

**COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF SPREAD  
OF COMMUNICABLE DISEASE THROUGH AIR TRAVEL (CAPSCA)**

**REPORT AND CONCLUSIONS OF THE  
3rd STEERING COMMITTEE MEETING**

**1. Background**

The 3rd Steering Committee Meeting (SCM) of the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA-ASIA/PACIFIC) was held in Macao, China, on 12 June 2009, graciously hosted by the Civil Aviation Authority of Macao, China, for which the SCM expressed its appreciation.

The SCM was attended by 72 representatives of 16 States/Administrations of the Asia/Pacific Region as well as representatives of the World Health Organization (WHO), the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), the International Air Transport Association (IATA), the Association of Asia Pacific Airlines (AAPA), the World Food Programme (WFP), the European Civil Aviation Conference (ECAC) and the International Civil Aviation Organization (ICAO), plus other observers, including from public health departments, airports, airlines and air traffic management in the region and beyond.

The SCM was cognizant of the important decision by the WHO on 11 June 2009 to raise the alert level of the H1N1 influenza outbreak to Phase 6, signifying a 'pandemic'. It noted this reflected an increase in geographical spread of disease and not an increase in severity.

The SCM also recognized the major difficulties faced by airlines with respect to the public health measures adopted by some regional States/Administrations which impact adversely on the aviation sector, adding to the current financial challenges.

The SCM was provided with presentations by the Civil Aviation Authority of Macao, China, WHO, UN OCHA, AAPA, IATA and ICAO, for which it presented its gratitude.

As per a standing rotation principle, the 3rd SCM was chaired by CAA Macao, China, which also accepted the Chairmanship of CAPSCA-ASIA/PACIFIC until the 4th SCM.

**2. Discussions**

The 3<sup>rd</sup> CAPSCA Steering Committee Meeting was inaugurated by Mr. Chen Weng Hong, President of the Civil Aviation Authority of Macao, China, with an opening address. He especially expressed his appreciation to the Government of Indonesia, who hosted the 2<sup>nd</sup> CAPSCA SCM. Mr. Chen also expressed his thankfulness to ICAO. He

finally mentioned that WHO had raised the Global Pandemic Alert Level 5 to Level 6 (the highest) the day before.

Subsequently, Dr Chan Wan-Sin, Deputy Director of the Macao Health Bureau addressed the audience and greeted all participants warmly.

Mr. Wolfgang H. O. Sander-Fischer, Chief of the ICAO Asia/Pacific Technical Co-operation Programme conveyed the greetings from ICAO Headquarters and the ICAO Asia and Pacific Regional Office. He emphasized that CAPSCA, Airports Council International (ACI) and WHO checklists have been proven to be very helpful in the daily aviation life as an example of the important project work. He also invited further Member States' Administrations to join the CAPSCA project.

After a self-introduction, followed by a group photograph, the CAPSCA Project Coordinator presented the schedule for the 3<sup>rd</sup> Steering Committee Meeting of CAPSCA.

Dr Anthony Evans, Chief, ICAO Aviation Medicine Section reported that there are presently CAPSCA Projects existing in Africa, the Americas and Asia/Pacific. However, CAPSCA-Asia/Pacific is the first and leading project. He gave an introduction to Article 14 of the Chicago Convention and ICAO Standards and Recommended Practices (SARPs) regarding the prevention of spread of disease. He also mentioned the Declaration of the ICAO Council of 19 May 2009 calling upon States to lift any travel restrictions that were not in accordance with the International Health Regulations (2005) in respect of the present day Influenza A(H1N1) Pandemic. Unnecessary interruptions to travel and trade should be avoided according to the ICAO Council. Dr Evans reported that the number of Influenza A(H1N1) cases is presently increasing; however the available figures are an underestimate since some States no longer test all suspected cases for the H1N1 virus. Regarding the Global Pandemic Alert Level, now at Phase 6, Dr Evans stressed that it did not signify an increase in severity but rather in quantity, i.e. community level outbreaks in more than one WHO region. No travel restrictions are currently recommended and the disease is mild in most cases. He mentioned two important UN groups monitoring the development closely and who will also recommend actions as appropriate: An Inter-Agency Technical Working Group of the UN, and the Tourism Emergency Response Network of the UN WTO. Dr Evans referred the participants of the 3<sup>rd</sup> CAPSCA SCM also to the Guidelines that WHO has published on its website. They contain, *inter alia*, specific guidance concerning cleaning and disinfection of aircraft when cases of H1N1 influenza have been on board. There is additional information available on the ICAO website

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

Finally, Dr Evans announced that ICAO intends to implement questions on preparedness planning into the next cycle of its Universal Safety Oversight Audit Programme.

Several State Representatives expressed their disappointment regarding the WHO recommendation not to screen passengers for Influenza A(H1N1) symptoms traveling from affected countries.

CAPSCA Project Coordinator Dr Jarnail Singh (from the Civil Aviation Authority of Singapore) presented an update on the CAPSCA-Asia Pacific Project and the elements of an Aviation Pandemic Preparedness Plan. He emphasized the important role of the International Health Regulations (IHRs), the WHO Guidelines and Containment Strategy as well as the ICAO, IATA and ACI guidelines in formulating the Aviation Sector's Pandemic Preparedness Plan (which has to be congruent with the State's / Administration's Pandemic Preparedness Plan). All pandemic preparedness efforts should be harmonized for maximum effect. Even if the current pandemic turns out to be very rapid and very mild, experts are concerned for the future (i.e. will the viruses combine to produce a more virulent form). Nevertheless, travel restrictions, border closures or the quarantine of large numbers of passengers are not the solutions.

Dr Singh finally gave an introduction to CAPSCA-Africa and CAPSCA-Americas. Compared to these two projects, CAPSCA – Asia/Pacific is the more established with 13 Members. 10 airport evaluations in 7 States/Administrations have been carried out. He encouraged all States to join the Project and invite the CAPSCA Project Coordinator for airport Evaluations, which should not be regarded as 'audits', but rather more of a training / implementation opportunity.

Dr Singh showed a video demonstrating the vast number of daily international flights. He demonstrated that it is impossible to put «stop signs» in globalized aviation.

In respect to questions from the auditorium regarding the distance of +/-2 rows which is sometimes regarded as the critical zone for infection in case of travelling with an infected passenger, the fact is that the possibility of in-flight transmission of a communicable disease is very low and the evidence indicates that risk is no higher than that on the ground, in the community. In this context, it was noted that some States have been regarding more than the +/- 2 rows (up to +/-7 rows in some instances) for contact tracing, and the consensus was that this was unnecessary.

Dr Ingo Neu, UN Office for the Coordination of Humanitarian Affairs (OCHA) warned that the consequences of the pandemic might have a worse impact because of the present economic crisis. He especially suspected a high rate of absenteeism: also, an interruption of services might occur, changed demands of the consumers may occur and the continuity of operations could possibly not be assured in aviation. Subsequently he introduced the multi-sectoral human preparedness planning approach of UN OCHA. However, severe consequences can be expected since we live in an interconnected world. If other sectors are not prepared, aviation might be adversely affected i.e. if fuel, HR, communications services, etc. are disrupted. Dr Neu proposed to run a seminar in coordination with CAPSCA regarding continuity.

Dr Ailan Li of the WHO updated the SCM on the International Health Regulations (2005), as the global framework for all WHO Member States. On one hand, the prevention of international spread of diseases is the aim of WHO, but at the same time international traffic and trade should not be interrupted too much. However, remote places such as some island States may wish to interrupt connections (closure of borders). Although not in accordance with WHO's recommendations, in the case of remote islands, such closure of borders is not likely to have a major impact. WHO's temporary recommendations are not legally binding but nevertheless play an important role. More formal measures are in place, which Member States need to follow (or give a justification why not). Dr Li gave more details about the present H1N1 pandemic and the response of WHO to it. It is essential to prioritize due to the limited resources, she stressed.

Dr Rose Ong, representing IATA, remarked that many member airlines have expressed their disappointment about lack of communication between the public health and aviation sectors regarding actions taken to prevent the spread of Influenza A (H1N1). The present day situation in respect of the paper passenger locator forms to be filled in at the airport is not ideal from an IATA perspective. An online-application before travel would be preferable. Guidance material regarding the prevention of spread of communicable diseases published by IATA, WHO and ICAO is usually well coordinated.

Dr Ong emphasized that during the outbreak of communicable diseases airlines are suffering. Travelers are presently cancelling their travel plans, not because they are afraid of becoming ill but because they do not want to face any quarantine measures. Dr Ong noted that onboard screening of passengers should not be performed by cabin crew since screening is the task of the Public Health Authorities, according to the statement of IATA.

Dr Maria Dulce Trindade of the Macau Health Bureau presented the present day situation in respect of the Influenza A(H1N1) Pandemic in Macao, China. She also reported about measures taken by her authority.

Wolfgang H. O. Sander-Fischer finally presented the contributions and the budget of CAPSCA, which is divided in two parts, due to donor conditions.

### **3. Conclusions**

This 3rd SCM of CAPSCA-ASIA/PACIFIC reached the following Conclusions:

#### **Conclusion No.1**

The SCM was provided with a brief presentation on the history and status of ICAO's CAPSCA Programme world wide as well as on the activities carried out by CAPSCA-ASIA/PACIFIC so far and noted with appreciation its accomplishments to date despite the challenges faced. The SCM agreed on the following recommendations:

- Encourages participation by both public health and civil aviation authorities in the next Regional Aviation Medicine Team (RAMT) meeting, for CAPSCA-ASIA/PACIFIC

and in any future initiatives concerning public health preparedness planning in the aviation sector

- Encourages the exchange of relevant information between airport and aircraft operators, civil aviation authorities, air traffic service providers and public health authorities
- Encourages States to provide regional experts to assist with the evaluation of international airports as part of the CAPSCA Programme.

### **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 preparedness planning by States. The SCM endorsed the CAPSCA-Programme objective of a harmonized Pandemic Preparedness Plan for civil aviation, ensuring a cohesive multi-sectoral 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 and encouraged:

- the close cooperation between ICAO and WHO, which will facilitate closer interaction between States' aviation and public health sectors in their development of an aviation preparedness plan that is congruent with the national preparedness plan.
- CAPSCA-ASIA/PACIFIC to explore the possibility of WHO coordinating with this project more closely and to arrange for joint meetings, and possibly collaborate in airport evaluations, thus strengthening the cooperation between public health officials and aviation medical officials.

### **Conclusion No. 4**

The SCM noted the draft work plan for CAPSCA-ASIA/PACIFIC for the coming year, which, in part utilizing the grant funds provided for Asia/Pacific, includes:

- organise and conduct the 3rd RAMT
- further updating of the State (ICAO), Airport (ACI) and Airline (IATA) guidelines for harmonized pandemic preparedness planning, with the benefit of experience coming out from the current Influenza A(H1N1) Pandemic.
- preparation of a generic template for a Communicable Disease Outbreak National Aviation Plan
- carrying out of additional evaluations at major international airports of CAPSCA-ASIA/PACIFIC member Administrations in Asia/Pacific;
- explore the possibility of WHO becoming a collaborative partner, with ICAO, in implementing the CAPSCA project formally; and
- provide further training.

**Conclusion No. 5**

The SCM continued to endorse holding regional CAPSCA-ASIA/PACIFIC seminars, including communications exercises between members in order to evaluate ICAO State guidelines to effect a harmonized response:

**Conclusion No. 6**

In order to better carry forward the technical work of CAPSCA-ASIA/PACIFIC and to provide additional assistance on the subject to States/Administrations in the Region, the SCM had earlier endorsed the establishment of a Regional Aviation Medicine Team (RAMT) for Asia/Pacific, under the CAPSCA-ASIA/PACIFIC Steering Committee. The RAMT consists of representatives of participant States/Administrations of CAPSCA-ASIA/PACIFIC, 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 2nd RAMT met at the ICAO Regional Office in September 2008. The SCM noted that the 3rd Meeting of RAMT is scheduled to again be held at the ICAO Regional Office in Bangkok on 3 and 4 September 2009.

**Conclusion No. 7**

The SCM noted the update on CAPSCA-ASIA/PACIFIC membership, contributions and budget. Furthermore, it:

- Urged all States/Administrations in Asia/Pacific that have not yet joined CAPSCA-ASIA/PACIFIC to do so at the earliest opportunity in order for the Programme to reach its full objective
- Requested all participating States/Administrations to consider providing contributions in kind to support the Programme
- Encouraged donors and partners to join the CAPSCA-ASIA/PACIFIC project and provide contributions in funds and in kind to support Programme operations.
- Expressed its appreciation to the Central Fund for Influenza Action (CFIA), a fund administered by the United Nations Development Programme (UNDP), for the grant contribution it has made to CAPSCA-ASIA PACIFIC. This grant is to be applied to States/Administrations in Asia/Pacific, particularly for activities in lower and lower-middle income economies. This grant will enable this project to continue its activities through 2010.
- Indications were received that additional States may join CAPSCA-ASIA/PACIFIC.

**Conclusion No. 8**

The SCM requested CAPSCA-ASIA/PACIFIC to continue its efforts at apprising States in the Region of the project's objectives, including to seek a further resolution at the forthcoming DGCA's Conference Asia/Pacific in Japan, with a view to urging all States in the Region to join and make this Programme as effective as possible.

**Conclusion No. 9**

The SCM noted the kind offer of Malaysia to host the 4th SCM of CAPSCA-ASIA/PACIFIC, the details of the arrangements will be communicated as soon as possible.

**Conclusion No. 10**

The SCM fully supported the aims of the ICAO declaration on 19 May 2009 urging the withdrawal of travel restrictions which are not in accordance with WHO and ICAO advice and the International Health Regulations (2005). Further, it expressed its support to the ASEAN +3 Health Ministers Special Meeting on Influenza A (H1N1), of 8 May 2009.

**Conclusion No. 11**

The SCM agreed to the publication of these Conclusions on the ICAO public website.

— END —