International Civil Aviation Organization
Western and Central African Office

Eleventh Meeting of the Aerodrome Operations Planning Sub-Group
(AOP/SG/11)
(Dakar, Senegal, 3 to 7 August 2015)

Agenda Item 6:   CAPSCA Programme

(Presented by the Secretariat)

SUMMARY
This working paper related to aviation and public health, presents the CAPSCA programme and its activities. It provides relevant information on the Ebola virus disease in Africa and its impact on air transport and proposes actions in order to give effect to outcome of the APIRG/EO. Action by the meeting is at **paragraph 6.**
REFERENCES
− Chicago Convention − ICAO Annexes 6, 9, 11 and 14 − CAPSCA Website − HLSC/15-WP/15
This Working Paper is related to Strategic Objectives: **A, B & E**

1.   AVIATION AND PUBLIC HEALTH

1.1   The importance of the aviation sector in preventing the spread of communicable disease by air is recognized by Article 14 of the Chicago Convention. During and since the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 more attention has been given to the implications of Article 14 and several health events have highlighted the need for a greater understanding of the issues. The Ebola outbreak of 2014 highlighted the need for improved information collection and sharing, and collaboration between the public health and aviation sectors.

1.2   Learning from these public health events, ICAO has included specific Standards and Recommended Practices (SARPs) in Annexes 6, 9, 11, 14 and 18 to the Chicago Convention, as well as guidelines for States, airports, air traffic services and airlines for reducing the risk of the spread of communicable diseases through air travel.

1.3   These specific Standards and Recommended Practices address contingency plans in order to prevent the spread of communicable diseases by air transport, and establish suitable institutional arrangements to coordinate efforts by Contracting States and other members of the international civil aviation community aimed at protecting the health of passengers and crews.

1.4   The protection of the health of passengers and crews on international flights was recognized by the Thirty-fifth Session of the ICAO Assembly in 2004 (Resolution A35-12) as an "integral element of safe air travel" and the Universal Safety Oversight Audit Programme (USOAP) includes audit Protocol Questions (PQs) on the PHE related SARPs.

1.5   In accordance with the provisions in ICAO Annex 9, States are required to establish a National Aviation Public Health Emergency Preparedness plan. This Plan describes the measures to be adopted during a Public Health Emergency of International Concern (PHEIC), in compliance with the relevant articles in the IHR 2005 and ICAO Annexes 6, 9, 11 and 14. Each National Aviation Public Health Emergency Preparedness plan should be a programme that is coordinated between the aviation and Public health sectors.

1.6   Although Article 14 recognizes the involvement of aviation in helping to manage public health events "in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft", little attention has traditionally been given to the subject by States.

1.7   Indeed, a National Aviation Public Health Emergency Preparedness plan does not exist in several States in the region. And when it exists, the scope and tasks are limited. Moreover, Civil aviation authorities, Airports, Airlines, Air navigation services providers, handling companies and the other stakeholders (Customs, immigration, …) are often not much involved believing that this issue is a purely medical one.

1.8   ICAO has been coordinating a global effort to improve preparedness planning and responses to public health events that affect the aviation sector in different regions of the world, through its Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA – www.capsca.org) programme.

2.   THE CAPSCA PROGRAMME

2.1   The Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) is an ICAO global initiative to improve preparedness planning and responses to public health events that affect the aviation sector, such as an epidemic or a nuclear accident. It provides an opportunity for relevant stakeholders to consider how to plan for and manage public health events that impact the aviator sector.

2.2   The purpose of CAPSCA is to assist States with implementation of the WHO International Health Regulations (2005) in the aviation sector (airports and airlines) by promoting inter-sectoral communication and collaboration, and ensuring the aviation sector is ready to respond to a public health event. The programme which is in place in Africa since 2009, provides Assistance Visits to States and airports, meetings and trainings. It develops and improves guidance and tools which are available on the CAPSCA website (www.capsca.org). CAPSCA has been recognized as a useful programme by two ICAO Assemblies, in 2010 (Resolution A37-13) and in 2013.

2.3　　　　CAPSCA Africa comprises 32 Member States (the list of CAPSCA membership is in the Appendix) and hold annual regional multi-sector CAPSCA meetings. Several Assistance Visits to States/international airports and trainings are conducted or planned. Some Technical Advisors provided by States were trained and participate to CAPSCA Assistance Visits.

3.　　　THE EBOLA OUTBREAK

3.1　　　　Whilst there have been a number of public health events that have impacted the aviation sector since the SARS outbreak in 2003, e.g. Pandemic Influenza A (H1N1) and the Fukushima nuclear powerplant accident, none has better demonstrated the need for the aviation and public health sectors to work together to manage such an event than the 2014 Ebola Virus Disease (EVD) outbreak.

3.2　　　　On 8 August 2014, WHO declared the Ebola Virus Disease Outbreak in West Africa a Public Health Emergency of International Concern (PHEIC) in accordance with the International Health Regulations (2005). ICAO closely collaborates with WHO over the Ebola virus disease Outbreak and close liaison is also being maintained with contracting States.

3.3　　　　In order to support the global efforts to contain the spread of the disease and provide a coordinated international response for the travel and tourism sector, the Heads of WHO, ICAO, the World Tourism Organization (UNWTO), Airports Council International (ACI), International Air Transport Association (IATA) and the World Travel and Tourism Council (WTTC) decided to activate a Travel and Transport Task Force to monitor the situation and provide timely information to the travel and tourism sector as well as to travellers. ICAO provides information, guidelines and advice to States and inputs to several High level Meetings at global and regional level.

3.4　　　　The WHO Ebola Emergency Committee recommended that exit screening be undertaken at international airports of affected States to prevent symptomatic patients and their asymptomatic contacts from travelling. To do this, space needs to be allocated in the airport terminal building and/or outside it and a system for notifying the airlines of an individual who has been denied boarding. Procedures require discussion with the airport and aircraft operators.

3.5　　　　The interface between the public health and aviation sectors is critical when an affected aircraft lands with a suspected case of communicable disease on board. The parking position of an affected aircraft need not be a remote stand from a public health perspective, yet such a stand is often allocated, sometimes resulting in unnecessary delays to first responders gaining access to the aircraft and in passenger disembarkation.

3.6　　　　Although not a major feature of the Ebola outbreak, communicable diseases may result in a reduced availability of trained staff due to personal illness or the need to care for a sick relative, or for children whose schools are closed. This may result in a potential direct risk to flight safety and should be considered as part of an airport emergency response plan.

4.   FLIGHT CANCELLATIONS AND RESTRICTIONS

4.1   The Ebola outbreak resulted in a number of airlines cancelling flights to and from affected States in West Africa. Different reasons have been reported for this, including: lack of commercial viability; crew members unwilling to operate; inadequate health care facilities for transiting crew; risk of importing disease into an unaffected State. The authority behind such decisions may rest with the State or with the airline. The result has been, according to WHO, delays in transport of health care workers and medical supplies to affected areas, with lives being jeopardized as a consequence.

4.2   A number of States issued general flight and passenger bans, contrary to WHO recommendations. This affected not only commercial passenger flights but also air ambulance and humanitarian flights. Some aircraft captains were reported to have refused to carry properly packaged biological samples being sent for specialized laboratory analysis. The economic effects of cancelled flights, for any reason, can have significant deleterious effects on the economy of a State, and on the aviation industry and supporting entities.

4.3   The WHO looks to ICAO and IATA for advice concerning flight cancellations and delays. At international and regional levels, ICAO can provide guidance and coordination but at national and operational levels, appropriate public health/aviation networks should be established prior to the commencement of a public health event. Such networks, in most States, have not been fully developed.

5.   CONCLUSIONS

5.1   Public health events with the potential to impact international civil aviation have been occurring at a rate of approximately one every two to three years over the last fourteen years. It is likely this rate will continue, or possibly increase, as passenger numbers grow and the world becomes more interconnected. States need to prepare for widespread spread of communicable diseases. Preparedness in the aviation sector requires communication and collaboration between the aviation and public health sectors

5.2   The role of the technical personnel in regulatory authorities of most States has traditionally focused on implementation of the SARPs related to safety and security. However, all technical personnel should have received basic training in public health events management in aviation. Such personnel could contribute to the development of public health preparedness plans for aerodromes, as required by Annex 14 — Aerodromes and for Air Navigation Services Providers, as required by Annex 11 — Air Traffic Services.

5.3   Despite CAPSCA being recognized as a useful programme, public health event preparedness and management in the aviation sector has not been generally seen as a priority by the health and aviation sectors.

6. **ACTION BY THE MEETING**

6.1   The meeting is invited to:

      a) note the information in this working paper;

      b) urge Contracting States, to ensure the implementation of existing SARPs related to the health of passengers and crews.

      c) urge States to review relevant Notices To Airmen (NOTAMS) and cancel Ebola related restrictions, where feasible

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