7th Meeting of the Collaborative Arrangement for the Prevention and Management of public health events in Civil Aviation Asia Pacific (CAPSCA-AP)

Dr. Manjit Singh
Regional Officer, Technical Cooperation
Asia and Pacific Office

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Review of

6th CAPSCA AP Meeting

Conclusions

The 6th Meeting of the CAPSCA-Asia Pacific Manila, Philippines, 22-25 April 2013

- A total of 76 participants attended the meeting, representing both Civil Aviation Administrations and Public Health Authorities

- 8 States of the Asia Pacific Region were represented, i.e. Brunei Darussalam, China, Malaysia, Philippines, Singapore, Sri Lanka, Thailand, and Vietnam.

- Partner Organizations: WHO, ACI, Asia Europe Foundation (ASEF), IATA, AAPA, International Medical Corps, Frankfurt Airport, Malaysia Airlines, Malaysia Airports, Airport & Aviation Service Limited Sri Lanka, Sri Lankan Airlines, Philippines Airlines, Cebu Pacific Air and various Philippines air operators and related agencies.

Group Photograph


6TH
ICAO CAPSCA
ASIA PACIFIC
MEETING
22-25 April 2013
DIAMOND HOTEL


6TH
ICAO CAPSCA
ASIA PACIFIC
MEDICAL QUARANTINE

Conclusion No 1:

- Philippines and Malaysia were elected as Chairperson and Vice-Chairperson, respectively, of the CAPSCA-AP project until the next (7th) CAPSCA-AP Meeting.

- Dr Jarnail Singh (Singapore) and Dr Rolly Bayaban (Philippines) were appointed as Team Leader and Deputy Team Leader respectively of the CAPSCA-AP project Technical Advisers for a 3 year term.

Conclusion No 2:

— States are encouraged to:

a. confirm participation in the CAPSCA-AP Project by the civil aviation authority (CAA) and/or public health authority (PHA) (if not yet members) by sending a letter to ICAO and/or WHO regional offices respectively in accordance with the Asia Pacific Air Navigation Planning and Implementation Regional Group (APANPIRG/23) Conclusion 23/51 (Note: there is currently no cost to join CAPSCA);

b. designate CAPSCA focal point(s) from CAA and/or PHA (States are requested to advise the ICAO Regional Office); and

c. request Assistance Visits (at no cost to State) in 2013 by sending a letter to ICAO APAC Regional Office;

Conclusion No 3:

States/Administrations should develop, update and test aviation public health emergency (PHE) preparedness plans in collaboration with public health authorities, in compliance with related ICAO SARPs and WHO IHR (2005), and prepare for the ICAO USOAP Continuous Monitoring Approach (CMA) audit which, from 2013, will include protocol questions concerning PHE related ICAO Standards and Recommended Practices.

Conclusion No 4:

The IHR (2005) description of “significant interference” as being “refusal of entry or departure of international travelers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours” should be reviewed by WHO, as a delay significantly less than 24 hours can result in major disruption to continuity of air transport operations.

Conclusion No 5:

ACI is to review and update its "*Airport preparedness guidelines for outbreaks of communicable disease*" considering the lessons learned from the CAPSCA Assistance Visits.

ICAO and IATA are invited to consider a similar review and revision of their respective guidelines.

Conclusion No 6:

In relation to public messaging of a crisis before and during a public health emergency, States are encouraged to:

a. develop a timely and engaging communications strategy and plan based upon the needs of the public, the scientific evidence and official information from WHO, ICAO and other International Organizations;
b. use an appropriate message and format; and
c. take into consideration the social media dimension.

Conclusion No 7:

In the communications procedure for the notification of suspected communicable disease, or other public health risk, on board an aircraft, if the aircraft is diverted to an alternate aerodrome, this aerodrome will need to be informed in addition to the destination and origin aerodromes.

In selecting the alternate aerodrome for a diversion, confirmation is required of the availability of core capacities to manage the public health risk on arrival of the aircraft.

Conclusion No 8:

Stakeholders in the aviation sector may consider the use of the Asia-Europe Foundation (ASEF) Public Health Network's future scenarios and recommendations for strengthening co-operation concerning preparedness planning for public health emergencies.

Conclusion No 9:

To enhance collaboration between CAPSCA-AP Project and Asia Pacific partner organisations:

a. WHO South East Asia Regional Office (SEARO) would facilitate ICAO/CAPSCA participation at the WHO Regional Meeting on International Health Regulations (2005) Core Capacities at Points of Entry, in Mumbai, India, 26 to 28 June 2013.

b. Association of Asia Pacific Airlines (AAPA) agreed to facilitate an invitation to ICAO/CAPSCA to the AAPA Emergency Response Planning Conference, to be held in Bangkok, Thailand from 3-5 September 2013.

Singapore and ACI plan to organise a regional workshop on “Business Continuity Management Systems: Implementation Guidelines for Airports”, in coordination with ICAO.

Conclusion No 10:

States and Organisations are encouraged to:

a. support the continuation of CAPSCA beyond 2013; and
b. propose to ICAO possible sources of and mechanisms for future funding of the CAPSCA-AP Project.

States should prepare to support CAPSCA in the ICAO Assembly, Council, Asia Pacific Air Navigation Planning and Implementation Regional Group (APANPIRG) and Directors General Civil Aviation (DGCA) Asia and Pacific (APAC) meetings and the WHO Assembly to be held in 2013. To this end Philippines (as the Chair) will present a joint paper together with Malaysia (as Vice-Chair) and Singapore (Technical Advisor Team Leader) on the benefits of joining CAPSCA as well the achievements of the project, at the 50th DGCA APAC Conference (1-4 July 2013).

Conclusion No 11:

WHO, represented by the Western Pacific Regional Office (WPRO) and South East Asia Regional Office (SEARO), encouraged member States:

a. to use the WHO guide on PHE contingency planning at designated Points of Entry (POE) as a reference document to develop their PHE contingency planning and core capacity at designated POE.
b. to work with WHO, partners and CAPSCA, in developing the capacities set forth in Annex 1 of IHR (2005) for designated points of entry within the timeframe provided.
c. to establish strong and effective collaborative networks between POE authorities and Public Health Authorities and services in preparation for any public health emergency response which may later be of international concern, thereby contributing to the provision of a timely report to WHO through the National IHR Focal Point.
d. to improve capacity for readiness for a future public health emergency.

Conclusion No 12:

Assistance visits involving participation by both the aviation sector and by the public health sector, including WHO, are encouraged.

Conclusion No 13:

WHO should take advantage of the ICAO Public Health related SARPs in Annexes 6, 9, 11, 14, the Procedures for Air Navigation Services-Air Traffic Management, the Technical Instructions for the Safe Transport of Dangerous Goods by Air, and associated audits, to effect implementation of the IHR(2005), especially the public health emergency contingency planning and provision of core capacities at POEs.

Conclusion No 14:

States, as part of the civil aviation authority’s aerodrome certification process, should consider including relevant health related SARPs.

Conclusion No 15:

States' authorities, airport operators, aircraft operators and air navigation service providers (ANSP) are encouraged to provide their Public Health Emergency Preparedness Plans to ICAO for posting on the CAPSCA website.

CAA Singapore agreed to share its ANSP Business Continuity Plan (BCP) with CAPSCA for posting on the web site and to encourage and support the trade association of Civil Air Navigation Services Organization (CANSO) to develop a generic guidance document on business continuity management systems for ANSPs.

CAA Philippines has agreed to share its NAIA Public Health Emergency (PHE) Contingency Plan (once it is refined) with CAPSCA for posting on the CAPSCA website.

Conclusion No 16:

If traveler screening is considered:

- Exit screening is most effective, least disruptive but places further burden on the source country
- Entry screening in cities receiving direct flights from a source area is a second but less desirable option
- Entry screening in cities not receiving direct flights from a source area are highly inefficient and can be disruptive

States may consider establishing a validation process in collaboration with other States for ensuring that travellers have been exit screened to an appropriate level at the origin airport to avoid applying entry screening when arriving at the destination airport. A similar process is utilized by some States with respect to airport security screening of transfer travellers.

Conclusion No 17:

States and Territories are urged to consider business continuity management/whole of society principles in preparing and updating aviation public health emergency preparedness plans.

Conclusion No 18:

Important issues to be addressed by airports designated as points of entry (POE) under the IHR:

- developing a public health emergency contingency plan at the designated POE
- utilization of the existing national and local public health systems and services to support POE public health functions
- improving readiness for response to future public health emergencies which are unknown
- communications and discussions with the National IHR Focal Point are vital
- priority actions and monitoring of progress against national work plan/IHR implementation plan

Conclusion No 19:

For effective response to a PHEIC:

- Under IHR, States must comply with the legal requirements set out for designated POE.
- Each country should ensure that core capacities for designated POE are in place by 15 June 2014.
- There is good coordination among National Public Health Authority and the Designated POE Authorities.

Conclusion No 20:

Airport operators need to be ready for communicable disease outbreaks and consider:

- It is crucial to coordinate with the Health Authorities
- Communication with all stakeholders is critical
- Passengers need to be informed on the situation and procedures
- Consideration on screening should be taken according to WHO indications
- It is very important to execute exercises involving all stakeholders
- An integrated, multi-layered, business driven, process based Business Continuity Management System (BCMS) is very important to plan for and manage business disruptions and crises.
- The goal is to keep the airport running safely for all passengers, users and staff
- Management commitment is essential.

Conclusion No 21:

- States are invited to host the next (7th) CAPSCA AP meeting in April 2014 by writing to the ICAO APAC Regional Office.

- The 8th CAPSCA AP and 6th CAPSCA Global Coordination meeting is tentatively planned to be held in Sri Lanka in 2015 at dates to be coordinated with ICAO.

THANK YOU

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