providing guidance, technical assistance and implementation support during both the preparedness and response phases in managing Public Health Emergencies affecting air transport.

2.3 The ICAO Regular Budget does not fund the CAPSCA programme, resulting in limited human and financial resources. While being supported by several sections within ICAO and the ICAO Regional Offices, CAPSCA is dependent on voluntary contributions and the efforts of experts from various stakeholders working together on a volunteer basis.

3. **PROGRESS ON THE IMPLEMENTATION OF RESOLUTIONS A37-13, A39-24, A40-14 AND ONGOING COVID-19 PANDEMIC ACTIVITIES BY CAPSCA AND THE MSPG**

3.1 Resolution A37-13 urged Member States to become members of CAPSCA and participate in its activities. Membership of CAPSCA has increased, from 64 per cent (124) in 2019 to the current 83 per cent (160) of ICAO Member States, with Member States participating in CAPSCA activities on different levels.

3.2 Resolution A39-24 directed the Council to establish a crisis response policy and disaster risk reduction strategy in aviation and to assist States in implementing disaster risk reduction strategies. Such approach is consistent with the Sendai Framework for Disaster Risk Reduction: 2015 – 2030 (<https://www.undrr.org/implementing-sendai-framework>). In March 2021 the United Nations Office for Disaster Risk Reduction (UNDRR) included reporting on the impacts of the COVID-19 pandemic on health and health services in the Sendai Framework.

3.3 Prior to the COVID-19 pandemic, ICAO engaged in activities aimed at supporting its Member States in disaster response, including in the area of humanitarian assistance (Humanitarian Assistance and Disaster Reduction in Aviation – HADRA). During the pandemic, ICAO established the Council Aviation Recovery Task Force (CART) to identify and recommend strategic priorities and policies to support States and industry to manage the pandemic, support their path to recovery and support building a resilient future.

3.4 CAPSCA continues to collaborate following a multi-sector, multi-stakeholder approach working closely with aviation industry partners, public health agencies and others during the pandemic and supported the CART in the development of its reports, recommendations and the Guidance for Air Travel through the COVID-19 Public Health Crisis (TOGD). CAPSCA also developed Doc 10152, the Public Health Corridor (PHC) concept and a PHC Implementation Package (iPack) to support implementation.

3.5 CAPSCA expanded its existing guidance material and checklists by developing additional checklists and the CAPSCA PHC COVID-19 Assistance Review Framework, which served as a baseline used by States and aviation industry partners to develop their own checklists, assurance and accreditation programmes to assist with the implementation of ICAO CART guidance.

3.6 Building upon the PHC iPack initiative, CAPSCA expanded its global public health expert capacity by training subject matter experts through the ICAO Global Aviation Training (GAT) courses and enhanced its implementation activities through the ICAO Technical Cooperation Bureau (TCB) services.

3.7 Collaboration further expanded to include aviation medicine and air ambulance experts to provide specialist medical advice to CAPSCA relating to testing, vaccination and aeromedical transport. These aviation medical experts also participate in the other MSPG working groups providing expertise on

the regulatory medical certification of aviation licence holders, guidance on supporting the mental health of both aviation personnel and the traveling public and guidance on medical operational support.

3.8 Current work of these groups focus on developing additional guidance to mitigate the potential safety risks associated with the prolonged duration of the pandemic as well as the health effects of “*Long COVID-19 Syndrome*” that could affect fitness to fly.

3.9 Resolution A40-14 directed the Council to continue to engage with the WHO to develop performance-based criteria, recommendations, and guidance on a scientifically based risk assessment model in relation to vector control measures, including aircraft disinsection. CAPSCA developed a model on vector control measures which would need to be expanded to include non-vector communicable diseases and disinfection measures, thus incorporating lessons learned during the pandemic and the potential consequences of climate change on vectors and public health in future.

3.10 Resolution A40-14 urged Member States to require vector control programmes and encourage reporting information to the ICAO Airport Vector Control Registry. Only some airports have updated the ICAO Airport Vector Control Registry since the previous Assembly. The importance of vector control programmes need to be emphasized in view of the ongoing threat of climate change resulting in the migration and increase of vectors that could be transported by air, potentially increasing disease.

3.11 In response to Resolution A40-14 and building upon the lessons learned from the pandemic, Amendment 29 to Annex 9, as adopted by the Council in 2022, includes a new Chapter 10 entitled “Health-related Provisions” (A41-WP/19, *Developments pertaining to Annex 9 – Facilitation* refers) incorporating notably updated recommendations on both disinsection and disinfection practices. In order to identify the assistance to be provided to States, the ICAO CAPSCA Global Symposium recognized the need to audit the implementation by States of provisions contained in Chapter 10 “Health-related Provisions” of Annex 9.

4. **PROPOSALS TO STRENGTHEN HEALTH IN AVIATION THROUGH CAPSCA AND THE MSPG**

4.1 Among the 79 recommendations of the Facilitation Stream of the HLCC 2021, it was notably recommended (A41-WP/20, *Outcome of the Facilitation stream of the High-level Conference on COVID-19* refers) that ICAO review the CAPSCA framework, support the strengthening of CAPSCA, and develop in cooperation with CAPSCA experts, a comprehensive framework to be followed in response to significant public health emergencies to prevent unnecessary interference with international traffic and trade.

4.2 The HLCC 2021 further recommended that States endorse the PHC concept developed by CAPSCA and utilize international and national coordination mechanisms such as CAPSCA to implement health-related SARPs, including participation of relevant national agencies within these mechanisms and making available resources to support its activities.

4.3 In addition, HLCC 2021 recommended that ICAO expedite the work on mental health issues and consider the need for additional guidance regarding COVID-19 fitness for duty protocols based on risk assessment for purposes of aviation safety.

4.4 To support the strengthening of CAPSCA and work on PHCs, ~~and~~ the COVID-19 multilayer risk management framework will be refined to include the development of templates that can be customized to other diseases and disaster scenarios in the future. It will be supported by an ICAO CAPSCA Manual and a CAPSCA iPack exploring the development of additional training as well as the expansion of the CAPSCA technical assistance visits to include virtual components, all supporting implementation by States.

4.5 In response to a recommendation from the Global CAPSCA Symposium (<https://www.icao.int/safety/CAPSCA/Pages/Global-Events.aspx>) the MSPG has directed CAPSCA to

develop an Aviation Health Management Plan to support implementation efforts by consolidating the various references to medical and health-related SARPs contained in the Annexes to the Convention into a comprehensive repository for the management of health in aviation. This health-related material relates to, but is not limited to the medical certification of aviation license holders, safeguarding the health and safety of aviation personnel and passengers, supporting aviation personnel in the performance of their duties, and supporting the continuous, safe, and orderly operation of global air services during public health emergencies. It would include references to the development and amendment of aerodrome emergency plans (Annex 14) and national aviation plans relating to public health emergencies (Annex 9).

4.6 To further support States in implementing health-related ICAO SARPs, ICAO ~~secretariat~~ is considering the development of a new *Procedures for Air Navigation Services (PANS) – Health* document supported by a digitized information sharing platform. The aim of the PANS is to establish mechanisms to exchange information and update aviation processes and procedures which are aligned to recommendations from other relevant specialist medical disciplines. For ease of reference the document is likely to be divided into several volumes pertaining to health in aviation such as Health Risk Assessment models, Occupational Health principles, health promotion, mental health, public health, passenger health during the journey, and others.

4.7 In order to enable the sharing of information and resources for purposes of global harmonization relating to the prevention and management of public health emergencies (A40-14), the MPSG will establish closer collaboration with the WHO and other public health groups, with aviation medicine and other relevant specialist medical organizations, with planning and implementation regional groups (PIRGs) and regional aviation safety groups (RASGs) and working with the Air Navigation Commission, with aviation subject matter expert groups such as the Personnel Training and Licensing Panel and the Safety Management Panel.

4.8 In addition, the MPSG and CAPSCA will retain close collaboration with the Air Transport Committee Task Force on Health Issues Outbreaks in Aviation (TFHIOA), the Facilitation Panel (FALP) and the Technical Advisory Group on Traveller Identification Programme (TAG/TRIP).

4.9 In view of the progress made on the implementation of Resolutions A37-13, A39-24, A40-14, recommendations made by the HLCC, lessons learned from the COVID-19 pandemic, the CAPSCA Global Symposium outcomes and the need to build future resilience for public health emergencies, it is proposed to adopt Resolution A41-xx to supersede Resolution A37-13.

APPENDIX

DRAFT RESOLUTION FOR ADOPTION BY THE 41ST SESSION OF THE ASSEMBLY

A41/xx: Maintaining health and sustaining safe international air transport during public health emergencies affecting air travel

Whereas Article 14 of the *Convention on International Civil Aviation* states that “Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate, and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft”;

Whereas Article 44 of the *Convention on International Civil Aviation* states that “The aims and objectives of the Organization are to develop the principles and techniques of international air navigation and to foster the planning and development of international air transport so as to ...[m]eet the needs of the peoples of the world for safe, regular, efficient and economical air transport”;

Whereas the General Assembly of the United Nations endorsed the Sendai Declaration and the Sendai Framework for Disaster Risk Reduction 2015-2030 adopted by the Third United Nations World Conference on Disaster Risk Reduction;

Whereas Article 14(1) of the World Health Organization International Health Regulations (2005) states that “WHO shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or international bodies in the implementation of these Regulations, including through the conclusion of agreements and other similar arrangements”;

Whereas ICAO Resolution ~~A35-12~~A37-13 states that “the protection of the health of passengers and crews on international flights is an integral element of safe air travel and that conditions should be in place to ensure its preservation in a timely and cost-effective manner”;

Whereas ICAO Resolution A39-24 states that “all States can benefit from integrating disaster risk reduction strategies into their Air Transport Sector Strategic Plans”, directs ICAO to “establish a crisis response policy and disaster risk reduction strategy in aviation” and to “ensure that ICAO participate, when applicable and in alignment with its Strategic Objectives, in appropriate mechanisms put in place to support the cross-sectorial implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 and the United Nations Plan of Action on Disaster Risk Reduction for Resilience”;

Whereas ICAO Resolution A40-14 states that “a need for cross-sector information sharing and collaboration in the prevention and management of public health emergencies has been identified at various international meetings and conferences”;

Whereas Annex 1 — *Personnel Licensing*, Annex 6 — *Operation of Aircraft*, Annex 9 — *Facilitation*, Annex 11 — *Air Traffic Services*, Annex 14 — *Aerodromes*, Volume I — *Aerodrome Design and Operations* to the *Convention on International Civil Aviation*, Annex 18 — *The Safe Transport of Dangerous Goods by Air*, Annex 19 — *Safety Management* and the *Procedures for Air Navigation Service*

— *Air Traffic Management* (Doc 4444) contain several Standards and Recommended Practices and Procedures relating to health measures that should be taken by Contracting States ~~to manage public health emergencies of international concern and to prevent the spread of communicable disease by air travel;~~ and in order to manage medical certification of aviation licence holders, safeguard the health and safety of aviation personnel and passengers, support aviation personnel in the performance of their duties, and support the continuous, safe and orderly operation of global air services during public health emergencies”;

~~Whereas the ICAO Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) project is an appropriate measure to improve and harmonize preparedness plans;~~

Whereas the ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme, the National Air Transport Facilitation Programmes (NATFPs) and the National Air Transport Facilitation Committees (NATFCs) are appropriate mechanisms to improve communication and collaboration as well as harmonize public health preparedness and response plans;

Whereas Annex 9 new Chapter 10 entitled “Health-related Provisions” builds upon the lessons learned from the COVID-19 pandemic to maintain health and sustain safe international air transport during public health emergencies affecting air travel;

Whereas the ICAO CAPSCA Global Symposium held on 29 – 31 March 2022 was very supportive of proposals to be considered to strengthen CAPSCA and to build aviation resilience for future public health emergencies;

Whereas the ICAO CAPSCA Global Symposium recognized the need to audit the implementation by States of provisions contained in Chapter 10 “Health-related Provisions” of Annex 9 in order to identify the assistance to be provided to States; and

Whereas the ICAO Medical Provisions Study Group (MPSG) and other relevant ICAO working groups, are the appropriate bodies to develop an Aviation Health Management Plan and *Procedures for Air Navigation Services (PANS) – Health* to supplement the ICAO SARPs, supported by a digitized information-sharing platform.

The Assembly:

1. *Directs* ICAO to strengthen its crisis management capacity, including by establishing a crisis response framework and mechanism based on the experience gained during the COVID-19 crisis;
2. *Directs* ICAO to explore means to strengthen the CAPSCA framework;
3. *Directs* ICAO to continue to engage with WHO and other relevant organizations establishing formalized collaboration agreements to strengthen CAPSCA and public health related Facilitation activities;
4. *Directs* ICAO to continue to collaborate with the WHO and other public health groups, with other relevant aviation medicine and other relevant specialist medical organizations, with planning and implementation regional groups (PIRGs) and regional aviation safety groups (RASGs) and working with the Air Navigation Commission, with aviation subject matter expert groups including such as the Personnel Training and Licensing Panel and the Safety Management Panel to enable the sharing of information and resources for purposes of global harmonization relating to the prevention and management of public health emergencies;

5. *Approves* the development of an Aviation Health Management Plan by CAPSCA under the direction of the MPSG supporting implementation efforts of comprehensive management of health in aviation, by consolidating the various references to medical and health-related SARPs contained in the Annexes to the Convention into a comprehensive repository for the management of health in aviation in order to:

- a) manage medical certification of aviation licence holders;
- b) safeguard the health and safety of aviation personnel and passengers;
- c) design appropriate auditing frameworks and capacity-building assistance mechanisms for the implementation of health-related SARPs; and
- d) support the continuous, safe, and orderly operation of global air services during public health events affecting air travel (including, but not limited to communicable diseases);

6. *Directs* ICAO to give duly consideration to the development of a *Procedures for Air Navigation Services (PANS) – Health* in order to further support States in implementing health-related ICAO SARPs;

7. *Urges* Contracting States to ensure that the medical, public health and aviation sectors collaborate to develop a national preparedness plan for aviation which addresses Public Health Emergencies of International Concern (PHEIC) and/or other public health emergencies as appropriate, which is integrated with the general national preparedness plan and aligned with the Sendai Disaster Risk Reduction Framework;

8. *Urges* Contracting States to ensure that the national preparedness plan for aviation complies with the ICAO SARPs, PANS and the World Health Organization International Health Regulations (2005) and is based on scientific principles and on the guidelines from ICAO and the World Health Organization;

9. *Urges* Contracting States to establish requirements for the involvement of stakeholders such as aviation medical experts, airport operators, aircraft operators, air navigation service providers and others as appropriate, in the development of relevant health-related plans in aviation;

10. *Urges* Contracting States to participate in the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme, to strengthen the programme and ensure that its goals are achieved;

11. *Urges* Contracting States to support the activities of subject matter expert groups (e.g. the MPSG and Facilitation Panel (FALP)) to protect the health and safety of aviation personnel and passengers that could affect either health or pose a risk to safe air travel during public health emergencies; and

12. *Declares* that this resolution supersedes Resolution A37-13.

~~1. *Urges* Contracting States and regional safety oversight organizations to ensure that the public health sector and the aviation sector collaborate to develop a national preparedness plan for aviation which addresses public health emergencies of international concern and which is integrated with the general national preparedness plan;~~

~~2. — Urges Contracting States to develop a national preparedness plan for aviation that is in compliance with the World Health Organization International Health Regulations (2005) and which are based on scientific principles and on the guidelines from ICAO and the World Health Organization;~~

~~3. — Urges Contracting States, and regional safety oversight organizations as appropriate, to establish requirements for the involvement of stakeholders such as airport operators, aircraft operators and air navigation service providers in the development of a national preparedness plan for aviation; and~~

~~4. — Urges Contracting States to join and participate in the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) project, where available, to ensure that its goals are achieved, unless equivalent measures are already in place.~~

— END —