



Review of the last CAPSCA Africa/Global meeting conclusions

ICAO – WHO CAPSCA 6th Meeting Johannesburg, SA, 12 – 13 October 2015

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CAPSCA

Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation

































Plan

- **★**CAPSCA Africa
- ★ Conclusions of the Fifth Regional Meeting, 14-17 July 2014, Nouakchott, Mauritania
- ★ Conclusions of the Fifth CAPSCA Global Coordination Meeting, 14-20 November 2014, Cairo, Egypt

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CAPSCA AFRICA

An International Civil Aviation Organization (ICAO) global initiative to improve preparedness planning and responses to public health emergencies that affect the aviation sector

→ CAPSCA Africa started in 2009 and now has Thirty three (33) Member States

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NO COUNTRY LEFT BEHIND





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Seven States joined since last CAPSCA Africa meeting















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CAPSCA – Africa: Conclusions of the Fifth Regional Meeting, 14-17 July 2014, Nouakchott, Mauritania

- 1. With respect to ebola, communication and collaboration across sectors and between stakeholders is essential
- 2. Public health preparedness requires the active involvement of the public health sector with the aviation sector at all levels: global, regional, national and operational this requires organizing *joint* meetings/training/Assistance Visits
- 3. There should be a harmonised approach to preparedness planning and response by different airports/airlines in a State and in a region CAPSCA Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation































CAPSCA – Africa: Conclusions of the Fifth Regional Meeting, 14-17 July 2014, Nouakchott, Mauritania

- 3. Africa needs to become self sufficient in managing preparedness and response in the aviation sector.
- 4. It would be willing to extend the training of Kenya Airways on preparedness planning to other organizations on request by the Civil Aviation Authorities.
- 5. States that have had recent experience of planning for ebola in the aviation sector are encouraged to record their experiences and challenges and send them by e-mail to the ICAO regional offices for posting on the CAPSCA website

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CAPSCA – Africa: Conclusions of the Fifth Regional Meeting, 14-17 July 2014, Nouakchott, Mauritania

- 6. Any State could suffer a serious outbreak of Ebola it is not possible to prevent the spread of disease by banning travel to and from affected countries. Every State should be prepared to manage such events
- 7. The meeting elected Kenya (Dr Stephen Karau) and Cote d'Ivoire (Dr Ouerega Joseph) as chair and deputy chair of CAPSCA Africa to a second three year term by acclamation.





































Conclusions from last CAPSCA Africa and Global coordination meetings

States are encouraged to:

- ★ Join CAPSCA, if not yet members
- ★ Request Assistance Visits to State and Airport, if not yet received
- ★ Provide officers to be trained as Technical Advisors, if desired
- ★ Consider offering to host an regional meeting; and
- ★ Consider contributing voluntary funds

































- 1. In accordance with the IHR (2005) States are to implement core capacities and WHO temporary recommendations during a PHEIC (e.g. EBOLA), and report progress periodically to WHO.
- 2. Restrictions on flights and passengers originating from countries with confirmed, suspected and contact cases are discouraged by WHO, ICAO, ACI, IATA and CAPSCA members. Suspension of flights by operators are also discouraged.

































- 3. International Organizations and States should ensure that correct and consistent statements and recommendations are communicated in a timely manner to service providers, operators and industry in order to support their decisions.
- 4. CAPSCA meetings, assistance visits and training will only be carried with joint WHO and ICAO participation. The WHO and ICAO Regional Offices will collaborate. Joint invitation letters for CAPSCA activities will be sent to both health and aviation national authorities to encourage active participation from both aviation and health sectors

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- 5. It was suggested that WHO invite ICAO to the next WHO Regional Committee meetings in each region to present the objectives and results of CAPSCA, and to regional IHR Implementation meetings and training and core capacity assessment activities.
- 6. States are encouraged to visit the new CAPSCA Ebola web page, the WHO Ebola page, the CDC Ebola Page and the and the AIRSAN bibliography web page. States are also encouraged to use the NOTAMs application available on the iSTARS/SPACE site located on the ICAO Secure Portal.

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- 7. To facilitate diversions to alternate aerodromes due to suspect cases on board aircraft in-flight, ICAO to encourage States to publish airports designated as Points of Entry provided with IHR core capacities in AIP from civil aviation authorities
- 8. ACI is to review and update its "Airport preparedness guidelines for outbreaks of communicable disease" considering the lessons learned from the CAPSCA Assistance Visits, especially dealing with examples and recommendations for the management of suspected cases of communicable disease on board

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9. Angola, Switzerland, Thailand and United Kingdom have made monetary voluntary contributions to ICAO for CAPSCA implementation.

10. Dr. Stephen Karau, Chairman of CAPSCA Africa in representation of Kenya, informed the meeting of his new appointment as Ambassador to the United Nations in Geneva, and introduced his successor in the Kenya Civil Aviation Authority. ICAO expresses appreciation for Dr. Karau's contribution to the development of CAPSCA Africa and wishes him well in his new post.

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NO COUNTRY LEFT BEHIND





North American Central American and Caribbean (NACC) Office Mexico City

South American (SAM) Office Lima ICAO Headquarters Montréal Western and Central African (WACAF) Office Dakar European and North Atlantic (EUR/NAT) Office Paris

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