



ICAO

CAPSCA

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



CAPSCA EUR-MID/12 Meeting

Hosted by EGYPT from 19 to 20 May 2025

Organized by:

**ICAO MID Regional Office jointly with
ICAO EURNAT Regional Office**

Supported by:



Final Report



INTERNATIONAL CIVIL AVIATION ORGANIZATION

**COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH
EVENTS IN CIVIL AVIATION
(CAPSCA)**

**REPORT OF THE TWELFTH MEETING OF THE
CAPSCA EUR/NAT & MID REGIONAL OFFICES**

(CAPSCA EUR-MID/12)

(Cairo, Egypt, 19 – 20 May 2025)

The views expressed in this report should be taken as those of the Collaborative Arrangement for The Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) Programme and not of the Organization. This Report will, however, be submitted to the ICAO management and any formal action taken will be published in due course as a Supplement to the Report.

Approved by the Meeting
and published by authority of the Regional Director

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Attachment A

List of Participants

1. PLACE AND DURATION

1.1 The Twelfth meeting of the Joint Europe and North Atlantic and Middle East Regional Office of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA EUR-MID/12) was graciously hosted by the Egyptian Ministry of Civil Aviation, Cairo, Egypt, 19 – 20 May 2025.

1.2 The CAPSCA 12 meeting was actively supported by International Organizations namely: WHO HQ, WHO EURO, WHO EMRO, and EASA.

2. OPENING

2.1 The CAPSCA EUR-MID/12 Meeting was formally opened by distinguished representatives from both the civil aviation and public health sectors, underscoring the collaborative and multidisciplinary nature of the CAPSCA programme. Opening remarks were delivered by Dr. Khalil M. Khalil, CAPSCA-MID Chairperson; Dr. Ahmed Zouiton, Acting Regional Emergency Director, WHO EMRO; Dr. Radi Hammad, Head of the Public Health Sector; Mr. Mohamed Abubaker Farea, ICAO MID Regional Director; and H.E. Capt. Amr El-Sharkawy, President of the Egyptian Civil Aviation Authority (ECAA). Their addresses highlighted the importance of continued coordination between aviation and health stakeholders to strengthen preparedness and response capabilities at points of entry, and reaffirmed their commitment to supporting CAPSCA objectives in the EUR and MID Regions.

2.2 The ICAO MID Regional Director and H.E. the President of the ECAA recalled that the CAPSCA Programme aims to strengthen public health preparedness and response in civil aviation by fostering cross-sectoral collaboration, regional coordination, and institutional resilience, ensuring health risks are proactively managed across the aviation system. Its vision is to build a safe, secure, and resilient global air transport system that is fully prepared to prevent, detect, and respond to public health events, while maintaining the continuity of air operations.

3. ATTENDANCE

3.1 The meeting was physically attended by a total of eighty (80) participants from fifteen (15) States and five (5) International Organizations. The list of participants is at **Attachment A**.

4. OFFICERS AND SECRETARIAT

4.1 The meeting was chaired by Dr. Khalil M. Khalil, the CAPSCA-MID Chairman and the Head of Aviation Medicine of the Jordanian Civil Aviation Regulatory Commission (CARC).

4.2 The meeting was supported by Dr. Johanna Jordaan, the Chief of the Aviation Medicine Section at ICAO HQ and the CAPSCA Program Manager.

4.3 Mr. Mohamed Iheb Hamdi, the Regional Officer for Aerodromes and Ground Aids and the CAPSCA MID Regional Coordinator ICAO MID Office along with Mr. Sarantis Poulimenakos, the Regional Officer for Air Navigation Services/Implementation and the CAPSCA EUR Regional Coordinator, acted as the Secretaries of the meeting.

5. AGENDA/PROGRAM AND DOCUMENTATION

5.1 The Agenda/Program of the Meeting, included mainly:

- Agenda Item 1: Review of Conclusions of CAPSCA EUR-MID/11

- Agenda Item 2: ICAO/CAPSCA & WHO Global/Regional updates
- Agenda Item 3: WHO and ICAO Public Health Emergency (PHE) Matters
- Agenda Item 4: CAPSCA Key Partners Updates
- Agenda Item 5: Activities and feedback from CAPSCA States
- Agenda Item 6: Aviation Medicine Workshop
- Agenda Item 7: Round table discussions:
 - a) Crisis management: Preparedness for future PHE
 - b) Multi-sectoral and regional coordination and collaboration for aviation public health preparedness

5.2 The meeting's documentation and presentations are available on ICAO MID website at the following link: [Middle East Regional Collaborative Arrangement for the Prevention & Management of Public Health Events in Civil Aviation \(CAPSCA\)](#)

6. RECOMMENDATIONS

6.1 The CAPSCA Meeting record their actions in the form of CAPSCA Enhancement Initiatives with the following significance:

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/1: ENHANCING CAPSCA REGIONAL ENGAGEMENT AND STRUCTURE

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/2: PROMOTING IMPLEMENTATION OF THE IHR (2005) TARGETED AMENDMENTS AND THE PANDEMIC AGREEMENT IN AVIATION

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/3: SUPPORTING CONTACT TRACING IMPLEMENTATION IN AVIATION

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/4: EXTENSION AND COORDINATION OF THE CONTACT TRACING PROJECT TEAM (CT PT)

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/5: STRENGTHENING IHR (2005) CORE CAPACITIES AT POINTS OF ENTRY (PoEs)

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/6: PROMOTING ICAO-WHO COORDINATION MECHANISMS AND DIGITAL TOOLS

REPORT ON AGENDA ITEM 1: REVIEW OF CAPSCA EUR-MID/11 RECOMENDATIONS

1.1 The meeting reviewed the outcomes of the CAPSCA EUR-MID/11 meeting, presented by the Secretariat. The meeting acknowledged the progress made in implementing the recommendations of the previous meeting and reaffirmed the value of continued regional collaboration.

1.2 The meeting recognized the efforts undertaken to strengthen the CAPSCA structure and increase global engagement, with improved coordination between ICAO, WHO, and regional stakeholders.

1.3 The importance of State-level coordination and the designation of national focal points was emphasized.

1.4 The meeting encouraged States to continue promoting the coordination between safety, navigation and facilitation entities, as well as between civil aviation and public health authorities, and use of CAPSCA tools such as the Implementation Checklist. The meeting noted the important role of these tools in supporting emergency preparedness and audit readiness.

1.5 Participants at the meeting were updated on the activities of the Contact Tracing Project Team (CT-PT), established following Recommendation 7 of CAPSCA EUR-MID/11. The team, coordinated jointly by ICAO, WHO EURO, EASA, and ECDC, has conducted multiple meetings to address operational, legal, and data protection aspects of contact tracing in the European region. The meeting also supported the continued engagement of the CT-PT with the ICAO Legal Committee Study Group on international air carriage and data protection laws.

1.6 The meeting noted the publication of the WHO Global Guidelines on Contact Tracing (Dec. 2024), and the legal frameworks enabling cross-border cooperation, including the International Health Regulations (IHR) (2005), the EU Regulation 2022/2371 and the General Data Protection Regulation (GDPR).

AGENDA ITEM 2: ICAO, CAPSCA & WHO GLOBAL AND REGIONAL UPDATES

Transforming CAPSCA in alignment with the ICAO strategy

2.1 The meeting was presented with a global update by the Secretariat on the transformation of the CAPSCA Programme in alignment with the ICAO Strategic Objectives and relevant Assembly Resolutions. The meeting acknowledged the ongoing efforts to strengthen the institutional framework and governance of CAPSCA at the global and regional levels.

2.2 The meeting noted the alignment of CAPSCA activities with several Assembly Resolutions, including:

- A40-14 on disease mitigation through aircraft disinsection and vector control;
- A41-11 on air transport facilitation in response to the COVID-19 pandemic;
- A41-12, which provided a multi-faceted roadmap for sustaining safe international air transport during public health emergencies.

2.3 The meeting recognized the comprehensive set of actions outlined under Assembly Resolution A41-12, including:

- Development of a Crisis Response Framework
- Formalization of CAPSCA governance
- Strengthening collaboration with WHO and other international partners
- Creation of an Aviation Health Management Plan
- Advancement of PANS–Health and updates to Annex 9, Chapter 10

2.4 The meeting supported the initiatives under way to develop a digitized platform for health-related information sharing, enhance audit frameworks, and expand the role of the Medical Provisions Study Group (MPSG) and Facilitation Panel. These efforts aim to consolidate aviation health-related SARPs, guidance material, and emergency preparedness mechanisms.

2.5 The meeting encouraged States to align their national aviation preparedness plans with the Sendai Framework for Disaster Risk Reduction, the International Health Regulations (2005), and ICAO SARPs and PANS. The importance of multi-sectoral collaboration and the integration of aviation health into national disaster planning frameworks was emphasized.

2.6 The meeting was informed of the upcoming ICAO Aviation Health Symposium (2026), and the planned reporting to Assembly 42 (2025) on CAPSCA programme developments, implementation status, and updated guidance material. States were invited to continue supporting CAPSCA through participation, sponsorship, and contributions to working groups and regional activities.

2.7 In this regard, the meeting proposed the following CAPSCA Enhancement Initiative:

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/1: ENHANCING CAPSCA REGIONAL ENGAGEMENT AND STRUCTURE

That, States and stakeholders are encouraged to support the transformation of CAPSCA by:

- a) *aligning national aviation health preparedness frameworks with the ICAO Strategic Objectives and Assembly Resolutions A40-14, A41-11, and A41-12; add A41-17 on facilitation*
- b) *actively engaging in CAPSCA activities, including participation in regional meetings, joint initiatives, and technical working groups;*

- c) *promoting intersectoral coordination at the national level as well as at airports, particularly between civil aviation and public health authorities; and*
- d) *emphasizing the importance to expedite the CAPSCA transformation objectives, specifically in the area of governance , sustainable funding and capacity building activities.*

WHO Pandemic Agreement and IHR amendments

2.8 The meeting was presented with an update from the WHO EMRO on the targeted amendments to the International Health Regulations (2005) and the Pandemic Agreement. The presentation highlighted lessons learned from COVID-19 and global efforts to improve health emergency preparedness and response frameworks.

2.9 The meeting noted the outcome of extensive technical and legal review processes, including inputs from the GPMB, IHR Review Committee, IOAC, and IPPPR, which emphasized the urgent need to revise and strengthen global health security mechanisms through targeted amendments to the IHR (2005) and through a pandemic agreement without waiting for the next crisis.

2.10 The meeting acknowledged the resolution WHA77.19 which adopted the package of targeted amendments to the IHR (2005) during the 77th World Health Assembly (WHA) in June 2024, including:

- Establishment of National IHR Authorities and the States Parties Committee
- Expansion of the operational responsibilities of conveyance operators to comply with WHO and State Party recommendations on the application of health measures on board as well as during embarkation and disembarkation
- Inclusion of provisions for the use of digital health documents (while maintaining non-digital options)
- Expansion of the scope to include pandemic emergencies and a commitment to solidarity and equity
- Inclusion of access to laboratories as part of the core capacity requirements at Points of Entry (PoEs)

2.11 The meeting welcomed the provisions related to transparency, solidarity and equity embedded within the scope and principles of the Pandemic Agreement, which is being endorsed under Article 19 of the WHO Constitution. The agreement emphasizes integration of the One Health approach, sustainable financing, and inclusive governance.

2.12 The meeting recognized the potential implications of these legal instruments on aviation health, particularly the need for coordinated implementation of IHR core capacities at airports, and the adoption of global standards for digital health documents. The meeting reaffirmed the importance of continued collaboration between ICAO and WHO.

2.13 In this context, the meeting proposed the following CAPSCA Enhancement Initiative:

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/2: PROMOTING IMPLEMENTATION OF THE IHR (2005) TARGETED AMENDMENTS AND THE PANDEMIC AGREEMENT IN AVIATION

That, States are encouraged to:

- a) *implement the targeted amendments to the IHR (2005) adopted in 2024, particularly those related to Points of Entry, upon their entry into force;*

- b) integrate the provisions of the forthcoming Pandemic Agreement into national contingency planning; and*
- c) collaborate with ICAO and WHO in capacity-building efforts aimed at operationalizing the updated global legal frameworks and related guidance documents in the aviation context.*

WHO update on contact tracing in aviation

2.14 The meeting was presented with a detailed update from the WHO Health Emergencies Programme (WHE) at HQ on the IHR (2005) related provisions and global guidance on contact tracing, with a particular focus on its application in the aviation context. .

2.15 The meeting noted the IHR (2005) relevant provisions for contact tracing including roles and responsibilities of conveyance operators (Articles 24), Ships and aircrafts at PoEs (Article 28), General rule (under Part VI – health documents) (Article 35), Health Part of the Aircraft General Declaration (Article 38 and annex 9), Collaboration and Assistance (Article 44), Treatment of personal data (Article 45), and Technical requirements pertaining to conveyances and conveyance operators (Annex 4), as well as the use of Passenger Locator Forms (PLF) to support timely contact tracing actions in aviation and across borders.

2.16 The meeting was informed of the WHO Guideline on Contact Tracing, published in 2024, and its “disease-agnostic” scope. The guideline includes standard definitions, performance metrics, and operational methods to enhance contact tracing efforts during outbreak response. The meeting was further updated on the forthcoming WHO Implementation Guidance, which aims to facilitate the adaptation and operationalization of the WHO Guideline on Contract Tracing in real-world settings with measurable impact.

2.17 The meeting acknowledged WHO’s invitation for ICAO to contribute to the development of the WHO implementation guidance on contact tracing by providing specific considerations from the aviation sector, so that aviation-specific perspectives and requirements are effectively incorporated into the final outputs.

2.18 The meeting also took note of disease-specific guidance, such as RAGIDA (Risk Assessment Guidelines for Infectious Diseases transmitted on Aircraft, and highlighted the need for coordinated information sharing among IHR National Focal Points, especially in contexts involving cases or contacts during international travel.

2.19 Accordingly, the meeting proposed the following CAPSCA Enhancement Initiatives:

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/3: SUPPORTING CONTACT TRACING IMPLEMENTATION IN AVIATION

That, States and relevant partners are invited to:

- a) implement the WHO Guideline on Contact Tracing;*
- b) facilitate timely and secure data sharing for contact tracing during public health responses in accordance with the IHR (2005) and national data protection laws;*

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/4: EXTENSION AND COORDINATION OF THE CONTACT TRACING PROJECT TEAM (CT PT)

That, the Contact Tracing Project Team (CT PT) should be extended and further supported, and that:

- a) *the CT PT liaise with the ICAO Study Group on Data Protection and Air Transport to ensure the inclusion of public health-related data protection aspects in the group's work; and*
- b) *the CT PT should report the outcomes of its work to the next CAPSCA EUR-MID/13 meeting.*

Overview of WHO regional activities guidance, tools and recent regional initiatives on border health

2.20 The meeting was presented with an update from WHO EMRO on ongoing activities and initiatives related to border health and the development of core capacities at Points of Entry (PoEs), including designated airports, as part of the implementation of IHR (2005) in the Eastern Mediterranean Countries.

2.21 The meeting noted the joint ICAO-WHO Work Plan signed in 2022 and finalized in 2025, which provides a structured framework for joint collaboration in public health emergency preparedness in aviation, technical support, and information exchange between the aviation and health sectors.

2.22 The meeting recognized the regional priorities identified in the ICAO-WHO Work Plan for the Eastern Mediterranean Region (EMR), which include: joint assessments, joint simulation exercises (SimEx), public health risk assessments at airports, support for public health emergency contingency plans at airports, training in public health emergency management, and cross-border coordination mechanisms.

2.23 The meeting was informed of WHO EMRO's technical support to States in developing and implementing Public Health Emergency Contingency Plans (PHECPs) and Standard Operating Procedures (SOPs) at airports, including training programmes on enhancing IHR (2005) core capacities at PoEs (both routine capacities and those in response to emergencies), digital platforms for monitoring travel-related health measures, and integration with of PoEs national surveillance systems.

2.24 The meeting acknowledged the challenges faced in strengthening public health capacity at PoEs, including variability in infrastructure, insufficient multisectoral coordination, limited access to core facilities at airports, high staff turnover, and lack of infrastructure for digital solutions for contact tracing, health documents and traveler monitoring.

2.25 The meeting encouraged States to institutionalize multisectoral platforms for the implementation IHR (2005) core capacities at airports, embed PoE capacity-building in broader health system planning, and conduct regular simulation exercises and peer learning exchanges. The meeting reaffirmed the importance of enhancing IHR core capacities at PoEs through sustained regional collaboration and technical assistance.

Update on WHO EURO activities on Points of Entry (PoE)

2.26 The meeting was presented with an update from WHO EURO on recent regional activities supporting the implementation of the International Health Regulations (2005) at Points of Entry (PoEs), particularly in the context of the new Preparedness 2.0 Strategy and Action Plan 2024 - 2029.

2.27 The meeting noted that Preparedness 2.0, adopted by the WHO Regional Committee for Europe, provides a structured regional approach to strengthening public health emergency preparedness and resilience, including targeted support for PoEs.

2.28 The meeting recognized WHO EURO's approach to strengthening PoE capacities, which includes support for designation processes, development of contingency plans and SOPs, simulation

exercises, digital tools for decision- making and monitoring of international travel measures, and joint risk assessments.

2.29 The meeting took note of the Joint External Evaluations (JEE) and other IHR (2005) Monitoring and Evaluation (M&E) framework, such as SPAR and AAR/IAR, used across the WHO European Region to assess the implementation of IHR (2005) core capacities including those at PoEs.

2.30 The meeting acknowledged the importance of public health and aviation sector coordination. In this regard, the meeting welcomed the WHO-ICAO Memorandum of Understanding (MoU) signed in November 2022 and the development of a joint workplan to facilitate its operationalization.

2.31 The meeting encouraged continued regional collaboration between WHO EURO, ICAO, and States to conduct joint training, simulation exercises, and technical guidance development, particularly to support aviation-specific needs in the implementation of IHR at airports.

2.32 Following this discussion, the meeting proposed the following CAPSCA Enhancement Initiative:

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/5: STRENGTHENING IHR (2005) CORE CAPACITIES AT POINTS OF ENTRY (PoEs)

That, States, in collaboration with WHO and ICAO, are encouraged to consider:

- a) designating and developing the capacities at airports in accordance with IHR (2005) Annex 1B requirements;*
- b) developing, testing, and regularly updating Public Health Emergency Contingency Plans (PHECPs) and Standard Operating Procedures (SOPs); and*
- c) institutionalizing multisectoral coordination platforms at airports and conduct regular simulation exercises to improve readiness for emergencies.*

ICAO activities on Public Health in ICAO: Facilitation Stream

2.33 The meeting was presented with an update by the ICAO Secretariat on ongoing activities related to public health preparedness and response in aviation, particularly through the implementation of Annex 9 – Facilitation, Assembly Resolutions, and related capacity-building initiatives.

2.34 The meeting noted the recent adoption of Amendment 30 to Annex 9, which was adopted by the ICAO Council on 5 November 2024, became effective on 10 March 2025, and will become applicable on 11 July 2025. The amendment reinforces State obligations related to the International Health Regulations (IHR 2005) and strengthens coordination among civil aviation authorities, public health entities, and aviation stakeholders.

2.35 The meeting recognized that Chapter 10 of Annex 9 provides the regulatory foundation for managing health-related events at airports, including measures for inspection of health documentation, prevention and mitigation of communicable diseases, and public health emergency response.

2.36 The meeting was informed of a range of ICAO facilitation training courses, including:

- ICAO Annex 9: Facilitation Virtual Classroom Course
- Assistance to Aircraft Accident Victims and their Families
- Visible Digital Seals for Travel-Related Public Health Proofs
- Traveler Identification Programme (TRIP) Strategy

- Managing Air Transport Facilitation

2.37 These courses are designed to build inter-agency capacity to implement Annex 9 SARPs, manage health events in aviation, and enhance public health readiness.

2.38 The meeting took note of the outcomes of the ICAO Facilitation Conference (FALC 2025) held in Doha, Qatar from 14 to 17 April 2025, under the theme “Facilitating the Future of Air Transport: Collaboration, Efficiency, and Inclusivity.”

2.39 The meeting highlighted the Health Commitments of the Doha Declaration, which call upon States to collaborate with the public health sector in developing national aviation plans to manage communicable disease outbreaks. These plans should ensure safe and efficient air transport operations and be aligned with the WHO IHR (2005).

REPORT ON AGENDA ITEM 3: WHO AND ICAO PUBLIC HEALTH EMERGENCY (PHE) MATTERS

3.1 The meeting was presented with updates from ICAO, WHO Headquarters, and the WHO Regional Offices for Europe and the Eastern Mediterranean on public health emergency (PHE) preparedness and response in civil aviation. The updates addressed strategic, regulatory, and operational developments supporting States in strengthening resilience to health emergencies in alignment with the International Health Regulations (2005) and ICAO provisions.

3.2 The meeting was informed of the ongoing transformation of the CAPSCA Programme, aligning it more closely with ICAO's Strategic Objectives and Assembly Resolutions, notably A40-14, A41-11, and A41-12. This includes efforts to enhance crisis response frameworks, formalize CAPSCA governance, and integrate health emergency management across the aviation system.

3.3 The WHO Regional Offices provided detailed updates on technical support to developing IHR (2005) core capacities at PoEs including airports and public health emergency preparedness in aviation. WHO EMRO highlighted regional capacity-building through Public Health Emergency Contingency Plans (PHECPs), SOP development, comprehensive training and capacity building, exchange of experience and simulation exercises. WHO EURO presented its Preparedness 2.0 Strategy (2024–2029) and emphasized the application of monitoring tools such as SPAR, JEE, and IAR/AAR to assess IHR implementation and PoE readiness across Member States.

3.4 The meeting acknowledged persistent challenges in developing and sustaining PoE capacities, such as limited infrastructure, lack of inter-agency coordination, and inadequate workforce continuity. Both WHO Regional Offices reaffirmed their commitment to provide technical support, facilitate peer learning, and support multisectoral collaboration.

3.5 The ICAO Secretariat updated the meeting on activities supporting public health readiness through the implementation of Annex 9: Facilitation, including the recent Amendment 30, which reinforces State obligations under the IHR (2005) and provides a regulatory foundation for coordinated public health responses at international borders.

3.6 The meeting recalled the ICAO training courses aimed at building aviation sector capacity to respond to PHEs. These courses are designed to enhance inter-agency coordination and ensure preparedness in line with ICAO SARPs and WHO guidelines.

3.7 The meeting took note of the outcomes of the ICAO Facilitation Conference (FALC 2025), held in Doha under the theme “Facilitating the Future of Air Transport: Collaboration, Efficiency, and Inclusivity.” The meeting highlighted the Health Commitments of the Doha Declaration, which call for States to develop national aviation plans for communicable disease outbreaks, in alignment with the IHR (2005).

3.8 The meeting reaffirmed the importance of continued collaboration between ICAO and WHO, particularly through the operationalization of the ICAO/WHO Memorandum of Understanding signed in 2022. The joint workplan under this MoU facilitates technical cooperation, coordinated risk assessments, and harmonized guidance for managing health emergencies in civil aviation.

3.9 As a result, the meeting proposed the following CAPSCA Enhancement Initiative:

CAPSCA EUR-MID ENHANCEMENT INITIATIVE 12/6: PROMOTING ICAO-WHO COORDINATION MECHANISMS AND DIGITAL TOOLS

That, States and stakeholders are encouraged to:

- a) support the implementation of the ICAO-WHO MoU (2022) and the joint workplan for collaboration between public health and civil aviation on health emergency preparedness, readiness and response; and*
- b) use the joint interregional CAPSCA EUR-MID meeting as interactive platform to discuss public health issues in the aviation sector.*

REPORT ON AGENDA ITEM 4: CAPSCA KEY PARTNERS' UPDATES***ECDC (European Centre for Disease Prevention and Control) and Aviation Activities***

4.1 The meeting was presented with an update by the European Centre for Disease Prevention and Control ([ECDC](#)) on its aviation-related activities, including its longstanding collaboration with the European Union Aviation Safety Agency (EASA) and other international stakeholders.

4.2 The meeting noted the series of joint EASA–ECDC Aviation Health Safety Protocols developed between 2020 and 2022, which provided guidance for mitigating health risks in air travel during the COVID-19 pandemic. The collaboration continues through regular exchanges of technical guidance, access to EpiPulse, and joint efforts on digital tools such as the EU digital Passenger Locator Form (dPLF).

4.3 The meeting was informed of the After-Action Review (AAR) conducted by ECDC in collaboration with multiple aviation and public health partners. The AAR focused on lessons learned during the COVID-19 response, identifying key challenges such as the lack of harmonized cross-border measures, limited digital solutions for contact tracing, and gaps in communication between public health authorities and aviation stakeholders.

4.4 The meeting recognized the good practices emerging from the AAR, including the establishment of intersectoral working groups at Points of Entry (PoEs), enhanced risk communication, improved surge capacity planning, and the importance of maintaining regular simulation exercises during both crisis and non-crisis periods.

4.5 The meeting was updated on ECDC's contributions to the EU Regulation on Serious Cross-Border Threats to Health (2022/2371), under which ECDC conducts three-yearly assessments of Member States' preparedness capacities, including emergency preparedness at PoEs.

4.6 The meeting took note of ECDC's involvement in international collaborations, including participation in the ICAO Study Group on interactions between international air carriage and data protection laws and ongoing updates to the Risk Assessment Guidelines for Infectious Diseases transmitted on Aircraft (RAGIDA).

4.7 The meeting was informed of ECDC's broader preparedness initiatives, including its systematic reviews on the effectiveness of travel measures, lessons learned from COVID-19 and mpox responses, and the development of new recommendations for national preparedness plans. These efforts emphasize the value of intersectoral coordination, digitalization, simulation exercises, and risk communication at PoEs.

EASA Updates: Collaboration, Coordination and Harmonization in the Post-COVID-19 Era

4.8 The meeting was presented with an update by the European Union Aviation Safety Agency ([EASA](#)) on its ongoing work to promote collaboration, coordination, and harmonization in the post-COVID-19 era, with a focus on ensuring safe and secure aviation operations while maintaining public health protections.

4.9 The meeting noted EASA's regulatory mandate under Article 91 to contribute to aviation crisis response and mitigation, and its leadership in developing the EASA–ECDC Aviation Health Safety Protocols (AHSP), which were aligned with ICAO's CART recommendations and widely adopted across Europe.

4.10 The meeting was informed that, while the Return to Normal Operations (RNO) project was concluded in January 2022, EASA continues to manage health-related activities through its Health Safety Project, which integrates preparedness planning, gradual risk-based escalation and de-escalation strategies, and international coordination.

4.11 The meeting recognized EASA's emphasis on harmonization across domains and countries, including its collaborations with ECDC, ICAO, WHO, the US CDC, and FAA, and the critical importance of mutual recognition of health measures to reduce complexity for operators and travelers.

4.12 The meeting took note of EASA's assessments of various public health interventions, including border closures, quarantine, screening, and contact tracing, noting that evidence suggests limited efficacy for many measures, especially in the absence of robust upstream monitoring and cross-border coordination.

4.13 The meeting was updated on EASA's ongoing scientific research project (2024–2027) focused on reducing infectious agent transmission in aircraft cabins. The project, performed by DLR with support from Lufthansa and Airbus, aims to provide scientific evidence and regulatory recommendations on topics such as airflow management, surface disinfection, antimicrobial materials, and the impacts on airworthiness and safety.

4.14 The meeting acknowledged the importance of cultivating cross-sector harmonization, maintaining readiness through inter-agency collaboration, and incorporating research findings into regulatory frameworks to enhance both passenger and crew safety and overall system resilience.

IAC Activities in the Issues of Readiness and Cooperation in Civil Aviation to Cope with Threats in Public Health

4.15 The meeting was presented with an update by the Interstate Aviation Committee ([IAC](#)) on its activities to enhance readiness and cooperation in civil aviation for addressing public health threats, particularly within the Commonwealth of Independent States (CIS) and in coordination with CAPSCA EUR.

4.16 The meeting was informed that IAC CAAC's main tasks include coordinating aviation medical services across member States, developing long-term interstate programs, standardizing professional education and certification, and incorporating medical science advancements into the daily practices of aviation medicine and flight medical support.

4.17 The meeting noted that the IAC, through its Coordinative Advisory Aeromedical Council (CAAC), serves as a specialized platform for harmonizing aviation medical practices and promoting intersectoral and interstate cooperation in line with ICAO Standards and Recommended Practices, WHO regulations, and international norms.

4.18 The meeting took note of IAC's cooperation with the IRT Center of the Republic of Belarus, including a formal agreement on scientific and technical cooperation, which supports the development of training programs for aviation and aeromedical personnel to manage public health threats and emergency situations.

4.19 The meeting was briefed on IAC's operational and tactical training facilities, which include specialized sites for emergency response, power plant incident management, and aviation medicine.

4.20 The meeting acknowledged the pandemic’s demonstration of the need for robust, coordinated, and trust-based public health safety mechanisms in civil aviation. The IAC reaffirmed its commitment to the principles of “uniting aviation” and leaving no issue of flight safety unaddressed, underscoring the importance of sustained cooperation with the global aviation and medical community.

Frontex Europe updates on the European Travel Information and Authorization System (ETIAS)

4.21 The meeting was presented with an update by [Frontex Europe](#) on the latest developments concerning the implementation of the European Travel Information and Authorization System (ETIAS), which was established under Regulation (EU) 2018/1240 to strengthen internal security in Europe while facilitating the movement of bona fide travelers.

4.22 The meeting noted that ETIAS will apply to travelers from visa-exempt countries and is integrated with the Entry/Exit System (EES), marking a shift in the travel process to Europe with pre-departure screening requirements.

4.23 The meeting was informed that approximately 95% of ETIAS applications are expected to be processed automatically within minutes, with only exceptional cases requiring up to 30 days. Applications are systematically screened against European databases, including SIS, VIS, EUROPOL, EURODAC, and the ETIAS watchlist, with particular attention to illegal immigration risks, health security threats, and epidemic risks as identified in collaboration with entities such as the Health Security Committee and ECDC.

4.24 The meeting recognized the operational role of the ETIAS Central Unit, established within Frontex, which is responsible for verifying flagged applications, facilitating consultation between Member States, managing risk indicators, ensuring fundamental rights compliance, and providing public communication about the ETIAS process. The Central Unit operates 24/7 to ensure continuous application oversight.

4.25 The meeting was cautioned about the proliferation of unofficial and fraudulent ETIAS websites, with over 120 fake sites already identified, posing risks of financial exploitation, misinformation, document forgery, and cybersecurity vulnerabilities. Frontex emphasized that the only official ETIAS website is europa.eu/etias and urged stakeholders to promote this official portal to the traveling public.

REPORT ON AGENDA ITEM 5: ACTIVITIES AND FEEDBACK FROM CAPSCA STATES***UAE Feedback: Civil Aviation Regulation on Communicable Disease Management Protocol (CAR-CDMP)***

5.1 The meeting was presented with an update from the United Arab Emirates (UAE) on its newly launched the Civil Aviation Regulation on Communicable Disease Management Protocol (CAR-CDMP), developed by the UAE General Civil Aviation Authority (GCAA) to enhance public health safety across national aviation operations.

5.2 The meeting noted that the CAR-CDMP integrates protocols to prevent the spread of communicable diseases within both airports and national air carriers. The protocol was developed in cooperation with the UAE Ministry of Health and Prevention (MOHAP) and aligned with WHO global standards, reflecting a multi-level coordination approach involving operators, national health authorities, and international oversight.

5.3 The meeting was informed that the CAR-CDMP has been fully implemented by the GCAA, with airlines required to demonstrate compliance and operational effectiveness. The protocol has been incorporated into operational manuals, frontline procedures, and national Flight Operations Annual Audit Programmes to ensure ongoing verification and compliance.

5.4 The meeting recognized that the UAE successfully conducted multi-station testing of the protocol, confirming its effectiveness under real operational conditions. The protocol has now been formally integrated into the country's communicable disease management framework for the aviation sector.

5.5 The meeting took note of the UAE's ongoing collaboration with WHO to promote global adoption of the protocol, as well as regional engagement efforts through WHO Eastern Mediterranean Region to formally acknowledge the protocol's effectiveness.

5.6 The meeting was informed that the UAE is preparing a Working Paper for presentation at the 42nd ICAO Assembly in September 2025, aiming to enhance or replace ICAO Assembly Resolution A40-14. The objective is to promote global harmonization of aviation health protocols, strengthening public health protection during air travel and advancing international policy alignment.

WHO Country Office Egypt Feedback: strengthen public health preparedness at Points of Entry (PoEs)

5.7 The meeting was presented with an update by the WHO Egypt Country Office and the Egyptian Ministry of Health and Population (Quarantine Health Department) on national efforts to strengthen public health preparedness at Points of Entry (PoEs), particularly in the context of compliance with the International Health Regulations (IHR 2005).

5.8 The meeting noted that Egypt has a total of 39 PoEs, including 14 international airports, with Cairo International Airport handling over 50% of national flight movements. In 2024, Egypt achieved a 100% score in the implementation of IHR (2005) core capacity requirements at PoEs on the as reported in Annual State Party (SPAR) reporting tool, assessment, demonstrating full compliance with IHR core capacity requirements and an effective public health response system at designated PoEs.

5.9 The meeting was informed of the key efforts undertaken by Egypt’s Quarantine Department, including 24/7 medical oversight, enhanced health screening and though thermal scanning, visual observations, collection of health documents and rapid response protocols, and robust traveler monitoring systems aligned with global health standards.

5.10 The meeting recognized Egypt’s proactive response to regional health emergencies, notably the Sudan conflict, where the “Qoustol” ground crossing experienced significant influx of cross-border population movement. Egypt coordinated provision of essential supplies, healthcare services, and operational support in collaboration with UN agencies and NGOs to manage communicable disease risks.

5.11 The meeting took note of Egypt’s ongoing initiatives, such as PoE assessment visits, capacity-building workshops, annual national PoE meetings, and the scaling up of digital transformation at PoEs to improve operational readiness, disease surveillance, and vector surveillance and control.

5.12 The meeting highlighted Egypt’s commitment to institutionalizing continuous learning mechanisms, strengthening multisectoral coordination (including health, customs, security, and transport authorities), and conducting regular simulation exercises to ensure sustained public health preparedness at national airports and other PoEs.

Portugal Feedback: National Experiences Managing Public Health Emergencies in Civil Aviation

5.13 The meeting was presented with an update by Portugal on national experiences managing public health emergencies in civil aviation, providing insights from past infectious disease outbreaks and the evolution of national preparedness frameworks.

5.14 The meeting noted Portugal’s long-standing integration of public health authorities within airport emergency committees, starting in 2000, and highlighted key milestones including contingency planning and national guidance for air travelers during the anthrax (2001), SARS (2003), AH1N1 (2009), Ebola (2014), and COVID-19 (2020–2023) events.

5.15 The meeting noted with appreciation Portugal’s approach which emphasizes early risk communication, coordinated national response planning, and the development of specific airport preparedness and response plans for each outbreak, including frequent updates to guidance and operating procedures in close collaboration with national and international partners.

5.16 The meeting recognized that effective management of public health emergencies at airports requires the full commitment of all stakeholders, strong coordination between civil aviation and public health sectors, and alignment with local, regional, national, and international authorities.

5.17 The meeting took note of Portugal’s emphasis on the One Health approach, integrating human, animal, and environmental health aspects, and its application to the all-hazards framework, covering not only biological but also nuclear, radiological, and chemical threats.

REPORT ON AGENDA ITEM 6: AVIATION MEDICINE WORKSHOP***Topic 1: Aircrew Health Concerns (Egyptian Aeromedical Council)***

6.1 The meeting was briefed by the Egyptian Aeromedical Council on the broad range of health risks faced by aircrew, emphasizing the complex interplay of physical, biological, psychosocial, chemical, and ergonomic hazards. These risks arise from environmental factors such as noise and radiation exposure, occupational stressors like jet lag and irregular schedules, and heightened vulnerability to infectious diseases due to international travel. Addressing these challenges requires a deep understanding of the aeromedical landscape and its implications for operational safety and human performance.

6.2 The Egyptian Aeromedical Council outlined Egypt's approach to mitigation, which includes comprehensive medical screening, targeted vaccination programs, mental health support systems, and continuous health surveillance aligned with ICAO Annex 1 standards. Emphasis was placed on the importance of early detection, risk stratification, proactive lifestyle interventions, and regulatory oversight to ensure aircrew fitness for duty. The Egyptian Aeromedical Council also underscored its role in coordinating national policies, issuing certifications, and maintaining a robust medical monitoring system to support aviation safety and public health resilience.

Topic 2: Aeromedical Certification Process (Jordan CARC)

6.3 The meeting was presented with an overview of the aeromedical certification process in Jordan, detailing the structured framework governed by the Civil Aviation Regulatory Commission (CARC). This system encompasses medical requirements for Class 1, 2, and 3 certificates, covering pilots, flight engineers, flight attendants, air traffic controllers, and other airmen. The regulatory framework, aligned with ICAO Annex 1, includes thorough cardiovascular, neurological, metabolic, and psychological evaluations, ensuring that aviation personnel meet strict medical fitness standards essential for safe operations.

6.4 Additionally, the CARC outlined its programs for substance abuse prevention, including random drug and alcohol testing, medical appeals processes, and protocols for certificate suspension or revocation in cases of non-compliance. The presentation emphasized the importance of maintaining a careful balance between ensuring the health and safety of aviation personnel and safeguarding their professional rights. The Jordanian experience highlighted the value of regulatory clarity, medical oversight, and cross-sector collaboration in sustaining aviation safety.

Topic 3: Public Health and Airlines Interaction : Portugal's Experience

6.5 Portugal shared its experience in fostering strong collaboration between public health authorities and airlines, focusing on lessons learned at Lisbon Airport. Since the early 2000s, public health agencies have been active members of the Airport Emergency Committee, ensuring that health preparedness and response plans are integrated into airport operations. This collaboration has been tested through numerous public health events, including anthrax scares, the SARS outbreak, AH1N1 flu, Ebola concerns, and most recently, the COVID-19 pandemic, where established partnerships proved critical in coordinating an effective response.

6.6 The presentation emphasized that robust communication channels between airline representatives, airport medical services, and the public health authority are essential for timely and effective public health interventions. Procedures for contact tracing, international alerts, and traveler risk assessments have been streamlined, ensuring alignment with international standards. Portugal's example underscored that mutual commitment, regular joint exercises, and the disclosure of preparedness plans to all stakeholders are key to maintaining an efficient and resilient public health response in aviation.

Topic 4: EASA Aviation Medicine Updates (Research and Regulatory Changes)

6.7 The European Union Aviation Safety Agency (EASA) provided the meeting with a comprehensive update on current regulatory changes and research initiatives in the field of aviation medicine. Recent rulemaking has refined medical fitness requirements, strengthened psychological support systems, and introduced new protocols addressing cardiovascular risk assessments, diabetes management, cabin air quality, and higher-airspace operations. EASA's research efforts are guided by the European Plan for Aviation Safety (EPAS), ensuring that regulatory changes are evidence-based and tailored to the evolving needs of the aviation sector.

6.8 EASA also highlighted major projects such as the VISION study on color vision standards in modern cockpit environments and the HEALTH research initiative focused on mitigating pathogen transmission within aircraft cabins. In parallel, EASA's support programs have introduced peer-assistance systems, early psychological evaluations, and data-driven approaches to address mental fitness among pilots. The presentation stressed the importance of collaborative stakeholder engagement, the integration of research findings into policy, and the continuous improvement of safety systems across the European aviation landscape.

Topic 5: ICAO Aviation Medicine Transformation – Strategic and Technical Updates

6.9 ICAO presented its global strategy for transforming aviation medicine, focusing on the development of an integrated, risk-based assessment framework that moves beyond prescriptive standards. The initiative emphasizes measurable, results-based outcomes, with a strong focus on advancing medical capacity in all regions under the No Country Left Behind principle. Priority areas include strengthening aviation medical certification systems, enhancing training and decision support for medical examiners, updating manuals and technical guidance, and advancing digital systems to support data collection and harmonization.

6.10 ICAO addressed also specific topics such as the management of age-related medical risks, the refinement of standards for mental health, neurology, and cardiovascular fitness, and the critical importance of improving global data availability to inform policy. Furthermore, ICAO acknowledged current challenges related to data quality, representativeness, and standardization, while reaffirming its commitment to providing tools, implementation assistance, and capacity-building initiatives for States. The meeting highlighted that a harmonized, science-based approach is essential to ensuring aviation safety and system sustainability worldwide.

ATTACHMENT A



CAPSCA EUR/MID/12
(Cairo, Egypt, 19 – 20 May 2025)

LIST OF PARTICIPANTS

State Org/Ind.	Name		Title
ICAO MID Office List of Participant			
Bahrain	1.	Mr. Hassan Shaban Farhan	Manager Health Safety and Environment
	2.	Salah A. Alabdi	Head Stakeholder Relation
Egypt	3.	Dr. Hoda Abd Moneam	CAPSCA Focal Point ECAA
	4.	Dr. Miranda Latif	Head of the Egyptian Aeromedical Council
	5.	Dr. Rasha Rafik M. Tawfik	Aviation Medical Examiner
	6.	Dr. Eman Ali Mahmoud Ali	Pharmacist - General Quarantine Dept
	7.	Dr. Hazem Hussein Mahmoud	Manager of the General Quarantine
	8.	Dr. Sara Azab Abd El-Rahman	Physician - GQD
	9.	Malak Shafiek Gaballaah	Health Observer - GQD
	10.	Mrs. Nevine Ali Hussien A. Shehata	Ophthalmologist – ECCA Medical Examiner
	11.	Lamia Ahmed M. Abdelmonem Hashish	Internal Medicine Consultant
	12.	Ahmed Saeed Mousa Ahmed	Head of Section Occupational Health & Safety
	13.	Mohamed Sobeh Elsayed Hassan	Manager of Sustainable Dev. Dept
	14.	Reham Mahmoud Mohamed	Manager of V.P Safety & Quality and Companies
	15.	Mostafa Mohamed Elshafie	Occupational Health & Safety Manager
	16.	Mohamed Abdel Wahab Sherby	Head of Safety and Quality Sector
	17.	Ahmed Mohamed M. Saber Ibrahim	Head of Quality Improvement Department
	18.	Ayman Lotfy Ahmed El Naggar	Quality Assurance Manager
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	20.	Mohammed Fathy A. Al-Ghany Esmail	Occupational Health & Safety Administration
	21.	Ahmed Moawad M. Ahmed	Head of Air Quality Dept
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	24. Mai Adel	Occupational Health & Safety Specialist
	25. Ahmed Hassan	Director of Quarantine Dept
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	29. Muhmmad Ibrahim Badr	Head of Section Occupational Health & Safety
	30. Wessam Abdalla A. Elkhishen	Egyptian Aero Medical Centre
	31. Ahmed Ramadan	GM Crisis management at Cairo
	32. Moussa Elsaghier	Physician
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	36. Tarek Elquesny	Head of Preventive Medicine
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	40. Ahmed Ramzy Ramadan	Environmental Monitoring Specialist
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UAE	55.	Ibrahim Alhammadi	Senior Inspector
	56.	Mr. Sardar Muhammad	General practitioner & Aero Medical Examiner – Sharjah Airport
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ICAO EUR/NAT Office List of Participant			
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KAZAKHSTAN	62.	Almira Berdongarova	Director of the Aviation Medicine Department — Chief aviation inspector
PORTUGAL	63.	Maria Joao Martins	Public Health Authority
RUSSIAN FEDERATION	64.	Sergey Ivashov	Head of the Aviation Medicine DPTt-IAC
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