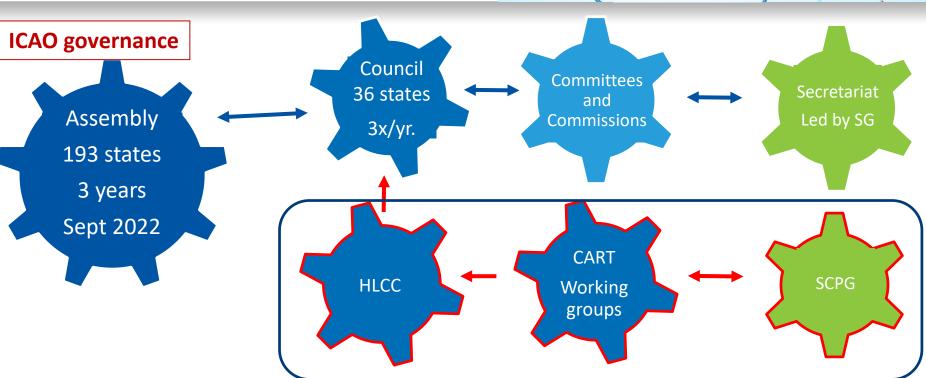


CAPSCA governance and structure prior to

and during the COVID-19 pandemic

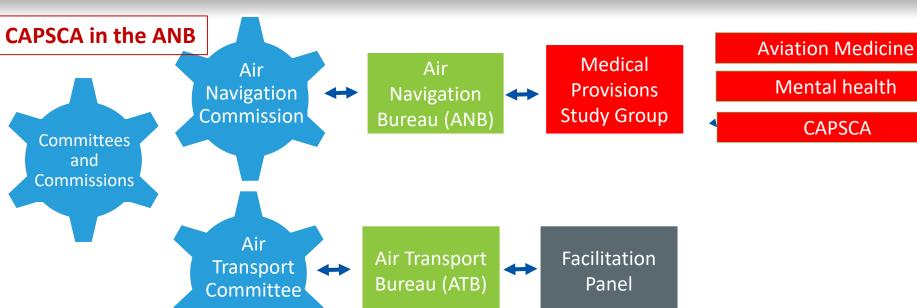






COVID-19 process

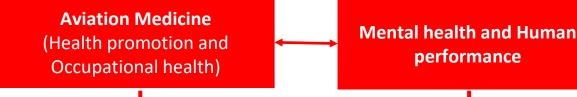








COVID in the MPSG



Annex 1: Personnel Licensing

Annex 6: Operation of Aircraft

Annex 13: Accident Investigation

Annex 19: Safety Management

Manual of Civil Aviation Medicine (8984)

Manual: Substance use (9654)

Manual: Safety Management (9859)

Annex 1: Personnel Licensing

Annex 13: Accident Investigation

Annex 19: Safety Management

Manual: Civil Aviation Medicine (8984)

Manual: Alcohol & substances (9654)

Manual: Human Performance (10151)

Manual: Safety Management (9859)

Convention Article 14

Annex 6: Operation of Aircraft

CAPSCA

Annex 9: Facilitation

Annex 11: Air Traffic Services

Annex 14: Aerodromes

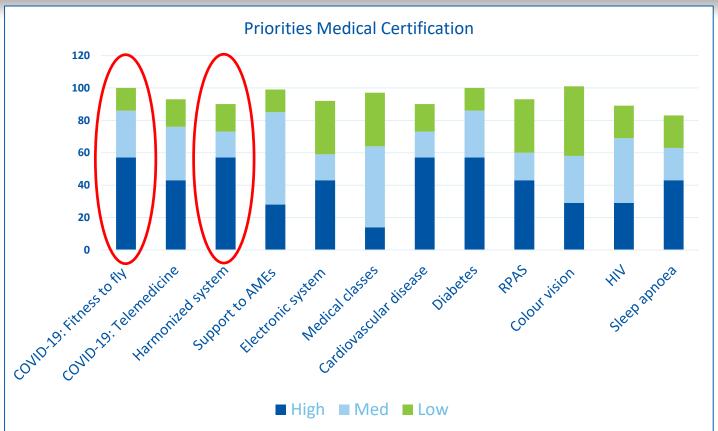
Annex 18: Dangerous Goods

PANS-ATM (4444)

COVID Risk Management Manual

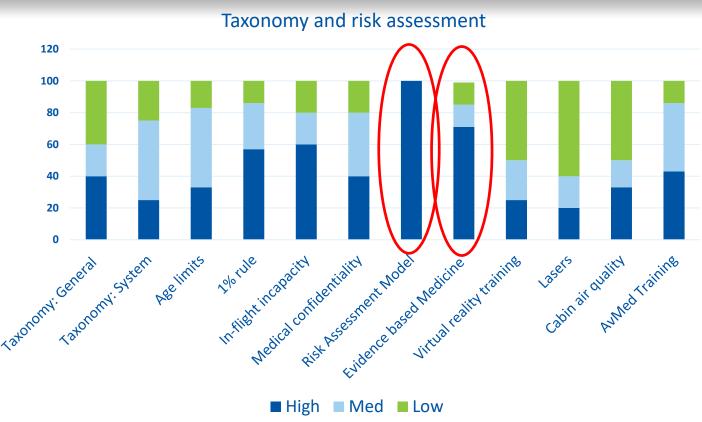


Medical certification



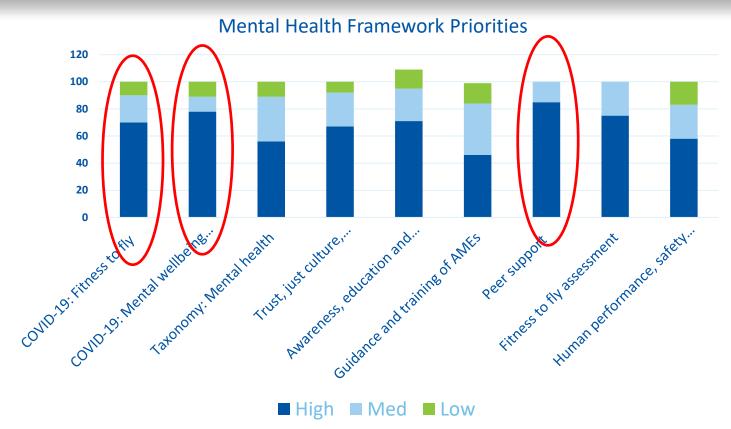


Medical certification





Mental Health





Mental Health

Alcohol, medication and substance use



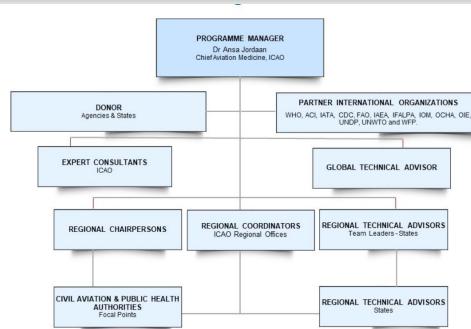




CAPSCA global perspective

- Established 2006
- Managed by ICAO with support from WHO
- Multi-sector multi-partner collaboration
- Focus is Aviation & Public health
- Global, regional, national and local levels
- Implementation of aviation SARPs and WHO IHR

https://www.icao.int/safety/CAPSCA/Pages/Org anization.aspx



Voluntary membership, CAPSCA Members States, CAPSCA Partners, CAPSA Sponsors Funding: Voluntary donations (Consultant, Symposium and Assistance visits)





CAPSCA global membership

83% of ICAO Member States

Note: Nonmember states and PHAs shared experiences and lessons learned during COVID, including IAC and Australia





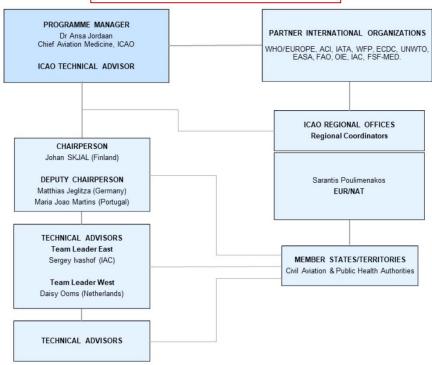


CAPSCA EUR Structure

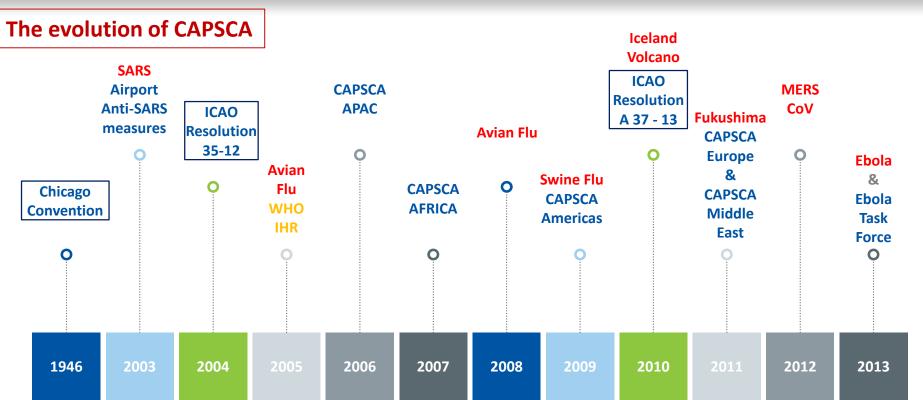
CAPSCA regional perspective



Date	2006	2007	2009	2011	2011
WHO	WPRO,		AMRO/		
partner	SEARO	AFRO	PAHO	EURO	EMRO
ICAO					
States	41	48	35	56	15
CAPSCA					
States	27	40	35	44	15
%	63	83	100	79	100

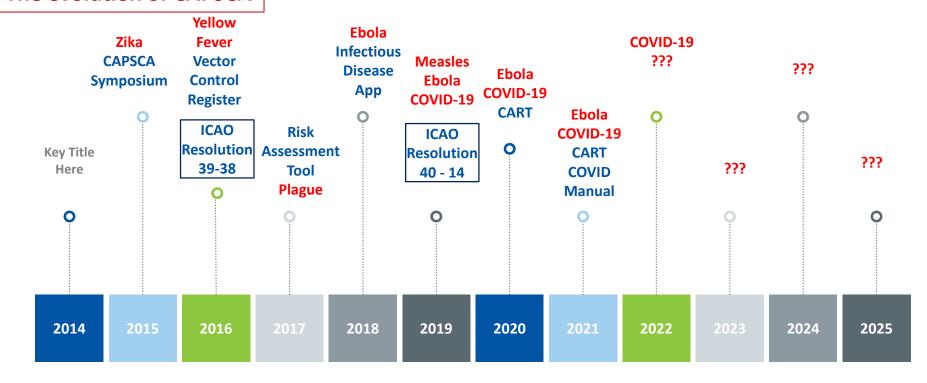








The evolution of CAPSCA







General CAPSCA activities

- State consultation and needs analysis
- Develop guidance material and tools
- Assistance Visits to States and Airports
- Annual global & regional meetings
- Training
- Web site information repository

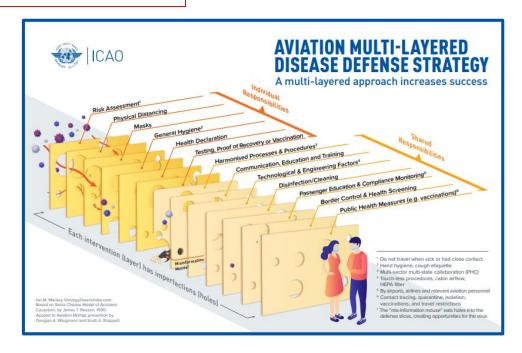
Additional COVID-19 activities

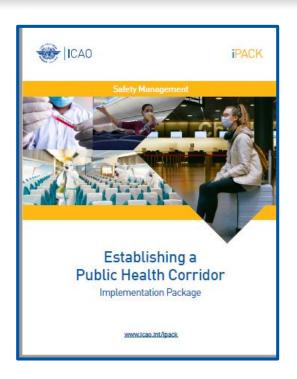
- Weekly COVID-19 e-mail updates
- CAPSCA web site expansion
- Surveys, State Letters, Electronic Bulletins
- CART participation
- COVID Manual
- Public Health Corridors (PHC) concept
- PHC Implementation Packages



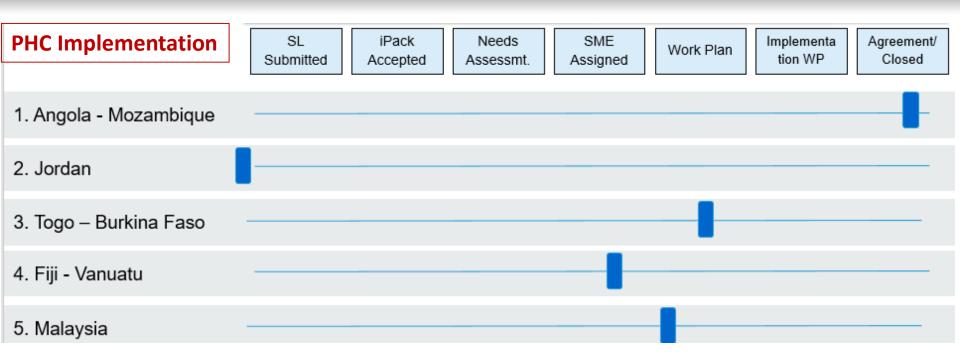


CAPSCA guidance





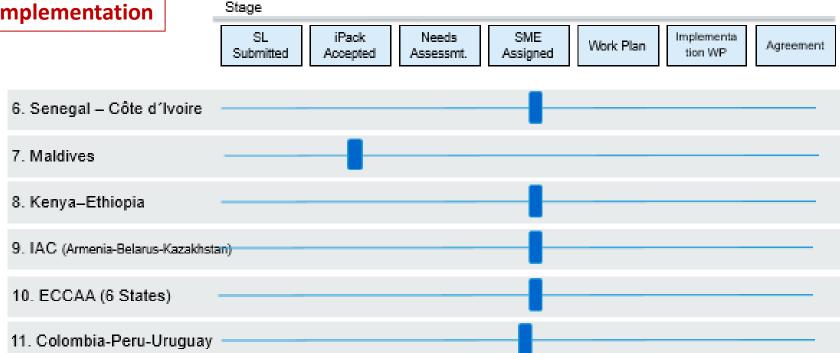




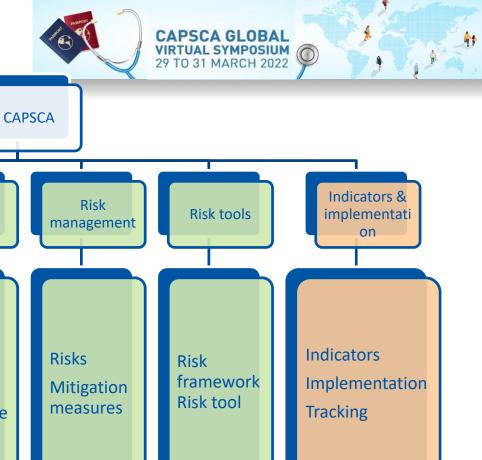


PHC Implementation

PHC iPACK Implementation Status







CAPSCA Groups and subgroups

Main (General)

EB-HR

EB - Cargo

EB - expanded

repatriation

Accredit ACI

PHC trial

PHC i-Pack

SL - passengers &

Assessment IATA

Disinfection Surveys

Disinsection

Main (T/O

document)

Masks

Middle seat

Hazardous waste

Key workers Sanitizer

UPK

Safety demo

Layover

Pilot masks

Epi data

Testing

Testing

Quarantine

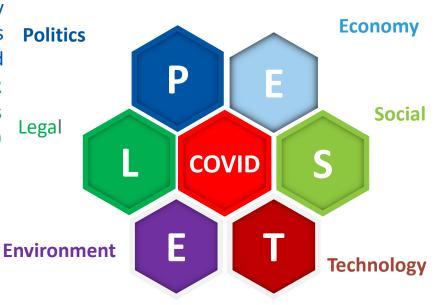




MPSG and CAPSCA guidance material considerations

State sovereignty
Collaborative decisions
Risk threshold
WHO IHR
State medical requirements
(e.g. testing, vaccines)

Crew medical certificates
Crew health protection
Crew well-being support
Crew vaccination
Layover conditions
PHC for crew training



Open borders/ effectiveness of mitigation measures Cost-effectiveness Practicality in aviation

Passenger health protection Passenger mental well-being Passenger confidence Passenger medical clearance Passenger first aid

Health system capacity Requirements for evidence of testing and vaccination Aircraft technology and health risk





HLCC recommendations: MPSG

- Expedite the work on mental health issues
- Consider the need for additional guidance regarding fitness for duty protocols based on risk assessment.





HLCC recommendations: CAPSCA

- Review the CAPSCA framework and governance
- Support the strengthening of the CAPSCA framework
- Develop in close cooperation with CAPSCA experts, a comprehensive framework to be followed in response to significant public health emergencies,
- Continue to adapt and provide for a quick response mechanism in ICAO that would issue urgent guidance to Member States on how to implement a Public Health Corridor for a particular outbreak, based on the available scientific evidence





CAPSCA regional meeting recommendations

- Memoranda of Understanding with UN and international organizations
- CAPSCA to adapt to a new reality e.g. aligning with the Sendai framework
- CAPSCA framework to use available scientific evidence and to promote harmonization
- Establish and/or enhance CAPSCA frameworks at regional and national levels
- Explore the possibility of additional interregional events
- Include Aviation Medicine meetings back-to-back or as part of regional CAPSCA meetings
- Engage political leadership structures at national and sub-national levels
- Linkage of the point of entry with the public health surveillance system





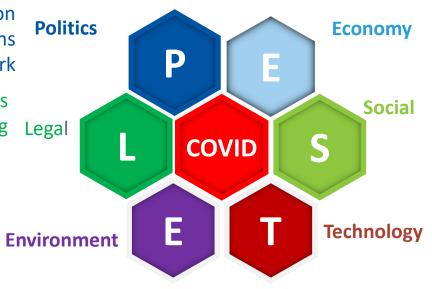
CAPSCA strengthening considerations

CAPSCA membership CAPSCA Participation Collaborative decisions Alignment Sendai Framework

Agreements
Memoranda of Understanding

Lessons learned
CASAG (scientific group)
States, partners, sponsors
Customizable Templates
Aviation Health Plan
PANS: Health

CAPSCA manual



Financial support

Human resources

Innovation e.g. telemedicine Digital tools Global platform CAPSCA Innovation working group





Thank you for your attention

