



## DIRECTORS GENERAL OF CIVIL AVIATION-MIDDLE EAST REGION

**Second Meeting (DGCA-MID/2)**  
*(Jeddah, Saudi Arabia, 20-22 May 2013)*

### Agenda Item 6: Aviation Safety:

COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH EVENTS IN CIVIL AVIATION (CAPSCA)-PANDEMIC PREPAREDNESS PLANNING FOR THE AVIATION SECTOR, PROTOCOL QUESTIONS, CONTINUOUS MONITORING APPROACH (CMA)

*(Presented by the Secretariat)*

#### SUMMARY

To mitigate the major impact of public health emergencies on the aviation sector, emergency preparedness is essential. ICAO has developed guidelines to encourage States to implement articles of relevance to aviation from the World Health Organization (WHO), International Health Regulations (2005). Changes have been made to several ICAO Standards and Recommended Practices (SARPs), contained in the Annexes to the Convention on International Civil Aviation. These SARPs are audited periodically as part of the ICAO Universal Safety Oversight Audit Programme. From May 2013 the audit protocol will include questions on public health emergency planning. Additionally, ICAO has established the CAPSCA Programme to develop harmonized, multi-sector guidance to States to facilitate effective management of public health emergencies and potential emergencies in the aviation sector. CAPSCA assistance visits to individual States serve as a mechanism for improved preparedness planning.

Action by the meeting is at paragraph 3.

#### REFERENCES

- CAPSCA-MID /2 project activities report.

## 1. INTRODUCTION

1.1 After the significant impact on air travel from the Severe Acute Respiratory Syndrome (SARS) in 2003, ICAO strengthened its support of Article 14 to the Convention on International Civil Aviation – Prevention of Spread of Disease. The emerging threat from pandemic avian influenza in 2005, further focused efforts in this area. ICAO has been actively engaged with States and organizations such as the WHO, IATA, ACI and the United States Centers for Disease Control and Prevention (CDC), in an effort to develop and implement safeguards in the event of an outbreak of a serious communicable disease. In November 2006, ICAO published the “ICAO Guidelines for States concerning the management of communicable disease posing a serious public health risk” and in July 2007 related SARPs in ICAO Annex 9 - Facilitation became applicable. In late April 2009 the Influenza A(H1N1) outbreak, highlighted further the need for robust preparedness planning in the aviation sector

1.2 Aviation is important in public health emergency planning because it can spread disease quickly yet can also help mitigate its effects. Aviation is affected early during a public health emergency or potential emergency and national economies can be severely impacted by a reduction of aviation traffic. Adequate planning reduces the initial economic impact and facilitates recovery after the event.

## 2. DISCUSSION

### *ICAO Health Related SARPs and Guidelines*

2.1 To encourage the aviation sector to work with the public health sector to consider preparedness planning for public health emergencies and potential emergencies as part of its routine work, changes have been made to several ICAO Standards and Recommended Practices (SARPs), contained in the Annexes to the Convention on International Civil Aviation. Particularly, changes to Annex 6 – Operation of Aircraft, Annex 9 – Facilitation, Annex 11 – Air Traffic Services (and PANSATM Doc. 4444) and Annex 14 – Aerodromes, strengthen the Standards and Recommended Practices (SARPs) and Procedures dealing with public health events. These SARPs are audited periodically by ICAO as part of its (mandatory) Safety Oversight Audit Programme.

2.2 Annex 6 (Chapter 6) — Operation of Aircraft describes the “on board” medical supplies that are required to be carried on aircraft.

2.3 Annex 11 — Air Traffic Services and Annex 14 — Aerodromes, Volume I — Aerodrome Design and Operations require air traffic services and aerodromes to establish contingency planning or aerodrome emergency plans, respectively, for public health emergencies of international concern.

2.4 The Procedures for Air Navigation Services — Air Traffic Management (Doc 4444 PANS-ATM) detail the procedures to be followed upon identification of a suspected case of communicable disease by the pilot-in-command in communication with air traffic control. Additionally it details the requirement for the ATS Unit to notify the associated Public Health Authority (PHA), aircraft operator and the aerodrome authority.

2.5 Annex 9 — Facilitation, Chapter 1 (Definitions) and Chapter 8, 8.12 and 8.15, and Appendix 1 (Health Part of Aircraft General Declaration), provides for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft including need for compliance with the pertinent provisions of the WHO, International Health Regulations (2005).

2.6 ICAO Annex 9, paragraph 8.15, requires that the pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control for onward timely notification to public health authority, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival at destination aerodrome.

2.7 Annex 9, paragraph 8.16 requires a contracting State to establish a *national aviation plan* in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern. The guidance in developing a national aviation plan or the ICAO “Template for a National Aviation Public Health Emergency Preparedness Plan” can be found on the CAPSCA website [www.capsca.org](http://www.capsca.org). Briefly an aviation preparedness plan should effectively link all relevant aviation stakeholders (including both public and private sector entities) within the national preparedness plan and in particular, the National Civil Aviation Authority should collaborate with the National Public Health Authority.

***Protocol Questions (PQ) on PHE preparedness in ICAO USOAP Programme  
Continuous Monitoring Approach (CMA)***

2.8 From **May 2013** the USOAP audit protocol will include questions on public health emergency planning. The relevant PQs are at **Appendix A** to this working paper.

***CAPSCA Aviation PHE Preparedness Assistance Visits and Lessons Learned***

2.9 The ICAO Collaborative Arrangement for the Prevention and Management of Public Health events in Civil Aviation (CAPSCA) project commenced in the Middle East (MID) Region in December 2011, to develop harmonized, multi-sector guidance to States, International Organizations and commercial enterprises involved in aviation. This project facilitates effective management of public health emergencies and potential emergencies in the aviation sector. The achievements of CAPSCA-MID include:

- 10 States of the MID Region (Bahrain, Egypt, Iraq, Iran, Jordan, Lebanon, Oman, Qatar, Saudi Arabia and Sudan) have joined the CAPSCA-MID project. Other States are invited to become members by writing to the ICAO MID Regional Office.
- The project is closely integrated with the implementation of the WHO International Health Regulations (2005); and links with the WHO Regional Offices in the MID Region continue to be strengthened.
- Establishment of a Regional Aviation Medicine Team (RAMT) for MID Region.
- 4 international airports in 4 States have received Assistance Visits. Further assistance visits can be arranged on request by member States and the MID Regional Office is actively promoting such visits.
- CAPSCA Assistance Visits to individual States are provided by a small team of two or three trained individuals, during which an international airport is visited and a gap analysis is undertaken. Local training is given and a confidential report is provided, which can be used as a basis for improved preparedness planning.

2.10 In view of the experience obtained during regional CAPSCA meetings and CAPSCA Assistance Visits, it has been found that Public Health Officers often do not fully consider the special aspects of aviation when developing National Preparedness Plans. Likewise, aviation personnel may give insufficient attention to public health emergency planning since they concentrate primarily on prevention of aircraft accidents. The interface between the two sectors (aviation and public health) is the most challenging issue. Successful horizontal collaboration, across different sectors and even between different stakeholders in the same sector requires political will and strong management support, at the highest levels. Experience has shown that such support is often lacking. The National Aviation Preparedness Plans for a Public Health Emergency are not fully developed and most of the States have the plans in a draft format.

2.11 Based on the above, the meeting is invited to adopt the following Draft Conclusion:

***DRAFT CONCLUSION 2/XX — ICAO PUBLIC HEALTH EMERGENCY RELATED  
SARPS***

*That:*

- a) *States prepare for the ICAO Universal Safety Oversight Audit Programme (USOAP) CMA which, from May 2013, will include protocol questions concerning Public Health Emergency related Standards and Recommended Practices (SARPs);*

- b) *States/Administrations prepare and update aviation public health emergency preparedness plans in collaboration with public health authorities in compliance with related ICAO SARPs and WHO IHR (2005).*

**3. ACTION BY THE MEETING**

3.1 The meeting is invited to:

1. note the content of this working paper; and
2. agree to the Draft Conclusion in paragraph 2.11 above.

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## APPENDIX A

### ***PROTOCOL QUESTIONS (PQ) ON PHE PREPAREDNESS IN ICAO USOAP PROGRAMME CONTINUOUS MONITORING APPROACH (CMA)***

- Organization (ORG) Protocols: *Has the State identified a clear contact point, with identified individual(s), at national aviation level for policy formulation, operational organization of preparedness and coordination of a national plan in order to respond to a communicable disease with the potential to pose a serious public health risk?* (Ref: CC Art 14; Annex 9, 8.12 & 8.16; A37-13).

Note: Check for names and contact details are up to date.

- Aircraft Operations (OPS) Protocols: *Does the aircraft operations organization ensure that the air operator has established a procedure for the crew to evaluate a traveler with a suspected communicable disease, based on the presence of a fever and certain other signs or symptoms?* (Ref: Annex 9, 8.15, Note 1; Annex 6, 6.2 and Attachment B).

Note: Review operations inspectors' procedures to ensure they check air operators' related procedures. Check the procedure contains communication between the cabin crew and the flight crew and the transmission, for States where it is required, of a General Declaration form.

- Aircraft Operations (OPS) Protocols: *Does the aircraft operations organization ensure that the air operator has established procedures for the pilot in command to report promptly to ATC a suspected communicable disease, in order to facilitate the presence of any special medical personnel and equipment necessary for the management of public health on arrival?* (Ref: Annex 9, 8.15; PANS ATM Doc 4444, 16.6.1)

Note: Review operations inspectors' procedures to ensure they check air operators' related procedures. Check the procedure contains communication between the flight crew and ATC.

- Air Navigation Service (ANS) Protocols: *Does the State ensure that procedures have been established for providing service to aircraft in the event of emergency?*(Ref: Annex 11, 2.23, 2.30, Attachment C; PANS ATM Doc 4444, 15.1; A11).

Note: Review documented evidence for inclusion of contingency plans in respect of public health emergencies.

- Air Navigation Service (ANS) Protocols: *Does the State ensure that the ATS has established a procedure, upon receipt of information from a pilot regarding a suspected case of communicable disease, to forward a message as soon as possible to: the ATS unit serving the destination /departure if applicable; the public health authority (PHA) or the appropriate authority designated by the State; the aircraft operator or its designated representative, and the aerodrome authority?* (Ref: PANS ATM Doc 4444, 16.6.2 & 16.6.3).

Note: Review procedure and mechanism established to ensure the message is forwarded to the appropriate entities, especially that relating to transfer of information from the destination ATS unit to the public health authority. During industry visit ensure the procedure is known by the staff.

- Aerodrome Protocols: *Has the State promulgated regulations for aerodrome operators to develop emergency plans, including appropriate cooperation and coordination with other entities involved in the provision of emergency services and the development of the plans?* (Ref: Annex 14, Vol. I, 9.1.1 to 9.1.3, Rec Annex 14, Vol. I, 9.1.4 & 9.1.5, GM Doc 9734 Part A 2.4.7, GM Doc 9774 App. 1 4.3).

Note: Review regulation and manuals e.g. Airport Emergency Procedures Manual and relevant Standard Operating Procedures (SOPs), to ensure inclusion of public health emergencies and coordination with public health services.