



## INTERNATIONAL CIVIL AVIATION ORGANIZATION

### PROJECT DOCUMENT

<b>Title:</b>	Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) – Americas
<b>Number:</b>	RLA/08/901
<b>Initial Duration:</b>	24 months
<b>Project Site:</b>	The Americas Region
<b>Sector &amp; Sub-Sector:</b>	Transport and Communications
<b>Government Implementing Agencies:</b>	Civil Aviation Administrations, Public Health Authorities and Airport Authorities in Participating States and Territories
<b>Executing Agency:</b>	International Civil Aviation Organization (ICAO)
<b>Estimated Starting Date:</b>	April 2009
<b>Initial Project Cost:</b>	<b>USD 399,960</b> (UN CFIA grant approved and received)

#### SUMMARY

The project objective is the reduction of the risk of spreading communicable diseases by air travellers and in mitigating the effects of such diseases, should they occur, on the health of populations and on the economy of States, through cooperative arrangements between the participating States, Airports, and Public Health Authorities

<b>Signed on behalf of:</b>	<b>Name</b>	<b>Signature</b>	<b>Position</b>	<b>Date</b>
Anguilla	_____	_____	_____	_____
Antigua and Barbuda	_____	_____	_____	_____
Argentina	_____	_____	_____	_____
Aruba	_____	_____	_____	_____
Bahamas	_____	_____	_____	_____
Barbados	_____	_____	_____	_____
Belize	_____	_____	_____	_____
Bermuda	_____	_____	_____	_____
Bolivia	_____	_____	_____	_____
Brazil	_____	_____	_____	_____
British Virgin Islands	_____	_____	_____	_____
Canada	_____	_____	_____	_____
Cayman Islands	_____	_____	_____	_____
Chile	_____	_____	_____	_____
Colombia	_____	_____	_____	_____
Costa Rica	_____	_____	_____	_____
Cuba	_____	_____	_____	_____
Dominica	_____	_____	_____	_____
Dominican Republic	_____	_____	_____	_____
Ecuador	_____	_____	_____	_____
El Salvador	_____	_____	_____	_____
Falkland Islands	_____	_____	_____	_____
France	_____	_____	_____	_____
French Antilles	_____	_____	_____	_____
French Guiana	_____	_____	_____	_____
Grenada	_____	_____	_____	_____
Guatemala	_____	_____	_____	_____

<b>Signed on behalf of:</b>	<b>Name</b>	<b>Signature</b>	<b>Position</b>	<b>Date</b>
Guyana				
Haiti				
Honduras				
Jamaica				
México				
Montserrat				
Netherlands Antilles				
Nicaragua				
Panama				
Paraguay				
Peru				
Saint Kitts and Nevis				
Saint Lucia				
Saint Vincent and the Grenadines				
Suriname				
Trinidad and Tobago				
Turks and Caicos Islands				
United Kingdom				
United States				
Uruguay				
Venezuela				
COCESNA				
ECCAA				
ICAO	<u>Raymond Benjamin</u>		<u>Secretary General</u>	

## **A. CONTEXT**

### **1.1 Background**

1.1.1 The rise and spread of Severe Acute Respiratory Syndrome (SARS) in 2003 raised the concern of ICAO, the World Health Organization (WHO) and a number of States particularly in South East Asia and led to the development and implementation of anti-SARS protective measures and guidelines at certain airports as a means of controlling SARS and preventing its spread through air travel.

1.1.2 The rapid and wide dissemination of Avian Influenza in 2005 and the potential for human pandemic influenza raised even greater concern and led the WHO to hold a meeting in Geneva during November 2005. The aim of the meeting was the building of consensus on a common approach to the worldwide concern about avian influenza and the possibility of a human pandemic.

1.1.3 The WHO meeting in which 600 experts and representatives of States and international organizations participated, including ICAO, reached a consensus 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. Therefore, information had to be compiled to help policy makers and the public remain informed about a rapidly evolving situation. Consequently, governments around the world needed to take the threat seriously, mobilize resources and take appropriate preparatory actions.

1.1.4 Article 14 of the Chicago Convention on International Civil Aviation requires each contracting State to take effective measures to prevent the spread by means of air navigation of communicable diseases. It further requires that Contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft.

1.1.5 The ICAO standard contained in Annex 9 – Facilitation, Paragraph 8.16, states that “*A Contracting State shall establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern*”.

1.1.6 Therefore, ICAO and its Member States consider it necessary to address the topic of a potential human influenza pandemic, as well as other communicable diseases of serious public health concern, and air travel. An aviation-related preparedness plan needs to be developed by States to prevent, as much as possible, the spread of avian influenza and similar communicable diseases by air travellers and to mitigate the socioeconomic consequences.

1.1.7 Guidelines for States have been prepared by ICAO and are posted on the medical section of its website under the title “Guidelines for States concerning the management of communicable disease posing a serious public health risk” [ <http://www.icao.int/icao/en/med/> ].

## **B. PROJECT JUSTIFICATION**

### **1. Problems to be addressed: pre-project situation**

#### **1.1 Identification of the problem**

1.1.1 The level of implementation of the “*ICAO Guidelines for States concerning the management of communicable disease posing a serious public health risk*” in States and Territories of the Americas region by airport operators, air traffic service providers and aircraft operators has not been determined but is understood to be variable. Although the current Influenza A (H1N1) pandemic has prompted many States in the region to review their preparedness plans, it is believed that further development of such plans in States is necessary to adequately address any current and future risks posed by public health emergencies of this nature. The implementation of the ICAO guidelines can assist States in this.

1.1.2 The implementation of an aviation preparedness plan requires extensive coordination between different government sectors, airlines, airport operators and air navigation service providers. A mechanism is therefore required to advise and assist States and Territories to increase the awareness, provide the training, assist the implementation and undertake evaluations.

1.1.3 Regional cooperation among States in a given region for the prevention and mitigation of the effects from the spread of communicable diseases offers the best practical and cost-effective method of addressing the need for preparedness planning.

#### **1.2 Strategy to be followed in achieving the project objective**

1.2.1 The overall management for the project will be the responsibility of the Chief of the Aviation Medicine Section of ICAO. A Steering Committee with representatives of the project members and donors will provide advice on the scope, implementation schedule and priorities for the project activities and create a database of experts from States and International Organisations who will be provided on loan in-kind to undertake training and evaluation missions. The Terms of Reference for the Steering Committee (SC) were formulated at its first meeting. A Regional Aviation Medicine Team (RAMT) Leader will also be provided by a State on loan in-kind and on a part-time basis to support the ICAO Project Manager and Project Steering Committee. The project coordination will be undertaken by the ICAO NACC and SAM Regional Offices in cooperation with WHO-AMRO/PAHO.

1.2.2 Encourage the Americas States and Territories to join CAPSCA by communicating and promoting the existence and objectives of the project at seminars and meetings.

1.2.3 Continuously develop and update the ICAO preparedness guidelines to prevent, to the extent possible, the spread of communicable diseases by air travellers. Ensure the ICAO guidelines are based on, and consistent with, the IHR (2005) and any WHO guidance material.

1.2.4 Form a network of trained experts from States and international organizations to provide assistance to Civil Aviation Administrations, public health authorities and airport authorities in the development and implementation of the guidelines.

1.2.5 Conduct evaluation visits to airports as needed to determine the adoption and proper implementation of the ICAO guidelines and/or ICAO/WHO-AMRO/PAHO joint documents. Such visits would be arranged, as far as possible, for a group of airports in the same area to be evaluated during one mission so that the experts' travel cost element per airport is reduced. It is planned to commence with evaluations of one international airport in each State and Territory. Each evaluation is expected to require a 2 day visit.

1.2.6 Provide a seminar/workshop and on-the-job training to personnel from participating civil aviation, public health authorities and airport authorities, to facilitate the continued implementation of the guidelines.

1.2.7 Develop a cooperative follow up and supervisory mechanism within the region for the continued development and implementation of the guidelines and/or ICAO/WHO-AMRO/PAHO joint documents for preventing the spread of communicable diseases.

## 2. **IMMEDIATE OBJECTIVES, OUTPUTS AND ACTIVITIES**

### **Immediate Objective 1 (Pre-project implementation stage)**

Establishment of the Steering Committee.

#### **Output 1.1**

A Project Steering Committee (SC) comprising representatives of the States' Civil Aviation Administrations, ICAO Technical Cooperation Bureau, ICAO NACC and SAM Regional Offices, WHO-AMRO/PAHO, ICAO Chief, Aviation Medicine Section, and airports, airlines and of public health authorities will have been established in the pre-project implementation stage and its Terms of Reference and project work plan will have been prepared and agreed.

#### **Activity 1.1.1**

Appoint members of SC.

#### **Activity 1.1.2**

Review and revision of the terms of reference for the Steering Committee proposed by ICAO.

#### **Activity 1.1.3**

Review and revision of the project work plan and associated budget proposed by ICAO.

### **Immediate Objective 2**

Establishment of project implementation teams.

### **Output 2.1**

Qualified project personnel from the Region will have been identified to undertake the required tasks.

#### **Activities 2.1.1**

Identify highly qualified regional experts in the field of aviation medicine and public health. A database of experts from States and international organizations to provide assistance to Civil Aviation Administrations, public health authorities and airport authorities in the development and implementation of the guidelines and/or ICAO/WHO-AMRO/PAHO joint documents.

#### **Activity 2.1.2**

Develop a network of trained public health and/or medical personnel with expert skills in communicable diseases, airport and airline operations, and aviation regulation in participating States and airports.

### **Output 2.2**

Establishment of two Regional Aviation Medicine Teams (RAMT), composed by medical aviation experts and public health experts, under the Steering Committee; one RAMT will work in Spanish and the other in English.

#### **Activity 2.2.1**

Request States to provide suitable candidates from the civil aviation administrations, airport authorities, Airlines and Public Health Administration.

#### **Activity 2.2.2**

Train the RAMT members to undertake the evaluations.

### **Immediate Objective 3**

Contribute to global efforts for preventing the spread of communicable diseases of international public health concern by reducing the risk of transmission by air travellers.

### **Output 3.1**

ICAO SARPs and guidelines and/or ICAO/WHO-AMRO/PAHO joint documents related to the prevention of the spread of communicable diseases will have been applied and implemented.

#### **Activity 3.1.1**

Organize awareness seminar/workshop within the region to encourage States to join the Project and participate actively in prevention measures, and to which relevant international organizations and potential donors should be invited.

### **Activity 3.1.2**

Select and appoint experts (from the RAMTs) to visit and evaluate major international airports in participating States to ensure application and implementation of the ICAO guidelines and/or ICAO/WHO-AMRO/PAHO joint documents on the Global Preparedness Plan (Aviation Aspects) for Communicable Diseases.

### **Activity 3.1.3**

Provide on-the-job training, needed, to civil aviation, public health, airport and airline personnel from the participating States for carrying out subsequent evaluations of major airports in their own countries or at airports in other participating States.

### **Activity 3.1.4**

Provide advice and guidance to participating aviation administrations, public health authorities and airports on rectifying any deficiencies noted in application of preventive measures and implementation of the guidelines and/or ICAO/WHO-AMRO/PAHO joint documents identified during the evaluations.

### **Activity 3.1.5**

Develop a regional cooperative follow up and supervisory mechanism composed of participating authorities and agencies concerned, to ensure the continued implementation of the relevant SARPs, associated guidelines and preventive measures, and on steps needed to mitigate the potential health and socioeconomic consequences associated with the spread of any communicable disease of global health concern.

### **Activity 3.1.6**

Prepare Project Terminal Report in ICAO format.

## **3. INPUTS**

### **3.1 Government / Airport / Sponsor Inputs**

- a) Personnel: qualified public health and/or medical personnel from the participating States to undertake activities related to the application and implementation of the ICAO SARPs and guidelines and/or ICAO/WHO-AMRO/PAHO joint documents on the Aviation Aspects of the Global Preparedness Plan and to act as needed as a counterpart to the ICAO experts and/or RAMT members evaluating their State/airport.
- b) Air and ground transportation for travel to and from airports in the same State.
- c) Local coordination and support for the evaluations, as required.
- d) Funding as determined by the Steering Committee if the UN CFIA grant is found to be insufficient for the budget required to implement the agreed work plan, if the project is extended and/or expanded in duration and scope, respectively.

- e) Financial contributions to extend the utilisation of the available budget and sustainability of the programme in the future.

### 3.2 ICAO Inputs

- a) ICAO Experts in Aviation Medicine and communicable diseases.
- b) Travel costs for ICAO Experts.
- c) Mission costs for ICAO personnel to support/monitor/evaluate the project, as needed, as well as attendance of ICAO's Chief of Aviation Medicine at occasional planning or development meetings with other organizations, especially WHO.
- d) Miscellaneous costs including reporting, sundry expenses and ICAO handling charge.

### 3.3 WHO-AMRO/PAHO

- a) WHO-AMRO/PAHO Experts in IHR-Points of Entry, Communicable Diseases and Emergency Management.
- b) Travel costs for WHO-AMRO/PAHO Experts to support/monitor/evaluate the project and to participate at selected planning or development meetings with ICAO.

## 4. MANAGEMENT AND COORDINATION

4.1 ICAO will manage the project, in coordination with WHO-AMRO/PAHO, and organize the field visits of its experts and RAMT evaluators in coordination with the civil aviation administrations/airport authorities/Public health Departments participating in the project in accordance with its relevant rules and regulations. It will select the experts and arrange payment of their travel expenses, maintain financial accounting, provide backstopping and monitoring, as well as accurate and timely reporting.

## 5. MONITORING AND REPORTING

5.1 The ICAO Project Manager (Chief Aviation Medicine Section), in coordination with WHO-AMRO/PAHO, and the Steering Committee, supported by the ICAO NACC and SAM Regional offices, will monitor the project through review of the reports submitted by the experts and project reviews at periodic Steering Committee meetings.

5.2 A Project Terminal Report will be prepared by the ICAO Project Manager prior to the end of the project and provided to the civil aviation administrations concerned and to WHO-AMRO/PAHO for distribution among the concerned public health administrations.

5.3 The project Work Plan is indicated in **Attachment A** of this Project Document.

5.4 The structure of the Project Steering Committee and its responsibilities is indicated in **Attachment B**.

**6. RISK ASSESSMENT**

6.1 Initial Major Risk Factors

6.1.1 Delay in the approval of the project

Risk Level - Low

ICAO will work with the countries in the Americas Region and the WHO to facilitate the signing of the project document and will assist in resource mobilization.

6.2 Long-term Risk Factors

6.2.1 Delay in the fielding of the experts.

Risk Level: - Low to Medium

ICAO will review its roster of experts and work with the WHO, etc., if required, to ensure candidates are identified for fielding under this project.

6.2.2 Non-participation of appropriate experts and Government Officials.

Risk Level: - Low to Medium

ICAO will continue to work with the international organizations, experts and governments to ensure that the necessary action and involvement continues regarding avian influenza.

6.2.3 Delay in the responses of States for the evaluations of their airports.

Risk level: Medium to High

An assistance program will be submitted for approval at the 1st Steering Committee meeting and therefore to obtain a formal commitment from States. ICAO will continuously follow-up to ensure the progress of the approved programme.

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## ATTACHMENT A

### ICAO COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF SPREAD OF COMMUNICABLE DISEASE THROUGH AIR TRAVEL (CAPSCA) - AMERICAS PROJECT (RLA/08/901)

#### PROJECT WORK PLAN

**Initial Project Duration: 24 months (April 2009 – March 2011)**

1. ICAO Pandemic Preparedness Planning Seminar (Lima, Peru, 1 – 3 April 2009).
2. States establish national aviation plans, in collaboration with the national public health authority, in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency (ongoing).
3. ICAO Letter inviting States to participate in the CAPSCA Americas Project (April 2009).
4. States Confirm participation in CAPSCA project (ongoing).
5. 1<sup>st</sup> Steering Committee Meeting (Mexico City, Mexico, 25 – 26 June 2009).
  - Project Organisation
  - Steering Committee Membership and Terms of Reference
  - Project Work Plan and Resources
  - Identify Potential Donors – Funding & In-kind contributors
6. ICAO Letter inviting States to (July 2009)
  - Join Project
  - Nominate experts for RAMT to be trained and perform evaluations
  - Offer airports for evaluation
  - Offer to host training events
7. States and International Organisations nominate experts (3rd Quarter 2009);  
- periodic in-kind loan for airport evaluations; project to finance travel and per diems.
8. Form Regional Aviation Medicine Team (RAMT) - (3rd Quarter 2009).
9. States volunteer airports for evaluation (3rd Quarter 2009).
10. RAMT Meeting, Training and Expert OJT for Airport Evaluation (Lima, Peru, 30 November – 4 December 2009).
  - States nominate candidates for the RAMT Leader position  
- part-time in-kind loan based at home office plus missions for meetings, training and evaluations (project to finance travel and per diems).
  - ICAO appoint the RAMT Leader

11. Airport evaluations (1 international airport in each project participating member State / Territory – 2 days / airport) – (18 months, 4th Quarter 2009 – 1st Quarter 2011).
12. Project Awareness Seminar and Steering Committee meeting (2nd Quarter 2010)
13. Project Results Seminar and Steering Committee meeting (1st Quarter 2011)
14. RAMT Leader prepares the Project Terminal Report (1st Quarter 2011).

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## **ATTACHMENT B**

### **ICAO COOPERATIVE ARRANGEMENT FOR THE PREVENTION OF SPREAD OF COMMUNICABLE DISEASE THROUGH AIR TRAVEL (CAPSCA) - AMERICAS PROJECT (RLA/08/901)**

#### **PROJECT STEERING COMMITTEE**

##### **Terms of Reference**

##### **1. Membership**

- ICAO contracting States of the NAM/CAR/SAM Regions that participate in the Project – Civil Aviation Authorities and Public Health Authorities
- ICAO MED Section, TCB FAM Section, NACC and SAM Regional Offices
- Donor Agencies – UN CFIA and CAAS
- CAPSCA – Americas RAMT Leader
- WHO/PAHO

##### **2. Observers**

- Related International Organizations – ACI, IATA, IFALPA, IOM, OCHA, UNWTO, WFP, etc.
- Regional Safety Oversight Organisations – ACSA, CASSOS, SRVSOP (AVMED Panel)
- Airports and Airlines

##### **3. Chairperson**

Nominated by the State hosting the Steering Committee Meeting (SCM) for the period from the start of the meeting until the start of the following meeting. At the 1<sup>st</sup> SCM, Mexico designated Dr. José Valente Aguilar Zinser as Chairman.

##### **4. Responsibilities**

- a) Main policy and decision-making body for the execution of the Project
- b) Promote State participation in the Project
  - CAAs, PHAs, Airports, Airlines, etc.
- c) Encourage State in-kind contributions to the Project
  - RAMT Leader, experts, hosting events, etc.
- d) Provide direction and guidance to the RAMT Leader
- e) Develop and manage the Project Work Plan and Schedule
  - plan priority and grouping for airport evaluations
  - schedule training events and develop programmes

- f) Identify, secure and manage Project Personnel Resources
  - Formation of RAMT and their Terms of Reference
- g) Identify and secure Project Donor States and Agencies – Funding & In-kind contributions
- h) Monitor the project budget utilisation
- i) Hold meetings at least once annually, and preferably in conjunction with CAPSCA training events and/or DCA meetings
- j) Review the Project Annual Progress and Terminal Reports prepared by the RAMT Leader

# Project Organisation

