



Agenda Item 6: Regional Cooperation and Training Matters
6.3 ICAO Regional Technical Cooperation Project - Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) – Americas (RLA/08/901)

MANAGEMENT OF PUBLIC HEALTH EMERGENCIES IN AVIATION - FUNDING THE CAPSCA PROGRAMME BEYOND 2012

(Presented by the Secretariat)

SUMMARY	
<p>At the end of 2012, the primary source of funding for the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) programme of the International Civil Aviation Organization (ICAO) will cease. Since its inception, little financial support has been available from the ICAO regular programme budget and the United Nations Central Fund for Influenza Action (CFIA) has provided the majority of funds since 2006. When its remit ends in December 2012, no further support will be available from this source. Unless alternative funding sources are found, the CAPSCA programme will need to significantly scale back or cease its activities. This paper provides the Meeting a rationale for prioritizing the CAPSCA regional project in future funding.</p>	
References	
<ul style="list-style-type: none"> • www.capsca.org 	
<i>Strategic Objective</i>	<p><i>This working paper is related to Strategic Objectives</i></p> <p>A. Safety – Enhance global civil aviation safety and</p> <p>C. Environmental Protection and Sustainable Development of Air Transport</p>

1. Introduction

1.1 Aviation can be a contributory factor to the rapid dissemination of disease; any city can be reached by an infected individual or animal within 24 hours. Furthermore, passenger numbers are significantly reduced by public health emergencies, restricting income to national economies as well as to airlines and associated businesses. During SARS in 2003, passenger traffic through Hong Kong International Airport fell by 80%. During the H1N1 outbreak in 2009, international passengers to Mexico fell by over 40%.

1.2 To mitigate the major impact of public health emergencies on the aviation sector, emergency preparedness is essential. This, in turn, demands communication and collaboration between involved stakeholders. Developing appropriate networks often requires traditional business, cultural and personal barriers to be overcome: public health authorities must work with civil aviation authorities, airlines, airport operators, air traffic control, customs and immigration and others. To help communicate risk concepts the media should also be involved. To attain this end, ICAO works closely with several other UN agencies, especially the World Health Organization (WHO), and with trade associations such as the International Air Transport Association (IATA) and Airports Council International (ACI).

1.3 In 2006, to assist States with the major challenge of multi-sector collaboration, the ICAO established the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) to develop harmonized, agreed-upon multi-sector guidance for States, International Organizations and service providers in aviation. CAPSCA facilitates effective management of public health emergencies and other potential emergencies in the aviation sector and provides for the implementation of Article 14 of the Convention on International Civil Aviation, which concerns the prevention of spread of communicable by air transport. CAPSCA improves the response to public health threats by assisting States, airports and airlines to improve preparedness. Likewise, it organizes regional training events and conducts Assistance Visits to States and international airports.

2 CAPSCA Achievements

2.1 Developing a global programme

2.1.1 As demonstrated by the H1N1 pandemic, an event in one region may be promulgated by aviation to affect the health and well-being of populations in another. CAPSCA therefore needs to be a global programme and it is currently developing its activities in five regions: Asia Pacific, Africa, the Americas, Europe and the Middle East. As urged in 2010 by ICAO Assembly Resolution A37-13, 77 States have so far joined a CAPSCA regional project.

2.2 Providing Assistance to States

2.2.1 The CAPSCA project in each region provides regional training seminars and workshops for both aviation and public health personnel, bringing together different skill sets. Very often such professionals have not previously communicated. In addition, Assistance Visits to States and airports are provided by a technical team of experts, during which an international airport is visited and a gap analysis undertaken. Local awareness training is given and a confidential report provided to the State Civil Aviation Authority, which can be used as a basis for improvements to local and national preparedness plans. The Assistance Visit technical team ideally comprises experts from both public health and aviation sectors and WHO has provided expertise for several assistance visits.

2.2.2 To date, 36 State and Airport Assistance Visits have been completed and 17 technical advisors participating in such visits have been trained including OJT. CAPSCA guidelines have been developed, providing the basis for the development of a template allowing the implementation of a National Aviation Public Health Emergencies Preparedness Plan, as required by ICAO Annex 9. An assistance visit checklist helps States/airports prepare for the Assistance Visit which normally takes two days. All relevant documentation is available on the CAPSCA website: www.CAPSCA.org.

2.3 ICAO Annex amendments

2.3.1 Amendments related with public health emergencies were made from 2007 to 2011 to ICAO Annex 6 – *Operation of Aircraft*, Annex 9 – *Facilitation*, Annex 11 – *Air Traffic Management*, Annex 14 – *Aerodromes* and Annex 18 – *The Safe Transport of Dangerous Goods by Air* and questions on public health emergency planning have also been included in ICAO’s Universal Safety Oversight Audit Programme protocols.

2.4 Communication and Collaboration

2.4.1 In 2005, when H5N1 (avian flu) threat was increasing, ICAO recognized that in order to fulfill its obligations under the Convention on International Civil Aviation concerning prevention of spread of communicable diseases, it needed to involve the other stakeholders. The World Health Organization (WHO) was an essential partner as were some trade associations such as the IATA and ACI representing aircraft and airport operators respectively. Another important partner was the United States Center for Disease Control and Prevention (CDC). ICAO worked to facilitate communication and collaboration between the five organizations and since then has included additional partnerships, for example: Office for the Coordination of Humanitarian Affairs (OCHA); World Food Programme (WFP); International Organization for Migration (IOM) and the World Tourism Organization (UNWTO).

2.4.2 During the Fukushima nuclear power plant accident in 2011, the relations already developed by CAPSCA served to activate an ad hoc transport task force, including seven UN agencies and two trade associations, to deal with emergency issues involving aviation. Questions such as the risks associated with flying through a radioactive plume; carriage of contaminated travelers and cargo; screening for radioactivity of aircraft, passengers and goods coming from Japan on departure and arrival were addressed. Three news releases helped to reassure travelers of the action being taken to minimize risks, and to promote continued travel to and from Japan.

3. CAPSCA Benefits

3.1 Multi-sector collaboration

3.1.1 By themselves, neither the public health authority nor civil aviation authority of a State has the appropriate knowledge, skills and implementation tools for developing effective preparedness planning and implementation. A multi-sector approach is therefore required which facilitates:

- Improved multi-sector communication, coordination, cooperation and collaboration, especially between the aviation and public health sectors, at all levels
- Improved and harmonized public health emergency response planning, in the aviation system
- Reduced impact of public health emergencies on populations, including:

- Reduced spread of disease
- Delayed spread of disease
- Peak effects of disease reduced
- Mitigation of economic effects
- Timely and planned return to normal operations
- Proportional response encouraged – ‘knee jerk’ reactions minimised
- Improved management of risk perception – for air passengers and aviation personnel

4. Assistance Visit Observations

4.1 From experience obtained during regional CAPSCA meetings and State/Airport Assistance Visits, it has been found that public health authorities often do not fully consider the special aspects of aviation when developing preparedness plans. Likewise, aviation personnel may give insufficient attention to public health emergency planning, concentrating primarily on prevention of aircraft accidents. Sometimes, personnel from different sectors actively resist increased collaboration between sectors. Public health emergency planning in aviation can therefore be a gap in preparedness. In addition, a common assumption that a disease will originate from another country can result in that States may not consider the implications of the outbreak of a disease in their own State and the effect this can have on air transport operations.

4.2 High-level political will and strong management support is required

4.2.1 Successful horizontal collaboration, across different sectors and even between different stakeholders in the same sector requires political will and strong management support, at the highest levels. Experience has shown that such support is often lacking.

4.3 Both public and private organizations need to collaborate

4.3.1 The trade associations representing and aircraft operators and international airports have provided valuable operational experience and expertise when developing preparedness plans.

4.4 Preparedness plans require testing

4.4.1 Having developed a preparedness plan, it needs to be tested. A public health emergency simulation should be as realistic as possible but table top exercises are effective and relatively inexpensive to organise. However, in many States they are not undertaken often enough.

4.5 Other observations commonly made during Assistance Visits:

- Civil aviation regulations are not updated with public health emergency standards
- There is inadequate knowledge of other sector’s standards and regulations.
- There is little multi-sector collaboration in developing preparedness plans resulting in duplication of effort
- Notification of a suspected in-flight case is not made to air traffic control, in accordance with ICAO procedures

- The designated parking position of an affected aircraft is inappropriately considered in the same manner as for other emergency situations e.g. fire, bomb threat, hijack.
- The ICAO preparedness planning template and ICAO/WHO/IATA passenger locator card are not adopted
- Communication issues (passengers, crew, airport staff, media) are not adequately addressed.

5. Ongoing CAPSCA Activities

5.1 The CAPSCA programme offers a platform, unique in aviation, to help meet the challenges of multi-sector preparedness planning for public health emergencies. Changes have been made to ICAO Annexes and audit programmes that require States to consider this subject as part of their routine work.

5.2 Assistance to States

5.2.1 With continued funding CAPSCA can assist States to implement the ICAO requirements concerning public health emergency planning with activities that foster collaboration between civil aviation and health sectors; facilitate the implementation of relevant aspects of the International Health Regulations (IHR); increase State membership in the CASPCA projects; provide regional multi-sector events; train personnel; provide Assistance Visits to airports and States; maintain and develop guidance material and the CAPSCA web site.

5.2.2 Assuming funding will be made available after 2012, the programme can expand to assist States with business continuity planning and to manage public health emergencies other than those related to communicable disease e.g. radionuclear and chemical accidents. The IHR (2005) includes non-communicable public health risks and future CAPSCA work will address these to a greater extent.

5.2.3 To facilitate multi-sector collaboration ICAO can establish or improve links with WHO at the regional office level, there are opportunities to collaborate more closely with certification of compliance of airports with the IHR (2005). At a global level, there is scope for improved, more formal, collaboration between the WHO and ICAO.

6 Funding

6.1 Funding for CAPSCA thus far has been provided primarily by the UN Central Fund for Influenza Action. This funding ends in December 2012 and additional funding for CAPSCA is not yet secured. To meet the annual costs of CAPSCA, approximately USD \$ 300,000, other sources of income are therefore currently being sought.

6.2 Some possibilities under consideration are:

ICAO

- Regular budget year-end 'Carry-over' funds
- Special implementation project(s)
- Fund for Aviation Safety (SAFE)
- Regional Projects
- Headquarters and Regional Offices regular programme budget allotments

States and Airports

- Voluntary contributions from States
- Cost recovery for Assistance Visits
- Project participation fee
- Technical Advisors Assistance Visit travel

Organizations

- United Nations funds
- Industry e.g. IATA, ACI, etc.
- Regional e.g. EU, etc.
- National e.g. CDC etc.
- Private e.g. Robert Koch Institute, etc.

7 Conclusions

7.1 Aviation is important in public health emergency planning because it can spread disease quickly yet can also collaborate mitigating its impact. Aviation is affected early during a public health emergency or potential emergency, and national economies can be adversely affected by a reduction of aviation traffic. Adequate planning reduces the initial economic impact and facilitates recovery after the event.

7.2 Public health emergency planning in the aviation sector has received insufficient attention in the past. Development and implementation of an effective preparedness plan requires multi-sector communication and collaboration and, often, a change in the culture and management methods of both public and private organizations, which takes time to develop. The most important changes to be made when developing effective national and local preparedness plans are relatively inexpensive to apply, but require political will and the support of high level management. Periodic testing of preparedness plans is an essential part of the planning process.

7.3 The primary source of funding for the public health emergency planning in aviation is currently the UN Central Fund for Influenza Action. This funding source ends in December 2012. To enable the ICAO CAPSCA programme to continue beyond 2012, additional funding sources must be identified.

8. Suggested action

8.1 The Meeting is invited to encourage States and Territories to:

- a) support ICAO to continue the CAPSCA project beyond 2012 and propose to ICAO possible sources and future mechanisms to fund the continuity of CAPSCA;
- b) send to ICAO a plan of action for the implementation of the recommendations resulting from the assistance visits within a month after receiving the visit report in order to facilitate the follow-up of its implementation; and
- c) improve communication, coordination, cooperation and collaboration among civil aviation and public health authorities in order to develop capacities for public health emergency preparedness in the civil aviation system.