

# CAPSCA Cooperative Arrangement for Prevention of Spread of Communicable disease through Air travel



## 1st Steering Committee Meeting

### Africa Region

*Abuja, Nigeria  
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## CAPSCA: History; Challenges; Action by the Steering Committee

### WORKING PAPER

#### SUMMARY

After the severe impact on air travel from SARS, ICAO strengthened its support of Article 14 to the Convention on International Civil Aviation – *Prevention of Spread of Disease*. The emerging threat from pandemic influenza in 2005 further focused efforts in this area and the CAPSCA project was commenced in Asia, in September 2006. In November 2006 preparedness planning guidelines for States were posted on the ICAO public website and in July 2007 changes to ICAO Annex 9 - *Facilitation* became applicable. In November 2007, CAPSCA commenced in Africa with an aviation medicine seminar in Libreville, Gabon, and the project is funded to commence in the Americas during 2009. Funding thus far has been provided by States and by three grants from the UN Central Fund for Influenza Action. The World Health Organization's International Health Regulations (2005) entered into force in June 2007, including many references to airports and aircraft. The main challenge facing the aviation sector is to bring together the various organizations that need to be involved in preparedness planning to ensure that the aviation response to a serious public health risk is effective and proportionate to the risk.

## The CAPSCA Programme of ICAO

### 1. HISTORY

1.1 In 2003, the rapid spread of Severe Acute Respiratory Syndrome (SARS) caught many States by surprise and a primary casualty was the aviation sector, resulting in a major reduction in air travel. This raised the concern of ICAO which, together with the World Health Organisation (WHO), the International Air Transport Association (IATA) and representatives from a number of States in South East Asia, arranged a workshop, hosted by Singapore, to develop anti-SARS measures for airports, with the aim of reducing the risk of spread of the disease through air travel. This helped to restore the confidence of the travelling public and bolstered the economies associated with the aviation sector.

1.1.1 In 2005, the rapid and intercontinental spread of avian influenza was observed, increasing the potential for a human influenza pandemic. The WHO held a meeting in Geneva in November 2005, attended by 600 experts and representatives of States and international organisations, including ICAO. The consensus was that neither the timing nor the severity of the next pandemic could be predicted with any certainty due to the unpredictable behaviour of influenza viruses. Governments around the world were urged to take the threat seriously, mobilise resources and take appropriate preventive actions. The WHO produced a “global influenza preparedness plan” which set out specific objectives and actions for each of the six phases in the development of an influenza pandemic. However, neither the meeting nor the WHO plan addressed the aviation sector in much detail.

1.1.2 ICAO developed an aviation related preparedness plan and convened meetings in Singapore, being made possible by the agreement of the participating Governments to utilise their remaining funds in the Anti-SARS ICAO project (RAS/03/804).

1.1.3 Two 2-day meetings were held during February 2006. The first meeting was for a 15-member Working Group which finalised the guidelines for States, airports and airlines, that had been drafted earlier by the Chief of the Aviation Medicine Section at ICAO HQ and the ICAO Technical Co-operation Expert, with the assistance of experts from the World Health Organization (WHO), Airports Council International (ACI), IATA and the US Centers for Disease Control and Prevention (CDC). The result was a “Global Aviation Preparedness Plan for Avian Influenza”. Forty-two participants and experts from 10 States attended the second meeting. Some States/Administrations also presented their preparedness plans. Some modifications were introduced and the meeting proposed that the main document should be entitled “Preparedness Planning Guidelines (Aviation Aspects) for a Communicable Disease of Public Health Concern”, making it relevant to any communicable disease. The current State guidelines are posted on the ICAO public website:

<http://www.icao.int/icao/en/med/guidelines.htm>

Detailed guidelines for airports and airlines can be found on the websites of ACI and IATA respectively:

[http://www.airports.org/cda/aci\\_common/display/main/aci\\_content07.jsp?zn=aci&cp=1\\_665\\_2\\_\\_](http://www.airports.org/cda/aci_common/display/main/aci_content07.jsp?zn=aci&cp=1_665_2__)

[http://www.iata.org/whatwedo/safety\\_security/safety/health\\_safety/aviation\\_communicable\\_diseases.htm](http://www.iata.org/whatwedo/safety_security/safety/health_safety/aviation_communicable_diseases.htm)

1.1.4 To ensure the implementation of the guidelines, ICAO launched the CAPSCA –Asia project, the details of which are discussed in more detail in another paper.

1.1.5 CAPSCA – Africa commenced as part of a five-day aviation medicine seminar in Libreville, Gabon, in November 2007, an event arranged by the African Civil Aviation Commission (AFCAC) and jointly organized by ICAO, WHO, IATA and ACI. The final two days of this seminar addressed the topic of preparedness planning, when the subject was introduced to participants and arrangements were made for two future workshops. These two-day workshops took place in Johannesburg, South Africa and Dakar, Senegal, during March 2008. Since then, two regional experts have been appointed and the first two airport evaluations were planned to take place in Nigeria, immediately prior to this Steering Committee Meeting.

1.1.6 A recent development involves consideration of combining CAPSCA evaluations with a WHO assessment of compliance with relevant parts of the IHR (2005). To this end a joint review of an international airport in China was undertaken as a pilot study by the ICAO regional expert for CAPSCA-Asia and the WHO technical officer for transport and points of entry. In future it may be possible for a joint certificate to be awarded by ICAO/WHO to an airport that complies with both the ICAO guidelines and the IHR (2005).

## 2. CHALLENGES

2.1 The three main challenges concerning the CAPSCA project are how to:

- 1) involve all necessary stakeholders
- 2) secure funding for further work, including in other continents
- 3) obtain relevant expertise

### 2.1.1 Involvement of stakeholders

Experience with CAPSCA has demonstrated that pandemic preparedness planning requires a significant degree of cross-organizational involvement, reflecting the disparate nature of the aviation industry. The traditional role of ICAO and therefore of regulatory civil aviation authority medical departments has been the medical certification of pilots and air traffic controllers. On the other hand, many public health departments have historically not been much involved in the aviation sector, especially in public health aspects of airline operations. This has sometimes resulted in preparedness planning in the aviation sector ‘falling between two stools’ and not receiving adequate consideration.

2.1.2 The International Health Regulations (IHR) (2005) entered into force in June 2007, and they provide a major impetus to pandemic preparedness planning for transport related organizations. Further, the World Health Organization (WHO) has appointed a technical officer for transport and points of entry, and for IHR coordination, which has greatly facilitated collaboration between the ICAO and WHO in this area. The combined efforts of ICAO and WHO in developing preparedness in aviation should assist in promoting the involvement of both the public health and the aviation sectors.

2.1.3 Up to now, ICAO’s work on pandemic planning in the aviation sector has not been primarily focussed on the aviation safety aspects associated with an outbreak of a disease of serious public health concern. There are, however, some areas that need to be considered and included in any pandemic preparedness plan. These involve the safe provision of air traffic services (air traffic control) and airport operations (such as provision of rescue and fire-fighting facilities) when numbers of available staff may be significantly reduced. Contingency plans for air traffic management and airport operations should therefore include public health emergencies. Further, the procedure for air traffic control to notify the competent authority at destination when it is informed of an inbound suspected case of communicable disease, and of its involvement in diverting aircraft, should this be necessary, also needs consideration by the State in its pandemic preparedness plan. Airport operators should also be involved in planning decisions that may significantly change the number of departing

or arriving aircraft. Changes to Annex 11 – *Air Traffic Services*, Procedures for Air Navigation Services (PANS-ATM) and Annex 14 – *Aerodromes* to include public health issues are in train and are expected to be adopted by the ICAO Council in March 2009, for applicability by States in November this year.

2.1.4 Regional Aviation Medicine Teams (RAMTs) are part of the CAPSCA project. The goal of the RAMT is to: provide technical input concerning the ICAO guidelines for States, guidelines for airport and aircraft operators, and recommendations concerning the airport evaluation checklist. In order to promote cross-organizational involvement on a national basis it is suggested that development of the national Facilitation programme should be encouraged by the SCM. Representatives of all main stakeholders should be requested by the State to join the national Facilitation programme. Examples of such stakeholders are: public health officers; regulatory aviation officers; airline operators, airport operators; air traffic service providers; security service providers.

2.1.5 There are many existing airport Facilitation committees and national Facilitation (FAL) committees already in existence. International standards and recommended practices obliging States to establish these committees are found in Chapter 8 of ICAO's Annex 9 - *Facilitation*. For example, Standard 8.17 of Annex 9 requires each Contracting State to establish a national air transport Facilitation programme based on the facilitation requirements of the Chicago Convention, and on Annex 9. Standard 8.19 requires each State to establish air transport Facilitation committees and airport Facilitation committees, as required. Guidance on establishing such committees is provided in Appendices 11 and 12 to Annex 9. The national committees are intended to set national policies and airport committees implement these at the practical level, on all Facilitation-related matters including customs, immigration, health, quarantine issues. Appendix 12 of ICAO Annex 9 ('Model National FAL Programme') is Attachment 1 to this working paper.

### 2.2.1 Future Funding

CAPSCA has thus far been funded from three sources *viz*:

- Funds remaining from the anti-SARS work
- Funds from States provided directly to the CAPSCA project
- Three grants from the UN Central Fund for Influenza Action (CFIA), which are being used mainly to defray the costs of CAPSCA activities to lesser developed economies

The source of future funding needs to be considered, including the possibility of additional grant applications to the CFIA. However, for the next 12 months and given the current level of activities, funding for CAPSCA – Africa seems secure.

2.2.2 Details of CAPSCA funding are provided in a separate paper.

3. **ACTION BY THE STEERING COMMITTEE:**

**The SCM is invited to:**

- a) Note the history and challenges of the CAPSCA project to date.
- b) Recommend that the CAPSCA project pursue the development of airport and national facilitation programmes to include pandemic preparedness planning.
- c) Endorse the proposal that a letter be sent by ICAO to Directors General of Civil Aviation Authorities and a similar letter, appropriate to the public health sector, by WHO to National Focal Points for Public Health, that:
  - 1) Encourages participation by public health and aviation authorities in the first Regional Aviation Medicine Team meeting in Africa (to be arranged)
  - 2) Requests that if only one participant from a State can attend, details of the counterpart in the public health or aviation sector, as appropriate, be provided to ICAO
  - 3) Encourages the involvement of medical departments of civil aviation authorities and of public health officers in preparedness planning for the aviation sector
- d) Encourage ACI and IATA to send a copy of the letter to their contacts in airport and aircraft operations in the region, adding the support of their organization to the goals outlined in (b) and (c) above

## **ANNEX 9 - FACILITATION.**

### **APPENDIX 12. MODEL NATIONAL FAL PROGRAMME**

#### **1. PURPOSE OF A NATIONAL FAL PROGRAMME**

The purpose of a National FAL Programme is to implement the Chicago Convention mandate that Contracting States provide for and facilitate the border-crossing formalities that must be accomplished with respect to aircraft engaged in international operations and their passengers, crews and cargo.

#### **2. SCOPE OF A NATIONAL FAL PROGRAMME**

The applicable articles of the Chicago Convention and the tasks involved in implementing each one are presented in the table below. Activities aimed at accomplishing these and related tasks in a State constitute the National FAL Programme.<sup>1</sup>

#### **3. ORGANIZATION AND MANAGEMENT**

3.1 The primary responsibility for the National FAL Programme rests with the Civil Aviation Authority (CAA) and/or the Ministry of Transport. However, success of the programme requires the active participation of other ministries or agencies, such as:

Customs	Passport/visa issuing authorities
Foreign Affairs	Public Health
Agriculture/environment	Identification card issuing authorities
Security and narcotics control	Quarantine
Tourism	
Immigration	

3.2 In addition, the active participation of airport operators (public or private) and resident international aircraft operators or their representative organizations is essential.

3.3 Other entities which may play an advisory role include the governmental agencies or non-governmental organizations which promote international tourism and trade.

3.4 The recommended vehicle for carrying out the National FAL Programme is the **National FAL Committee**, which is composed of the heads of the government agencies involved and the chief executive officers of the national organizations representing the aircraft operators and airport operators. The chairman should be a top-management official in the CAA or an appropriate authority. In order to sustain a close link between the national FAL committee and the national aviation security committee, appropriate members from the national aviation security committee may also be members of the national FAL committee and vice-versa.

3.5 For the purpose of carrying out the work of the committee, the members may designate one or more middle-management persons in their respective organizations to represent them in meetings at the staff level (working groups). These officials should be given sufficient authority to speak on behalf of their respective organizations and to initiate necessary action in support of the committee's work. The chairman should designate a middle-management official in his department or agency to chair and convene the staff-level meetings.

3.6 The decision to convene meetings of the National FAL Committee or the members' designated

representatives, and the frequency and venue of such meetings, are matters of the chairman's discretion. Working arrangements for accomplishment of the various implementing tasks would depend on the nature of the task and the issue at hand.

#### 4. ESTABLISHMENT OF A NATIONAL FAL PROGRAMME

It is advisable that the authority for a National FAL Programme and the membership of the National FAL Committee be established through legislation, regulation, or executive action from an authorized person, in order to ensure the participation of the various agencies and industry groups involved and to make provision for continuity. The Director General of Civil Aviation (DGCA) or appropriate authority should initiate the process to obtain such a mandate through the national political system.

<i>Chicago Convention mandate</i>	<i>Implementing tasks</i>
<p><b>Article 10 – Landing at customs airport</b> ... every aircraft which enters the territory of a contracting State shall, if the regulations of that State so require, land at an airport designated by that State for the purpose of customs and other examination. On departure from the territory of a contracting State, such aircraft shall depart from a similarly designated customs airport. ...</p>	<ul style="list-style-type: none"> <li>— Establish customs airports and open new ones as appropriate.</li> <li>— Develop procedures by which operators of scheduled and non-scheduled services may request permission to land or depart from customs airports.</li> <li>— Arrange for border inspection services at customs airports.</li> </ul>
<p><b>Article 13 – Entry and clearance regulations</b> The laws and regulations of a contracting State as to the admission to or departure from its territory of passengers, crew or cargo of aircraft, such as regulations relating to entry, clearance, immigration, passports, customs, and quarantine shall be complied with by or on behalf of such passengers, crew or cargo upon entrance into or departure from, or while within the territory of that State.</p>	<ul style="list-style-type: none"> <li>— Support the interested border control agencies in the establishment and maintenance of effective inspection systems at airports, and in their efforts to rationalize their respective procedures.</li> <li>— Develop programmes for control of security problems such as document fraud, illegal migration and smuggling.</li> <li>— Coordinate preparations for clearing large numbers of international visitors for special events, e.g. international athletics competitions.</li> </ul>
<p><b>Article 14 – Prevention of spread of disease</b> Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate, ...</p>	<ul style="list-style-type: none"> <li>— Establish, review and amend as necessary the national policies regarding prevention of the spread of contagious diseases by air, for example, aircraft disinsection, disinfection, public health-related quarantine programmes, and screening measures to be applied in a health emergency.</li> </ul>
<p><b>Article 22 – Facilitation of formalities</b> Each contracting State agrees to adopt all practicable measures, through the issuance of special regulations or otherwise, to facilitate and expedite navigation by aircraft between the territories of contracting States, and to prevent unnecessary delays to aircraft, crews, passengers and cargo, especially in the administration of the laws relating to immigration, quarantine, customs and clearance.</p>	<ul style="list-style-type: none"> <li>— Establish, review and amend as necessary the national regulations which implement the State's customs, immigration and quarantine laws pertaining to international movements by air.</li> </ul>
<p><b>Article 23 – Customs and immigration procedures</b> Each contracting States undertakes, so far as it may find practicable, to establish customs and immigration procedures affecting international air navigation in accordance with the practices which may be established or recommended from time to time, pursuant to this Convention. ...</p>	<ul style="list-style-type: none"> <li>— Establish and amend as appropriate, customs and immigration procedures carried out at airports, to harmonize them with the standards and recommended practices set forth in Annex 9.</li> <li>— Support and advocate the national issuance of passports and other travel documents in accordance with ICAO specifications in Doc 9303 – <i>Machine Readable Travel Documents</i>.</li> </ul>

<p><b>Article 37 – Adoption of international standards and procedures</b>  Each contracting State undertakes to collaborate in securing the highest practicable degree of uniformity in regulations, standards, procedures, and organization in relation to aircraft, personnel, airways and auxiliary services in all matters in which such uniformity will facilitate and improve air navigation.</p> <p>...</p> <p>(j) Customs and immigration procedures</p> <p>...</p>	<ul style="list-style-type: none"> <li>— Participate in ICAO development of Annex 9.</li> <li>— Review national procedures periodically in order to ensure harmonization with the provisions of Annex 9.</li> </ul>
<p><b>Article 38 – Departures from international standards and procedures</b>  Any State which finds it impracticable to comply in all respects with any such international standard or procedure, or to bring its own regulations or practices into full accord with any international standard or procedure after amendment of the latter, or which deems it necessary to adopt regulations or practices differing in any particular respect from those established by an international standard, shall give immediate notification to the International Civil Aviation Organization of the differences between its own practice and that established in the international standard. ...</p>	<ul style="list-style-type: none"> <li>— Periodically review conformity by all relevant agencies with the provisions of Annex 9 and notify ICAO of differences between national practices and the relevant standards.</li> </ul>

**Footnote for section 2**

1. A group of smaller States with similar needs and goals may decide to establish a sub-regional FAL programme in the interest of achieving economies of scale.