



DGCA - 50/DP/7/1

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

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Lessons Learned from CAPSCA Assistance Visits to States and Airports: *A rationale for continued funding of CAPSCA*

**Asia Pacific Regional Office
International Civil Aviation Organization**





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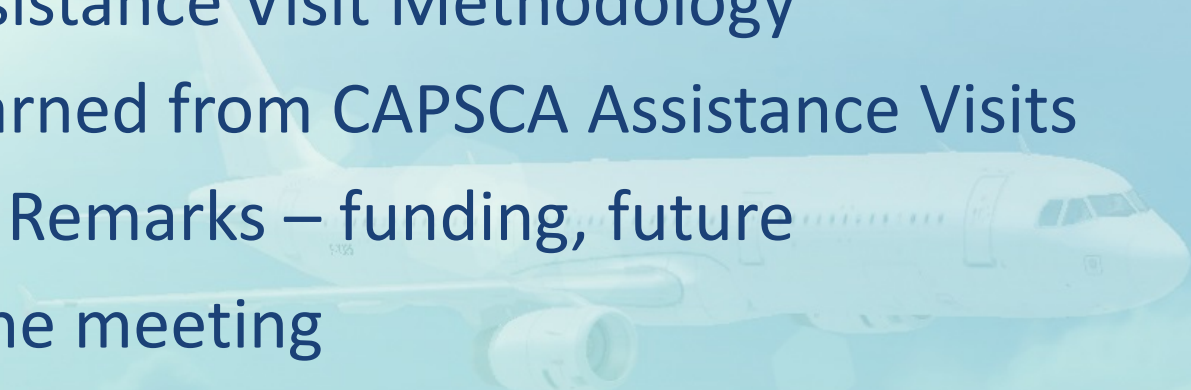
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Presentation Flight Plan

- ✈ Introduction
- ✈ CAPSCA Assistance Visit Methodology
- ✈ Lessons Learned from CAPSCA Assistance Visits
- ✈ Concluding Remarks – funding, future
- ✈ Action by the meeting





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Article 14, Chicago Convention

Prevention of spread of disease

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.

Such consultation shall be without prejudice to the application of any existing international convention on this subject to which the contracting States may be parties.



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Public Health Events

Affecting aviation since 2003

✈ **2003:** Severe Acute Respiratory Syndrome (SARS)

✈ **2009:** Pandemic Influenza A (H1N1) “Swine flu”

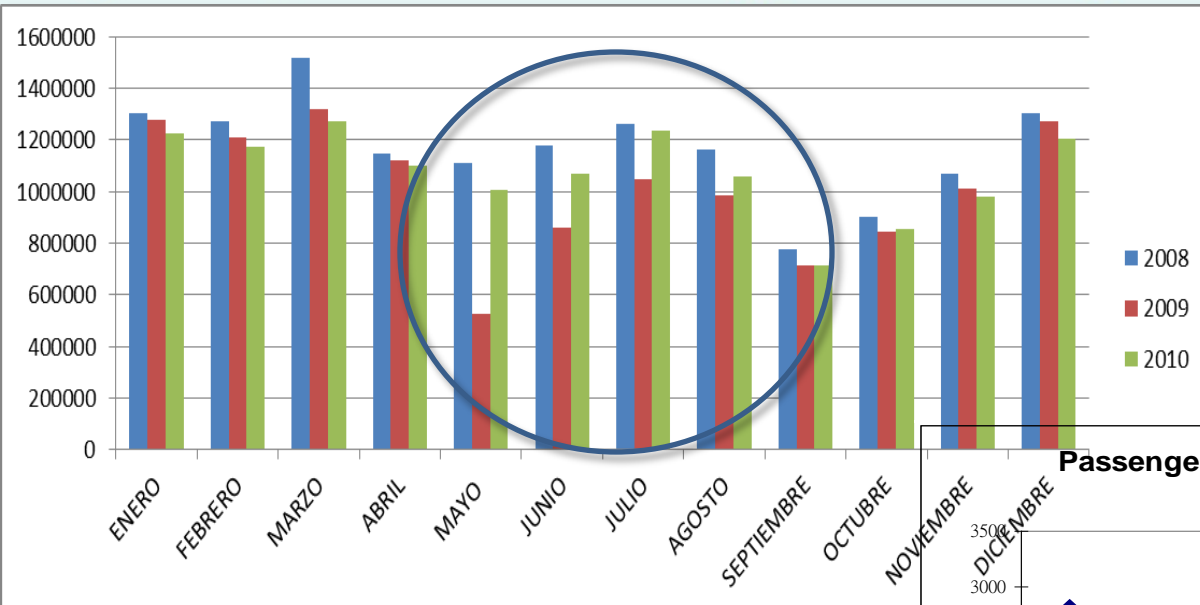
✈ **2011:** Fukushima nuclear accident

✈ **Diseases that could affect aviation:**

✈ **2005:** Influenza A (H5N1) “Avian flu”

✈ **2012:** Middle East novel coronavirus

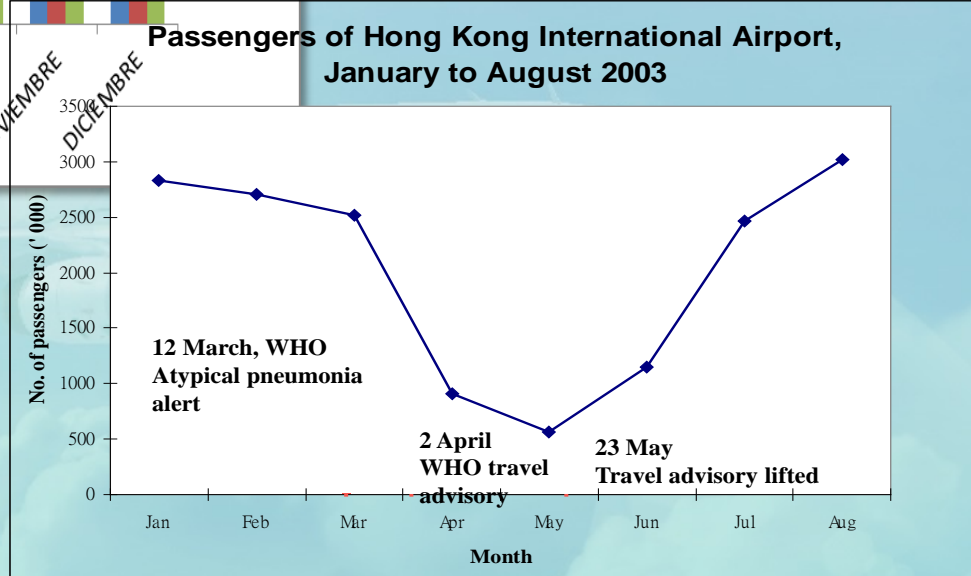
✈ **2013:** Avian Influenza A (H7N9)



Potential Economic and Social impact...

International Arrivals, Mexico, 2008-2010

Courtesy: Dr Jose Valente Aguilar Zinser, Ministry of Transport, Mexico



Courtesy: Dr Henry Kong, past Chief Port Health Officer, Hong Kong



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*Pandemic that kills **100,000**.....*

***1%** lives saved by action of
aviation sector*

*= **1,000** lives saved*

How lives can be saved during a pandemic by action in the aviation sector:

- Traveller screening for disease
- Identification and management of on-board cases
- Notification to the public health authority at destination
- Procedures to inform travellers of action to take if they become ill
- Good preparedness plans should staff be absent (to ensure flight safety)



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Action taken by ICAO

✈ SARP/Procedures/instructions amended to include PHE

✈ Annex 6- *Operations*

✈ Annex 9 – *Facilitation*

✈ Annex 11 – *Air Traffic Services*

✈ *Procedures for Air Navigation Services-Air Traffic Management*

✈ Annex 14 – *Aerodromes*

✈ Technical Instructions for the Safe Transport of Dangerous Goods by Air

✈ Two Assembly Resolutions: 2004 (A34-12), 2010 (A36-12)



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Action taken by ICAO (cont'd)

✈ 2006 : Establishment of CAPSCA Asia Pacific Project

- January 2013: CAPSCA name change from:

Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel

to:

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

(same acronym, CAPSCA)

- ✈ **May 2013:** Questions on public health preparedness planning included in USOAP



Action taken by ICAO (cont'd)

References (www.capsca.org)



ICAO Annexes 6, 9, 11, 14 SARPs



PANS-ATM (Doc 4444) & Technical Instructions for the Safe Transport of Dangerous Goods by Air (Doc 9284)



Facilitation Manual (Doc. 9957) & Airport Services Manual (Doc 9137) Part 7 – Airport Emergency Planning



WHO IHR (2005)



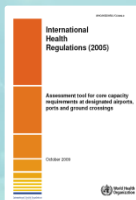
ICAO, WHO, ACI, IATA guidelines



Template for National Aviation PHE Preparedness Plan



CAPSCA Assistance Visit Guidelines and Checklist



WHO IHR Assessment tool for core capacity requirements at designated airports, ports and ground crossings



ICAO USOAP Audit Protocol Questions



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ICAO CAPSCA Assistance Visits (AV)

- ✈ A small team of experts (including both aviation and public health personnel) visit a State & an international airport - undertake a gap analysis of national/local preparedness plans against the relevant ICAO SARPs and the WHO International Health Regulations (2005) (which contain many articles of relevance to airport and aircraft operators)
- ✈ A confidential report is provided to help the State to develop its preparedness plans.
- ✈ To strengthen national capacity at points of entry in accordance with the requirements of IHR (2005) - WHO invited to participate, e.g. CAPSCA AVs to Nepal (Dec 2012) and Sri Lanka (May 2013).



CAPSCA Regional Projects

	Asia-Pacific 	Africa 	Americas 	Europe 	Middle East 
Year of Establishment	2006	2007	2009	2011	2011
Member States	20	25	33	6	10
State Technical Advisors Trained by ICAO (OJT completed)	3	4	14	0	2
State & Airport Assistance Visits Completed	11 (13 Airports)	8	29 (+ 1 st follow-up visit)	0	4



Airport Assistance Visit Methodology



Visit shall not affect normal airport operations

The visit should demonstrate preparedness for a PHE

Scenario of the arrival of an aircraft with a suspected case of infectious disease on board or a scenario where an outbreak of a PHE has occurred in the State in the vicinity of the airport

Walkthrough observations and interviews

Recommendations for improvements



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Lessons Learned from CAPSCA AVs:

Challenge

✈ Aviation is:

- ✈ Focused primarily on prevention of accidents, and
- ✈ Personnel not generally knowledgeable about public health

✈ Public health is:

- ✈ Focused primarily on non-transport related health issues
- ✈ Personnel not generally knowledgeable about aviation

✈ And so.....

*Preparedness planning in aviation
can fall into a gap between both sectors*



Lessons Learned - General

Commitment and mandate of Governments at ministerial level & top management in authorities and service providers

Formal framework, mechanism and agreement for aviation and public health authorities to work together

Communication, cooperation, coordination and collaboration between aviation and public health sectors

Complete stakeholder participation in the development of plans and preparedness

Harmonisation between national and service provider plans in both sectors



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Lessons Learned - General

Reduce duplication of efforts between different aviation and health stakeholders

Knowledge of international standards and regulations

Use of standard procedures and terminology

Plans and Procedures Documentation, Approval, Dissemination, Awareness, Training, Exercises

Consider local outbreak



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Public Health Authority (PHA)

National PHE Contingency Plan applicable to all types of public health events

Consider and involve aviation sector

Knowledge of aviation SARPs, regulations and plans

Engage with CAA





Civil Aviation Authority (CAA)



Civil aviation regulations include PHE related SARPs

National aviation plan for a PHE

Knowledge of PHEs and IHR

Involve PHA in the certification of aerodromes to validate implementation of public health related SARPs

Engage with PHA



Airport Operator and Medical Services

IHR Core capacity requirements for designated airport POEs

AEP include PHEs not to be confused with medical emergencies

Involve CAA in development of AEP PHE part to be harmonised with NAPPHE

Involve PHA in development of AEP PHE part to be harmonised with NPHECP

Mutual aid agreements

CAA to approve the AEP



Airport Operator and Medical Services

Personnel awareness and training in AEP

AEP PHE exercises combined with other emergency type

EOC/CCC members, location, space, convenient and controlled access, facilities, equipment, documentation

Designated aircraft parking position – identification, location, size, access, pax bridge, disembarkation, separation – not to be confused with isolated aircraft parking position for security incidents

Procedure for handling aircraft with suspected case on board

Arrival and departure passenger segregation and screening only when recommended by WHO or justified for other reasons - Screening areas and methods not to affect passenger flows



Airport Operator and Medical Services

Interview and assessment holding area for suspect cases and contacts – location, access, size, negative pressure/ventilation, facilities, services, furniture, equipment (toilets, water, beds)

Isolation and treatment facilities for affected ill pax

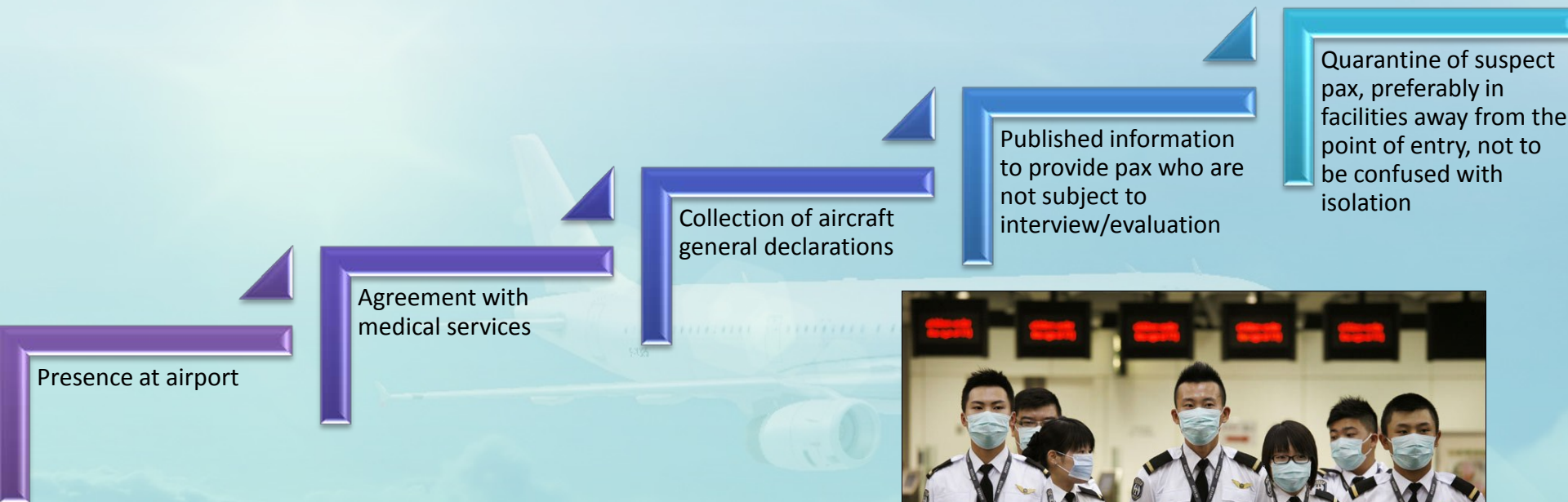
Personal Protective Equipment (PPE)

Transportation of cases in equipped ambulances to designated medical facility

Procedure for reduced essential staffing due to illness and other absenteeism due to local outbreak or pandemic, e.g. RFFS, AVSEC, pax & bag handling



Port Health





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Air Navigation Service Provider (ANSP)



ATS contingency plans to consider PHEs

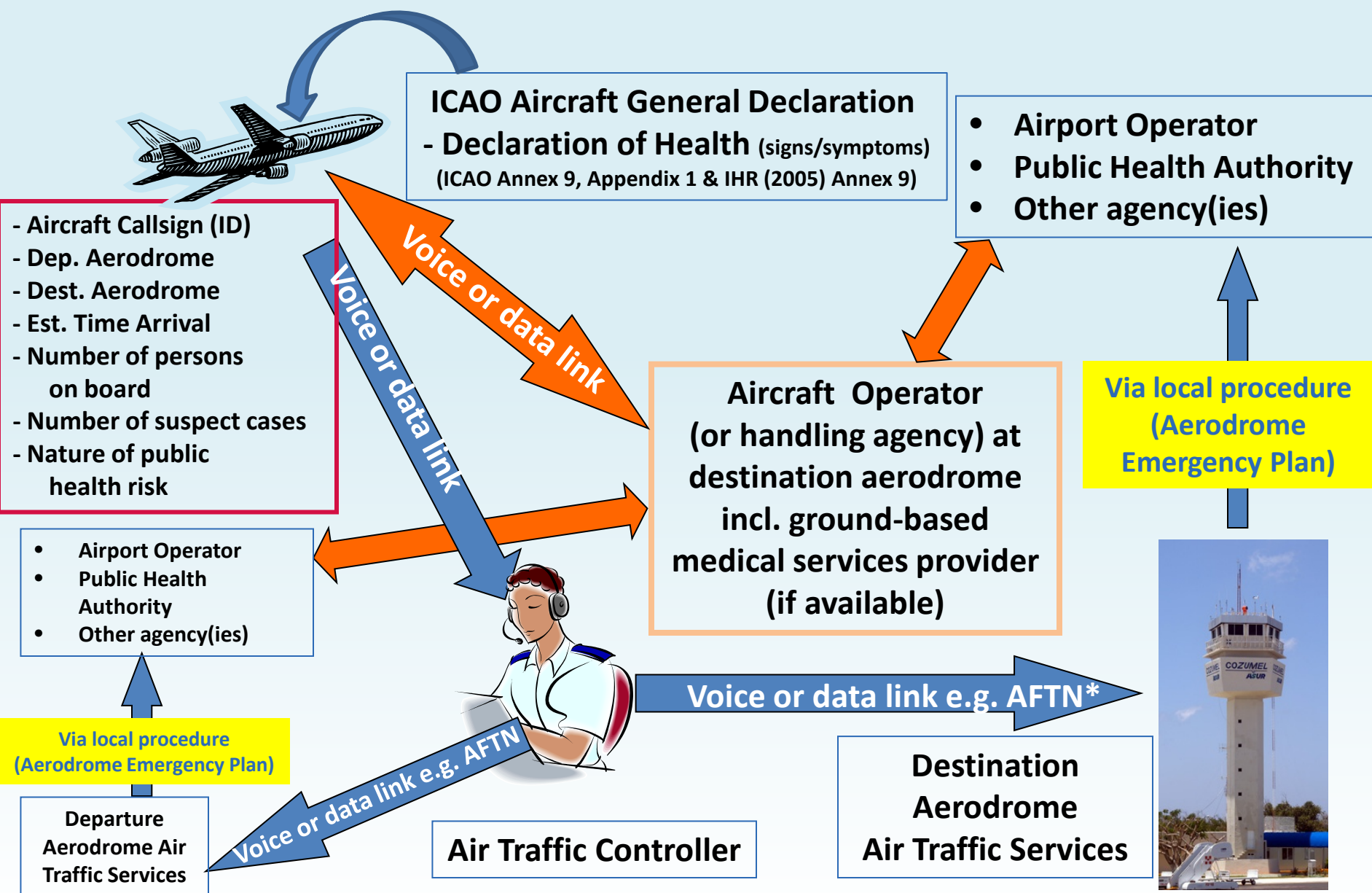


Procedure for reduced essential staffing due to illness and other absenteeism due to local outbreak or pandemic



Procedures for prompt relay of notification from aircraft to airport, airline, and PHA of in-flight suspected communicable disease and communication to aircraft the designated aircraft parking position

NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASE, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT





Aircraft Operator



Procedures for the crew to identify, evaluate and handle a passenger with a suspected communicable disease

Procedures for the pilot-in-command to promptly notify ATC of in-flight suspected communicable disease case

Procedure for disinfection of aircraft with approved materials, not to be confused with disinsection

Template for the General Declaration including Health Part

Template for the Public Health Passenger Locator Form



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Prior Funding

- ✈ Four grants (total \$1.3 m) from UN Central Fund for Influenza Action (CFIA)
 - ✈ Fund closed December 2012
- ✈ In kind support:
 - ✈ Part-time loan of *global* technical advisor from CAA Singapore
 - ✈ *Regional* technical advisors (for assistance visits) from States and WHO
 - ✈ Hosting of regional annual meeting/seminar



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Current Need to Continue

- ✈ CAPSCA Programme is outside the ICAO Regular Programme budget
- ✈ Previous funding source no longer available
- ✈ Funding needed to continue the efforts
- ✈ Donor(s) could offer funding for SAFE – earmarked for CAPSCA
- ✈ Financial need is:
 - \$50k per region per year; which will provide for
 - 1 global meeting/seminar per year
 - 1 annual meeting/seminar in each region per year
 - 3-4 assistance visit to individual airports per region per year
 - Total: approx. **\$250k total per year**
- ✈ **Funding Sources Approached: *No Success as Yet***





Conclusion

- ✈ **Bottom Line** : CAPSCA saves *lives* and *money*
- ✈ **CAPSCA is appreciated by States**
 - ✈ **5** Regions, **93** States joined, **54** Assistance visits undertaken
- ✈ **Public health planning is useful in areas other than communicable disease e.g. Fukushima**
- ✈ **Without CAPSCA, ICAO will:**
 - ✈ Lose influence in public health matters that impact aviation
 - ✈ Be unable to properly assist States with public health preparedness planning
 - ✈ Lack credibility to provide guidance during future public health events



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Recommended Actions

States are encouraged to:

take on board the lessons learned from CAPSCA AVs and improve collaboration among CAA and PHA in order to develop capacities for PHE preparedness in the civil aviation system; and

Support CAPSCA during the ICAO Assembly (2013) especially towards facilitating future funding of the CAPSCA Programme, including by means of voluntary contributions by States



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Thank you

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