

## **Conclusions from the Sixth CAPSCA Africa Meeting, Johannesburg, South Africa, 12-16 October 2015**

1. The meeting noted and expressed its appreciation to the Government of South Africa and in particular the CAA and Ministry of Transport of South Africa for organizing the 6<sup>th</sup> CAPSCA Africa meeting at very short notice
2. While the collaboration and cooperation between WHO and ICAO at the global level has been exemplary, the meeting suggested that the collaborative and cooperative effect be enhanced at the Regional, sub-Regional and national level, to make it even more effective.
3. CCCCs – Civil aviation and public health
  - ICAO – WHO Memorandum of Cooperation at global level
  - ICAO – WHO CAPSCA implementation at regional level (sometimes also sub-regional)
  - MoT/CAA – MoH/PHA at national level (sometimes involving WHO country office)
  - Airport/ANSP/Airline – Port Health/Medical Services at local level
4. In accordance with the IHR (2005) States are to implement core capacities and WHO temporary recommendations during a PHEIC (e.g. EBOLA), and report progress periodically to WHO. In this context; many States in the Africa Region have requested for an extension to the implementation date to 2016. WHO and ICAO expressed that they are willing to support States that have not achieved the IHR implementation especially in the area of emergency preparedness planning for POEs.
5. The meeting noted that many (if not all) States in Africa had put in place measures aimed at preventing the export / import and mitigation strategies for EVD. Now that the threat of EVD is receding, States were encouraged to build on this effort and develop preparedness plans for all PHE Events and Emergencies.
6. The “implementation” of the IHR is ongoing. States should “maintain” core capacities and be able to use them effectively, when and where needed. (e.g. Ebola PHEIC); In this context:
  - a) States, service providers and other stakeholders should cooperate to build capacities;
  - b) WHO will continue its leading role on public health and supporting better information sharing and collaboration for strengthening health security; and

c) the efforts to control public health threats require all stakeholders to continuously improve the way they coordinate and collaborate and to adapt to new challenges.

7. In relation to the Ebola Virus Disease Outbreak, the meeting noted that while the EVD outbreak is still a PHEIC, among the affected States, Liberia has been declared free of Ebola while Sierra Leone is counting down to being declared Ebola free. Guinea is reporting very low number of cases; States were reminded that:
  - a) WHO does not recommend travel restrictions to or from the countries affected;
  - b) Exit Screening of all travellers is still being undertaken at all international airports in affected countries which have had spread and transmission;
  - c) up-to-date information on the disease is provided to travellers on exit (departure);
  - d) travellers should seek out such information, keep it readily available and be aware of action to take in the unlikely event that they develop relevant symptoms; and
  - e) early medical care improves the chance of recovery.
8. Restrictions on flights and passengers originating from countries with confirmed, suspect and contact cases of EVD are discouraged by WHO, ICAO, CDC (USA) and CAPSCA members. Suspension of flights by operators is also discouraged.
9. International Organizations and States should ensure correct and consistent statements and recommendations are communicated in a timely manner to service providers, operators and industry in order to support their corporate and operational decisions.
10. In relation to traveller and ground staff screening at airports, the meeting noted that airport traveller Exit Screening is only recommended for countries with spread and transmission of EVD. A number of States have been carrying out entry screening measures. WHO encourages countries implementing such measures to share their experiences and lessons learnt. Entry screening in unaffected countries may have a limited effect in reducing international spread when added to Exit Screening in countries which have experienced spread and transmission, and its advantages and disadvantages should be carefully considered.
11. The meeting expressed satisfaction and lauded the efforts made by Liberia and Sierra Leone in implementing airport Exit Screening procedures, which were presented during the meeting.

12. It is recognised that a CAPSCA Assistance Visit is an effective and beneficial activity to improve communication, cooperation, coordination and collaboration between health and aviation sectors in States at a national and operational level. Funding remains challenging for CAPSCA as it is not currently supported by the regular programme budget. The MPTF budget is planned to end next year. A special fund, the SAFE fund has been established to receive grants from member States that will help keep CAPSCA operational when grant money is unavailable and States are encouraged to donate to this fund.
13. States are encouraged to visit the new CAPSCA Ebola web page at:
  - <http://www.capsca.org/EbolaRefs.html>.
  - The WHO Ebola page is at: <http://www.who.int/csr/disease/ebola/en/>
  - The CDC Ebola page is at: <http://www.cdc.gov/vhf/ebola/index.html>
14. The next (6th) CAPSCA Africa meeting / training workshop will be in 2016. Participants were encouraged to come forward to volunteer to host the meeting/workshop.
15. Communication and collaboration between the health and aviation sectors is critical to public health event management, but is still not well developed in some States. Presentations from States, Airports and CAAs in the management of the EVD outbreak demonstrated that this is critical for management of PHEs.
16. Guidance on establishing communication and collaboration systems is available on the CAPSCA website. Additional guidance is available on the website of the International Air Transport Association and Airports Council International, as well as from various WHO documents.
  - CAPSCA: [www.CAPSCA.org](http://www.CAPSCA.org);
  - ACI: [http://www.aci.aero/Media/aci/file/ACI\\_Priorities/Health/2010/Airport\\_preparedness\\_guidelines\\_for\\_outbreaks\\_of\\_communicable.pdf](http://www.aci.aero/Media/aci/file/ACI_Priorities/Health/2010/Airport_preparedness_guidelines_for_outbreaks_of_communicable.pdf)
  - IATA: <http://www.iata.org/whatwedo/safety/health/Pages/index.aspx>
  - WHO: <http://www.who.int/ihr/9789241596664/en/>
17. The meeting recognized that communication and collaboration between different States at a regional and sub regional level facilitates knowledge sharing and harmonization of preparedness plans. Such collaboration was strongly encouraged.
18. The meeting noted that the management of fear and anxiety among passengers and in staff working in at risk areas needs to be managed effectively and can be helped by frequent communications and situation updates.

19. States that have had recent experience of planning for EVD in the aviation sector are encouraged to record their experiences and challenges and send them by e-mail to the ICAO regional office in Dakar for posting on the CAPSCA website
20. The meeting noted that preparation of the public health emergency component of the Aerodrome Emergency Plan and organization of the Emergency Operations Centre for a public health emergency are based on ICAO Annex 14 – *Aerodromes* requirements. Since WHO documents also require an emergency plan to be developed for Points of Entry, close collaboration between the public health authority and aviation stakeholders is essential to avoid duplication of effort and potential confusion. Standard Operating Procedures for managing the emergency need to be documented and shared.
21. Dr. Stephen Karau, Chairman of CAPSCA Africa in representation of Kenya was appointed as Ambassador to the United Nations in Geneva. The meeting expresses appreciation for Dr. Karau’s contribution to the development of CAPSCA Africa and wishes him well in his new post. The meeting elected Dr. Lesego Bogatsu as the new Chairperson of CAPSCA Africa by acclamation.

### **CAPSCA – Africa: Updated Standing Conclusions from previous CAPSCA-Africa Regional Meetings**

1. States are encouraged to:
  - Join CAPSCA, if not yet members
  - Request Assistance Visits to State and Airport, if not yet received
  - Provide officers to be trained as Technical Advisors, if desired
  - Consider offering to host an regional meeting; and
  - Consider contributing voluntary funds
2. States are encouraged to:
  - Establish a public health/aviation sector working group to facilitate the development of a National Aviation Plan for Public Health Events, if not already in place. Such work may be undertaken within the mandate of the airport and/or national Facilitation Programmes. See ICAO Annex 9, Appendices 11 and 12 – “Model Airport Facilitation Programme” and “Model National FAL Programme”
  - Develop a standard operating procedure (SOP) for managing the arrival of an affected aircraft
  - Establish personal contact with their counterpart in other sectors e.g. Civil Aviation Authority and Public Health Authority/IHR National Focal Point

- Undertake exercises to test their preparedness plans/SOPs
3. The National IHR Focal Point may be the contact for any questions or concerns related to public health events involving the aviation sector. The ICAO Regional Office should also be informed.
  4. States were reminded of the 15 June 2016 extended deadline for the implementation of IHR Annex 1 core capacities by airports designated as Points of Entry. ICAO and WHO stand ready to assist to the fullest extent possible with the implementation of the IHR (2005).
  5. States were reminded of the current applicability of ICAO health related SARPs and their inclusion in the ICAO Universal Safety Oversight Audit Programme (USOAP) Protocol Questions.
  6. States authorities responsible for PHE preparedness in civil aviation should urge their Public Health Authorities to promote CAPSCA with WHO country offices.
  7. States were encouraged to promote CAPSCA at the next WHO World Health Assembly in 2016 and at the next Directors General Civil Aviation/Africa meeting in 2015.