

4th CAPSCA – MID & 5th CAPSCA Global meeting

Cairo, Egypt : 17th to 20th Nov 2014

CAPSCA – AP update

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The CAPSCA Asia Pacific project currently has a membership of [twenty States / Administrations](#).

The [7th Meeting of the CAPSCA-Asia Pacific \(CAPSCA-AP\) project](#) was hosted by the Civil Aviation Authority of Sri Lanka in Colombo, Sri Lanka, from 20 May to 23 May 2014.

[70 participants attended](#) the meeting, representing both Civil Aviation and Public Health Authorities and representatives from the WHO, ACI and AAPA.

The 7th CAPSCA Meeting [adopted 15 Conclusions](#).

As a result of an appeal through an ICAO State Letter, [a voluntary contribution earmarked to the CAPSCA SAFE Fund has been received from Airports of Thailand Public Company Limited \(AOT\) in September 2014](#).

The ongoing threat from the Ebola outbreak points to the [continued need to sustain efforts and collaboration between the civil aviation and the public health sector](#). CAPSCA AP has proven itself to be a worthy forum with a good track record.

At the [51st DGCA APAC Conference in Hong Kong](#), ICAO will be presenting a paper titled: 'Sustaining collaboration between the civil aviation and the public health sector through CAPSCA'

7th Meeting of CAPSCA Asia Pacific (CAPSCA – AP) Project *(Colombo, Sri Lanka, 20-23 May 2014)*

The 7th Meeting of the CAPSCA-Asia Pacific (CAPSCA-AP) project was hosted by the Civil Aviation Authority of Sri Lanka at the Hilton Colombo, Sri Lanka, from 20 May to 23 May 2014.

70 participants attended the meeting, representing both Civil Aviation and Public Health Authorities and their stakeholders, from 13 States/Administrations of the Asia Pacific Region i.e. Bangladesh, Brunei, China, Hong Kong SAR, Indonesia, Macao SAR, Malaysia, Maldives, Nepal, New Zealand, Singapore, Sri Lanka, and Thailand. In addition to ICAO, partner organisations at the meeting included representatives from the World Health Organization (WHO), Airports Council International (ACI), Association of Asia Pacific Airlines (AAPA), and University of Toronto

The Meeting adopted the following Conclusions:

Conclusion No. 1:

Mr. H.M.C. Nimalsiri, Director General of Civil Aviation and Chief Executive Officer of Civil Aviation Authority of Sri Lanka was elected as Chairperson of the CAPSCA-AP project until the next (8th) CAPSCA-AP Meeting. The meeting also agreed to the continuation of Malaysia as Vice-Chairperson of the CAPSCA AP Project.

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 (on a cost-recovery basis) in 2014 by sending a letter to ICAO APAC Regional Office.

Conclusion No. 3:

The meeting congratulated Sri Lanka on the Launch of the Sri Lanka National Civil Aviation Preparedness Plan for Public Health Emergencies. CAA Sri Lanka has agreed to share its Plan with CAPSCA for posting on the CAPSCA website:

www.CAPSCA.org.

Conclusion No. 4:

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, include protocol questions concerning PHE related ICAO Standards and Recommended Practices.

Conclusion No. 5:

WHO, represented by the South East Asia Regional Office (SEARO) and WHO country office of Sri Lanka, encourages all Member States (MS):

- i. requesting a second extension, to develop and strengthen their national IHR core capacities set forth in Annex 1 of IHR (2005) for designated points of entry by working with WHO, partners and CAPSCA within the new extended timeframe.
- ii. to “designate” required PoE and identifying competent authorities for implementing IHR at PoE.
- iii. to list authorized ports able to issue ship sanitation certificates
- iv. to strengthen links of PoE with the national health surveillance and response system and provide timely report to WHO through the National IHR Focal Point.
- v. to update national legislation and harmonization of IHR requirements with enforcement of provisions from others International agreements (e.g. ICAO, International Maritime Organization (IMO), International Labour Organization (ILO) Conventions)
- vi. to strengthen inter-sectoral collaboration and coordination for designation, assessment and development of routine and response core capacity at PoE (e.g. transport, customs, immigration, environment, etc.); and
- vii. to have harmonized best practices at PoE in a globalized world and in an all hazards approach.

Conclusion No. 6:

State aerodrome operators and public health authorities are invited to consider developing a local standard operating procedure for an arriving affected aircraft, including timelines for response. Recommendations developed by the United Kingdom working group are available for reference on the CAPSCA website: <http://www.capsca.org/CAPSCAStateRefsDocuments.html>.

Conclusion No. 7:

CAPSCA-AP 2014 was informed of the slow progress that Pacific Island Countries are making towards achieving compliance with IHR 2005 requirements. The meeting noted that these states have serious challenges to overcome before they will be able to achieve compliance. It is important they:

- a. develop their countries capabilities by using the principles of proportionality to ensure that the building of their core capacities reflects the particular public health risks they have to manage; and
- b. receive the technical and training support they need to assist them to successfully implement relevant core capacities.

Conclusion No. 8:

The meeting was apprised of the WHO informal consultation meeting on draft technical guidance and the 4th PAGnet (Ports, Airports and Ground Crossings Network) held in Lyon in April 2014. The meeting, in welcoming the guidance material, recommended that a joint partnership approach be adopted between WHO, ICAO, IATA and other aviation sector stakeholders towards the development of joint public health guidelines for the aviation sector.

Conclusion No. 9:

If traveller 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. 10:

The representative from Civil Aviation Medicine Center of CAAC briefed the meeting on the national civil aviation organizational structure and prevention/control measures for public health emergencies in China mainland. The meeting noted the presentation.

Conclusion No. 11:

Following a discussion on contact tracing, the meeting recommended that a generic approach to contact tracing is not feasible. The meeting recommended that a risk assessment approach be adopted for contact tracing for public health events. In this context it was felt that WHO in partnership with ICAO, IATA and ACI as well as other relevant stakeholders, draw up contact tracing guidelines and have examples of public health events eg., Measles, Ebola, H7N9 Influenza, MERS-CoV, Wild Polio, to illustrate the risk based approach.

Conclusion No. 12:

The meeting in recognizing the importance of capacity building in PHE preparedness planning, endorsed the:

- i. need of intensive training programmes for both Aviation and Public Health Authority personnel for implementation of Aviation Preparedness plan for public health events / emergencies in the APAC Region
- ii. need of refresher course on public health issues for Aviation Medical examiners and Airline/Airport Medical Officers in the APAC Region; and
- iii. the development of a web based community discussion forum on PHEIC within the CAPSCA website to discuss matters that arise on PHEIC and National planning, for participants to make queries, share experiences, and give expert views, recommendations and inputs. [Post meeting note: WHO HQ has established a website for Ports and Ground Crossing (PAGNET) that may fulfil this purpose: http://www.who.int/ihr/ports_airports/pagnet/en]

Conclusion No. 13:

The meeting agreed that the public health response to an emerging infectious disease (such as MERS-COV) requires risk assessments that are timely and accurate and practical prevention and control strategies that are appropriate to the level of risk.

Precautionary measures include public health advisories to minimize the risk of infection for travelers to an infected area, systems for early detection of cases at the airport, clinics and hospitals, and protocols for preventing epidemic spread into the community.

Conclusion No. 14:

ICAO drew the attention of the meeting participants to the ICAO State Letter Ref.: AN 5/28-14/33 dated 11 April 2014, regarding the establishment of the special ICAO's voluntary Safety Fund (SAFE) earmarked for CAPSCA.

States, Organizations and Industry are encouraged to make voluntary contributions to the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA).

Conclusion No. 15:

States are invited to host the next (8th) CAPSCA AP meeting in April – June 2015 timeline by writing to the ICAO APAC Regional Office.

(Note: The People's Republic of China delegation indicated tentative interest to host the 8th CAPSCA AP Meeting, but this is very much subject to internal coordination/approvals which would be conveyed to ICAO APAC Office).

7th Meeting of CAPSCA Asia Pacific (CAPSCA – AP) Project
(Colombo, Sri Lanka, 20-23 May 2014)



**Thank you for your
kind attention!**

