**COOPERATIVE ARRANGEMENT FOR PREVENTING THE SPREAD
OF COMMUNICABLE DISEASES THROUGH AIR TRAVEL (CAPSCA)**

**REPORT AND CONCLUSIONS OF THE
1st STEERING COMMITTEE MEETING**

The 1st SCM was held 30 to 31 August 2007 under the auspices of the Civil Aviation Department (CAD), Hong Kong. The SCM was attended by 43 representatives of 11 States/Administrations of the Asia/Pacific Region as well as representatives of the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and the Federal Aviation Administration (FAA), USA, the International Air Transport Association (IATA), Airports Council International (ACI), the International Organization for Migration (IOM), the European Civil Aviation Conference (ECAC) and the International Civil Aviation Organization (ICAO), plus 18 observers, including from public health departments, airports and airlines. The SCM was chaired by CAD Hong Kong, China, which also accepted the Chairmanship of CAPSCA until the 2nd SCM

Day 1

The first day was devoted to presentations from ICAO as well as the international organizations and the ensuing discussions. ICAO brought the participants up to date on the CAPSCA project and the Guidelines for States concerning the management of communicable disease posing a serious public health risk.

The WHO addressed the issue of "Public Health Emergency Response at Airports" looking at it from the IHR perspective. Core capacity requirements as well as integrative efforts at the national, regional and international level were stressed. Some thought provoking questions were also mooted to provide a basis for discussion. The possibility of harmonization of the WHO efforts under the Asia Pacific Strategy for Emerging Diseases (APSED) and CAPSCA was also proposed.

The CDC gave a presentation on "Communicable Disease Preparedness Planning in Aviation. The focus of the presentation was on the layered concentric implementation of public health measures in border management of communicable disease. Public health interventions specific to the aviation sector were also touched upon. With regard to the research aims particular to aviation, the areas highlighted were prevalence of influenza and influenza like illness in travellers, the risk of transmission on board aircraft, the predictive value of a passenger screening questionnaire and performance of thermal scanners in the aviation environment.

IATA gave an update to the SCM focussing on the organizations efforts to gear up its member airlines (and non-members as well) to respond to a public health emergency. Generic guidelines applicable to interpretation by lay persons were important for proper implementation. IATA has developed guidelines for the entire range of personnel from cabin crew to ground handlers and maintenance crew. Participants were given an introduction to IATA's safety audit programmes for airlines (IOSA) and for ground operators (ISAGO) and the possibility of these being used to audit communicable disease preparedness planning as well.

ACI gave the participants its perspective of a "Global Preparedness Plan for Airports". With the primary goal of keeping airports running, ACI aimed to get airports to not only have a preparedness plan but to exercise the plan periodically drawing upon the examples of Frankfurt and Hong Kong airports. Drawing on the lessons learnt from SARS it stressed upon what should be done at airports and underlined the need for intensive, early and honest international communications with WHO as the main player with close cooperation with ICAO, IATA, ECAC, CDC etc.

The FAA then went on to provide participants with the "Critical Role of Air Navigation Services Providers Partnerships" with regard to "Communicable Disease Risks Affecting Aviation". The presentation highlighted the key role played by the air navigation service providers in handling communicable disease at borders and using the example of the USA, how Canada and Mexico had to be brought into the picture for a lucid operational airspace management could be effected. The link between the pilot and the ground services was also touched upon. The need for harmonization of roles and responsibilities of participating agencies was stressed for a plan to work. Practical operational flight scenarios were used to illustrate the problems that can occur.

The Hong Kong Airport Authority and the Port health Office of the Health Department took participants through the intricacies of developing and implementing an integrated preparedness plan between the aviation sector and the overall national preparedness plan. It brought into focus the critical need for the aviation plan to be thoroughly integrated with the Government's pandemic preparedness and response plan. A video prepared during one of the simulation exercises to test out the preparedness plan vividly brought out the immensity of the logistical and medical requirements and inter agency coordination.

The day ended with an update from ICAO on the CAPSCA contributions and budget.

Day 2

The morning of day 2 was taken up with presentations by ICAO on a review of CAPSCA
and the way forward followed by the draft workplan. The papers were followed by discussions on the two papers and the gist of the discussions is reported below. The formation of a Regional Aviation Medicine Team (RAMT) was mooted to look at the technical aspects of CAPSCA and reporting to the SCM. With the approval of the formation of the RAMT, its terms of reference (TORs) were also discussed and approved. The venue and date for the next SCM were also deliberated and approved. Finally the conclusions of the 1st SCM were presented to the participants and with some discussion and minor amendments approved.
The afternoon of day 2 was devoted to a walk through visit of Hong Kong International Airport (HKIA) to appraise participants at first hand to the implementation of an aviation preparedness plan at an international airport.

Review & the way forward - Discussion

The ICAO regional expert/project leader gave a Powerpoint presentation illustrating Discussion Paper No 1 and then asked for comments from State delegates concerning their support for CAPSCA.

All representatives from States who subsequently spoke supported the CAPSCA project. Of those States that had not joined the project, some affirmed their intention to join CAPSCA and others were willing to provide support in kind. Other States' representatives were attending an aviation related communicable disease planning meeting for the first time and whilst they personally supported the project, they could not commit any resources until they had discussed the implications with their headquarters.

Delegates agreed that harmonization between different sectors was vital, especially between the departments for health and transport/aviation.

Representatives from other UN agencies and international organizations were then asked for their views.

The representative from the International Office for Migration mentioned that the agency worked with governments and might be able to facilitate preparedness planning in Africa, where the agency had some officers.

The WHO was very pleased with results of the past year. CAPSCA was relevant to Annex 1B of the International Health Regulations (2005). The representative urged all States to join the project. There was a need to avoid duplication of effort. WHO would support wherever possible and wished the project well.

The representative from the FAA, who was involved in air traffic management contingency planning in the United States, pointed out that in international aviation, one State was unable to act effectively in isolation. He found that cooperation between the neighbours of the US, Canada and Mexico, was essential. The FAA enthusiastically supported CAPSCA and its goals.

ACI had supported the project from the outset. It was unable to provide direct financial assistance, but would continue to support CAPSCA in kind.

IATA – would continue to support CAPSCA. IATA also benefits from good preparedness planning. It agrees with FAA – aviation is a global activity and one cannot run a national system that has no impact on others. Harmonization is important between States as well as airlines. It is important to plan for routine affairs, not only catastrophes that occur infrequently.

One international airline representative felt that public health authorities, airport and airline operators were not communicating adequately at present.

ICAO's TCB representative indicated that all delegates will receive a report of the meeting. He encouraged States that had not done so to join the project. There was a pressing need to agree on the composition of a Regional Aviation Medicine Team (RAMT) with its first meeting to be held as soon as possible. The week commencing 8 October seemed a possibility, to be confirmed. All member States and partners would be invited to join the team. He indicated that that more advocacy was needed at the upcoming ICAO Assembly, and at DGCA conferences.

Workplan – Discussion

WHO advised that States have two years to implement the International Health Regulations (2005). CAPSCA can provide an expert team and assist implementation.

ECAC felt that 'cross-silo' coordination was facilitated by CAPSCA.

In response to a question from New Zealand, ICAO confirmed that it was not necessary to have an aviation related preparedness plan that was separate from the national preparedness plan in order to comply with ICAO Annex 9 Standards, but that the national plan should include aviation aspects.

IATA suggested that the WHO/IHR guidelines could form the basis for a template aviation preparedness plan. It urged States to recognise the role of a government's foreign office (or equivalent) in formulating preparedness plans.

China confirmed its intention to comply with Amendment 20 of Annex 9, and that it will participate in CAPSCA in future.

Workplan and future directions – Discussion

ICAO noted the similarities between pandemic planning and security planning. However, if pandemic planning was to be audited, it was uncertain whether this would be as part of a safety audit, or a security audit, as health related aspects of aviation could be related to safety. This required further discussion at ICAO HQ.

ECAC felt that audit of pandemic plans was important, whether under safety or security.

WHO stated that it was working on a points of entry 'toolkit'. This would be shared with ICAO. It should be possible to develop joint ICAO/WHO standards.

ICAO indicated this was a good example of where WHO and ICAO requirements need to match. There were similar synergies between other UN agencies, e.g. between the International Maritime Organization and ICAO. CAPSCA was unusual in that the guidelines had been developed in advance of the development of ICAO Standards.

The Chairman noted that ICAO was becoming more proactive in developing guidance material.

Regional Aviation Management Team (RAMT) – Discussion of TORs

The Terms of Reference were discussed and agreed as follows:

•   Review all guidelines, including those for airports and airports (not only guidelines for States)

•   It reports to the Steering Committee

•   Open to anyone who can further objectives, including international organizations

•   Interpret guidelines for applicability in region

•   Provide suggestions to ICAO for improvement of guidelines

•   Provide ongoing assessment, evaluation and planning advice to States, especially in the aviation sector

•   Consider an on-line discussion group, facilitated by CAPSCA website (to be established)

•   Update the checklist for airport evaluation

•   Review and finalise a draft sample communicable disease plan for aviation (the RAMT would not be expected to write the plan, but will need to review it)

•   Coordination and harmonization of preparedness planning amongst stakeholders

ECAC commented that in its experience political aspects are extremely important. Health departments are leading in Europe, not aviation. It was therefore important to have a high ranking official as aviation's 'champion'. This point was accepted, but it was agreed that the RAMT's work was technical, not political.

In response to a question from Malaysia it was confirmed that the RAMT would not itself undertake airport/airline evaluation, although some of its members may do so.

In response to a question from the FAA it was confirmed that the team would consider the air traffic management issues related to pandemic panning

The SCM endorsed the terms of reference.

Date and venue of next SCM

ICAO described the process by which the Chair and the venue of the SCM was rotated among the members. The chairman of this (first) meeting would remain so until the next SCM. The next venue for the meeting to be held would be decided by the next project member, determined alphabetically. This State would also provide the next SCM chairman, who would remain chairman until the subsequent SCM, and so on. ICAO will contact Indonesia (who did not attend the meeting). If they are unable to chair/host the next SCM, Macao kindly agreed act as host. The next meeting should be held in approximately eight months, in April 2008.

Conclusions of 1st SCM CAPSCA

The 1st Steering Committee Meeting (SCM) of the Cooperative Arrangement for Preventing the Spread of Communicable Diseases Through Air Travel (CAPSCA) was held in Hong Kong, China, on 30-31 August 2007, graciously hosted by the Civil Aviation Department of Hong Kong, China.

The SCM was attended by 43 representatives of 11 States/Administrations of the Asia/Pacific Region as well as representatives of the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and the Federal Aviation Administration (FAA), USA, the International Air Transport Association (IATA), Airports Council International (ACI), the International Organization for Migration (IOM), the European Civil Aviation Conference (ECAC) and the International Civil Aviation Organization (ICAO), plus 18 observers, including from public health departments, airports and airlines.

The SCM was provided with presentations by the Department of Health/Airport Authority Hong Kong, China, WHO, CDC, FAA, IATA, ACI and ICAO, for which it presented its gratitude. The SCM was also provided with the opportunity of a walk-through of port health facilities at Hong Kong International Airport for which appreciation was expressed as well.
Unanimously elected, the SCM was chaired by CAD Hong Kong, China, which also accepted the Chairmanship of CAPSCA until the 2nd SCM.

The 1st SCM of CAPSCA reached the following Conclusions:

Conclusion No. 1

The SCM was provided with a presentation on the activities carried out by the CAPSCA Programme so far and noted with appreciation its accomplishments to date. It also noted the challenges faced by CAPSCA.

Conclusion No. 2

The SCM confirmed that the ICAO Guidelines for States concerning the management of communicable disease posing a serious public health risk are a fundamental requirement for pandemic planning by States. The SCM endorsed the CAPSCA objective of a harmonized Pandemic Preparedness Plan for civil aviation, ensuring a cohesive approach between all Government departments concerned, and endorsed the need for the guidelines to be kept up to date.

Conclusion No. 3

The SCM noted the update on CAPSCA Contributions and Budget. It urged all States/Administrations in Asia/Pacific that have not yet joined CAPSCA to do so at the earliest opportunity in order for the Programme to reach its full potential. It also requested all participating States/Administrations to consider providing contributions in kind to support the Programme. It encouraged donors and partners to join

CAPSCA and provide contributions in funds and in kind to support Programme operations. Donors and partners provided encouragement to CAPSCA and indicated their support. Further indications were received that the following States may soon join CAPSCA: India, China, Nepal, Philippines and Fiji. Several Administrations also indicated their preparedness to contribute in kind and in funds.

Conclusion No. 4

The SCM was advised of a recent substantial grant contribution to CAPSCA from the Central Fund for Influenza Action (CFIA), a fund administered by the United Nations Development Programme (UNDP), to be applied to States/Administrations in Asia/Pacific and to carry out similar, initial activities in Africa. It agreed that, to effect a harmonized approach and achieve maximum efficiency, experience gained in the initial activities of CAPSCA should be applied as far as possible to the new CAPSCA Programme for Africa. The SCM expressed its appreciation to CFIA/UNDP and congratulated ICAO for having achieved the approval of the grant which will help sustain CAPSCA activities through 2008.

Conclusion No. 5

The SCM noted the draft work plan for CAPSCA for the coming eight months which, utilizing the grant funds provided for Asia/Pacific, includes:

- further updating of the ICAO State, Airport (ACI) and Airline (IATA) guidelines for harmonized pandemic preparedness planning and initiate the preparation of guidelines for ATM;
- preparation of a generic Communicable Disease Outbreak National Aviation Plan, which is a new Standard in Annex 9, applicable since June 2007;
- carrying out of additional evaluations at major international airports of CAPSCA member Administrations in Asia/Pacific; and
- training.

Conclusion No. 6

In order to better carry forward the technical work of CAPSCA and to provide additional assistance on the subject to States/Administrations in the Region, the SCM endorsed the establishment of a Regional Aviation Medicine Team (RAMT) for Asia/Pacific, under the CAPSCA Steering Committee, which is to meet at least once between the SCMs and for its report to be reviewed at the next SCM. Draft TORs for the RAMT were reviewed and endorsed, for further refinement at the 1st Meeting of RAMT. The RAMT is to consist of representatives of participant States/Administrations of CAPSCA, other partner States, international airports, airlines in the Region as well as regional/international organizations and other parties having a stake in pandemic preparedness planning for civil aviation. The SCM encouraged for the 1st Meeting of RAMT to be held as soon as possible and dates were tentatively set for the week of 8 October 2007.

Conclusion No. 7

The SCM requested CAPSCA to continue its efforts at apprizing States in the Region of CAPSCA's objectives, including at the forthcoming ICAO Assembly and DGCAs Conference Asia/Pacific, with a view to having all States in the Region join and make this Programme as effective as possible, It agreed that similar opportunities should be sought for Africa.

Conclusion No. 8

The SCM endorsed the rotation of the Chairmanship as well as the venue of the SCM of CAPSCA in alphabetical order, with Indonesia being proposed as the next venue and Chairman. The SCM also decided that the SCMs should be held at least annually and that the next SCM should be arranged for April 2008. CAPSCA was requested to communicate with DGCA Indonesia to seek their agreement. In case such an agreement could not be obtained within one month, the SCM noted the kind offer of Macao, China, to hold the next SCM and accept the Chairmanship from the next SCM onwards.

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