

INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

SUMMARY REPORT

FOURTH CAPSCA MIDDLE EAST AND FIFTH CAPSCA GLOBAL COORDINATION MEETING

(CAPSCA-MID/4 & CAPSCA GLOBAL/5)

Cairo, Egypt, 17-20 November 2014

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) Project and not of the Organization. This Report will, however, be submitted to the ICAO Council 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 Secretary General

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of ICAO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontier or boundaries.

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CAPSCA-MID/4 & CAPSCA GLOBAL/5 Summary Report of the Meeting

1. PLACE AND DURATION

1.1 The Fourth Middle East Regional Meeting of the ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA-MID/4) and the Fifth CAPSCA Global Coordination Meeting (CAPSCA GLOBAL/5) were hosted by the Ministry of Civil Aviation of Egypt from 17 to 20 November 2014 at Le Meridien Cairo Airport Hotel in Cairo, Egypt.

2. OPENING

- 2.1 The meeting was opened by Captain Hossam Kamal, Minister of Civil Aviation of Egypt. Mr. Kamal welcomed all the participants and highlighted the importance of CAPSCA to manage and control public health events in civil aviation. He also confirmed Egypt's commitment to support ICAO and the World Health Organization (WHO) initiatives against the spread of communicable diseases.
- Mr. Mohamed R. M. Khonji, ICAO Middle East Regional Director, thanked Egypt for hosting this important event and welcomed all the participants to the CAPSCA-MID/4 and CAPSCA Global/5 meeting. Mr. Khonji recalled that the CAPSCA programme brings different sectors together in a formalized and routine manner to support Aviation and Public Health partnership in order to develop and improve generic preparedness plans. Mr. Khonji highlighted the importance of this event that includes both the CAPSCA fourth MID Regional and fifth Global coordination meeting. Other Regional CAPSCA projects are represented to review the CAPSCA progress and discus future plans with a focus on the Ebola outbreak in West Africa during 2014. He urged MID States to support CAPSCA and host the future meetings as well as CAPSCA Assistance Visits. Finally, Mr. Khonji thanked WHO for their contribution and wished all the participants a pleasant stay and a fruitful meeting.
- 2.3 Dr. Anthony Evans (ICAO), Chief Aviation Medicine and CAPSCA Programme Manager acted as the chairperson of the meeting supported by Mr. Michiel Vreedenburgh, CAPSCA Global Coordinator, and Dr. Jarnail Singh, CAPSCA Technical Advisor. The meeting agreed to a List of Conclusions as at **Appendix A.** The Programme was distributed as at **Appendix B**.

3. ATTENDANCE

The meeting was attended by a total of one hundred and thirteen (113) participants from twenty five (25) States (Brazil, China, Cote D'Ivoire, Egypt, France, Georgia, Germany, Jordan, Kenya, Kuwait, Netherlands, Oman, Portugal, Qatar, Republic of Guinea, Romania, Saudi Arabia, Singapore, South Africa, Sri Lanka, Sudan, Tanzania, Thailand, Uganda and United States) and six (6) International Organizations (WHO, IATA, Eurocontrol, CDC, AIRSAN, and MedAire). The list of participants is at **Attachment A** to this Summary Report.

4. OFFICERS AND SECRETARIAT

4.1 Mr. Adel Ramlawi, CAPSCA-MID Regional Coordinator was the Secretary of the Meeting.

CAPSCA-MID/4 & CAPSCA GLOBAL/5 Summary Report of the Meeting

5. LANGUAGE

5.1 Discussions were conducted in English supported by simultaneous Arabic interpretation and documentation was issued in English.

6. WORK PROGRAMME AND DOCUMENTATION

- 6.1 The Meeting Programme is at **Appendix B** to this Summary Report. All the meeting documentation and presentations related to the meeting are available on ICAO MID website: www.icao.int/MID/Pages/capsca-mid.aspx and the CAPSCA web site: www.capsca.org.
- 6.2 On 20 November 2014 the meeting participants visited Cairo International Airport and its facilities and infrastructure for entry screening, and the triage center for potentially serious suspected communicable diseases.

7. CONCLUSIONS

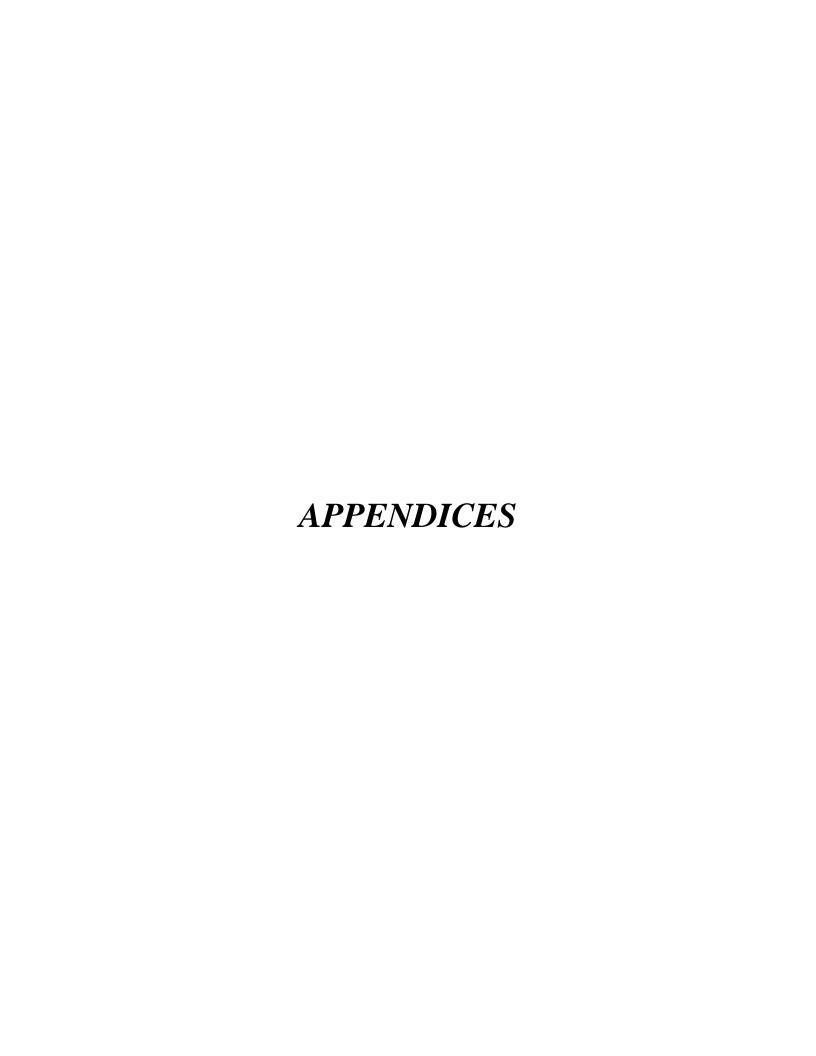
7.1 The meeting discussed and adopted the Conclusions at **Appendix A** to this Summary Report.

8. ELECTION OF CAPSCA-MID CHAIRPERSON

8.1 The meeting thanked Egypt for hosting the successful meeting and for their chairmanship of CAPSCA MID since 2011. The Kingdom of Saudi Arabia, represented by Dr. Osama Bahanan, was elected as next Chair of CAPSCA-MID for three years and Dr. Khalil Khalil (Jordan) was promoted to Technical Advisor Team Leader.

9. CLOSING OF THE MEETING

9.1 Dr. Anthony Evans thanked Egypt for hosting this event and all participants for their active participation, cooperation and contribution that made the meeting productive and successful.







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

4th CAPSCA Middle East and 5TH CAPSCA Global Coordination Meeting CAIRO, EGYPT, 17 - 20 NOVEMBER 2014

LIST OF CONCLUSIONS

- 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. States are to consider that:
 - a) the "implementation" of the IHR is ongoing. States should maintain core capacities and be able to use them effectively, when and where needed (e.g. Ebola PHEIC);
 - b) States, service providers and other stakeholders should cooperate to build capacities;
 - c) WHO will continue its leading role in public health including facilitation of improved information sharing and collaboration in order to strengthen health security; and
 - d) the efforts to control public health threats require all stakeholders to adapt to new challenges and to continuously improve the way they coordinate and collaborate.
- 3. In relation to the Middle East Respiratory Syndrome Coronavirus (MERS CoV), the meeting noted that:
 - a) overall, the epidemiology of MERS-CoV remains unchanged and risk of transmission during air travel remains low; and
 - b) there remains no evidence of sustained human-to-human transmission in the community nor is there evidence of airborne transmission during air travel.
- 4. In relation to the Ebola Virus Disease Outbreak, the meeting noted that:
 - a) *Mode of Transmission*: Person-to-person transmission is by means of direct contact with infected, symptomatic persons or their body fluids/secretions or with infected dead bodies or animals, all unlikely exposures for the average traveller (passengers and crew);
 - b) people are not infective during the incubation period and become infectious with the onset of symptoms;
 - c) the risk of a traveller becoming infected with Ebola virus during a routine visit to affected areas is low;
 - d) WHO therefore does not recommend travel restrictions to or from the countries affected;
 - e) Exit Screening of all travellers is being undertaken at all international airports in affected countries with widespread and intense transmission;
 - f) up-to-date information on the disease is provided to travellers on exit (departure);
 - g) travellers should seek out such information, keep it readily available and be aware of action to take in the unlikely event that they develop relevant symptoms; and
 - h) early medical care improves the chance of recovery.

- Restrictions on flights and passengers originating from countries with confirmed, suspect and contact cases are discouraged by WHO, ICAO, ACI, IATA and CAPSCA members. Suspension of flights by operators is also discouraged.
- 6. International Organizations and States should ensure correct and consistent statements and recommendations are communicated in a timely manner to service providers, operators and industry in order to support their corporate and operational decisions.
- 7. In relation to traveller and ground staff screening at airports, the meeting noted that airport traveller Exit Screening is only recommended for countries with widespread and intense transmission. A number of States have recently introduced entry screening measures. WHO encourages countries implementing such measures to share their experiences and lessons learned. Entry Screening in unaffected countries may have a limited effect in reducing international spread when added to Exit Screening in countries with widespread and intense transmission, and its advantages and disadvantages should be carefully considered. The meeting expressed satisfaction with the efforts made by Guinea in implementing airport Exit Screening procedures, which were presented during the meeting.
- 8. States are encouraged to use the new WHO Interim Guidance for Ebola Virus Disease Exit Screening at Airports, Ports and Land Crossings (6 November 2014) available on the WHO Ebola web site. States are also encouraged to use the WHO Ebola Event Management at Points of Entry on-line training available at: https://extranet.who.int/ihr/training/course/category.php?id=28.
- 9. States are encouraged to use the new Traveller Public Health Declaration Form, developed jointly by WHO, ICAO, IATA and ACI, and the IATA "script to be read by cabin crew to passengers prior to arrival" both of which are available on the WHO website in the document: "Technical note for Ebola virus disease preparedness planning for entry screening at airports, ports and land crossings". http://www.who.int/csr/resources/publications/ebola/entry-screening-poe/en/
- 10. The meeting noted the objectives of Air Travel-Related Contact Investigations as follows:
 - a) identify contacts of a traveller reported who was contagious during a flight;
 - b) notify, educate, and evaluate travellers about their potential exposure in a timely manner;
 - c) provide post-exposure prophylaxis, or other treatment, as applicable;
 - d) evaluate public health response and effectiveness of protocols; and
 - e) notify Public Health Authorities of contacts and flights into their country.
- 11. States are encouraged to:
 - a) join CAPSCA, if not yet members;
 - b) request Assistance Visits to State and Airport, if not yet received;
 - c) provide officers to be trained as Technical Advisors, if desired;
 - d) consider offering to host a regional meeting; and
 - e) consider contributing voluntary funds to CAPSCA (State Letter included in **Attachment 1** to this report).
- 12. CAPSCA meetings, assistance visits and training will only be undertaken 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.

- 13. It is suggested that ICAO is invited by WHO 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.
- 14. It is recognised that a CAPSCA Assistance Visit is an effective and beneficial activity to improve communication, cooperation, coordination and collaboration between health and aviation sectors in States at a national and operational level.
- 15. States are encouraged to visit the new CAPSCA Ebola web page at: http://www.capsca.org/EbolaRefs.html.

The WHO Ebola page is at: http://www.who.int/csr/disease/ebola/en/

The CDC Ebola page is at: http://www.cdc.gov/vhf/ebola/index.html

The AIRSAN bibliography web page is at: http://www.airsan.eu/Resources/Bibliography.aspx

- 16. States are encouraged to use the NOTAMs application available on the iSTARS/SPACE site located on the ICAO Secure Portal: http://portal.icao.int/
- 17. To facilitate diversions to alternate aerodromes due to suspect cases on board aircraft in-flight, when recommended based on an evaluation by the ground based medical support (if available) of case symptoms and travel history reported by the flight crew, ICAO to encourage States to publish airports designated as Points of Entry provided with IHR core capacities, in Aeronautical Information Publications (AIP) from Civil Aviation Authorities e.g. as currently provided by Germany.
- 18. 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 (i.e. the aircraft parking position and how to designate a specific position for different airport infrastructure layouts and requirements), and this will be published as an Annex of the existing guidelines planned to be released by the end of Q1 2015.
- 19. Angola, Switzerland, Thailand and United Kingdom have made monetary voluntary contributions to ICAO for CAPSCA implementation.
- 20. Georgia and Romania were welcomed as the 105th and 106th States to join CAPSCA.
- 21. The next (6th) CAPSCA Global Coordination meeting is provisionally planned to be held at ICAO Headquarters in Montreal, Canada, in w/c 27 April 2015.
- 22. The next (5th) CAPSCA Middle East meeting is tentatively planned to be held in late 2015 or early 2016 in Jordan to be confirmed in coordination with ICAO and WHO.
- 23. The next CAPSCA Europe meeting will be held in Amsterdam, the Netherlands, 23-25 March 2015. The next regional meetings in Africa, the Americas and Asia Pacific to be confirmed and posted on the CAPSCA web site events page.
- 24. 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.



Ir ternational Civil Aviation Organization Organisation de l'aviation civile internationale

Organización de Aviación Civil Internacional Международная организация гражданской авиации

منظمة الطيران المدني الدولي 国际民用航空组织

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Ref.:

AN 5/28-14/33

11 April 2014

Subject: Voluntary contributions to the Safety Fund (SAFE) for the improvement of public health preparedness planning in aviation

Action required: States, Organizations and Industry are encouraged to make voluntary contributions to the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)

Sir/Madam,

- 1. Article 14 of the Chicago Convention requires that Member States take measures to prevent the spread of communicable disease and Assembly Resolution A35-12 states "the protection of the health of passengers and crews on international flights is an integral element of safe air travel". Subsequent to this Resolution a number of health-related amendments were made to provisions in ICAO Annexes, Procedures and Technical Instructions.
- 2. Assembly Resolution A37-13 urges Member States to join and participate in the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA) programme. The title of the programme was changed in 2013 to the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation, while retaining the same acronym, to reflect the increased scope of the programme beyond that of communicable disease, for example, radionuclear accidents. The 2013 Assembly reiterated its support for CAPSCA and "encouraged States and international organizations to contribute to CAPSCA financially and/or in kind". Since 2013, protocol questions in the Universal Safety Oversight Organization Programme have addressed these issues.
- 3. The CAPSCA programme has been successful in assisting States to implement the relevant health-related provisions and one hundred States and Territories have joined one of the five regional CAPSCA projects. However, funding for CAPSCA is not available from the regular programme budget and has been provided mainly by voluntary financial and in-kind contributions from the

United Nations, the World Health Organization, and Member States. Additional funding is now required so that the programme can provide ongoing assistance to States. I therefore appeal to the States, Organizations and Industry to contribute to ICAO's voluntary Safety Fund (SAFE) earmarked for CAPSCA (see Attachment).

4. Additional information about CAPSCA can be obtained from the website (www.capsca.org) or from the Chief, Aviation Medicine Section and CAPSCA programme manager, Dr. Anthony Evans (aevans@icao.int). Information about SAFE is available on the website (http://www.icao.int/safety/scan/Pages/Safety-Fund-SAFE.aspx).

Accept, Sir/Madam, the assurances of my highest consideration.

Raymond Benjamin Secretary General

Enclosure:

Banking Information

ATTACHMENT to State letter AN 5/28-14/33

VOLUNTARY CONTRIBUTIONS TO THE SAFETY FUND (SAFE) FOR THE IMPROVEMENT OF PUBLIC HEALTH PREPAREDNESS PLANNING IN AVIATION

Payments in Canadian and United States dollars should be made by electronic transfer. Member States should provide the following instructions to their paying bank:

Pay to: Royal Bank of Canada

St. Catherine & Stanley Branch

Montréal, Quebec

CANADA

Bank Code: 003 Transit Code: 05101

Swift Code: ROYCCAT2

For Credit to: 137 6136 ICAO (Canadian dollars only)
For Credit to: 404 6843 ICAO (United States dollars only)

Ordering Customer: Details of payment:

You are kindly requested to inform ICAO when payment arrangements have been made.

For all payments by cheque, the documents accompanying the cheque payment should specify the customer code and indicate the details of the payment as requested above. Please send your payment to the following address:

International Civil Aviation Organization Post Office Box 11323 Succursale Centre-Ville

Montréal, Quebec Canada H3C 5H1





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

4^{th} CAPSCA Middle East and 5^{TH} CAPSCA Global Coordination Meeting CAIRO, EGYPT, 17 - 20 NOVEMBER 2014

LIST OF PRESENTATIONS

Day 1 (Monday 17 November 2014)

08:00-09:30	Registration of Delegates (Secretariat)
09:30-09:40	Opening of the Meeting (Captain Hossam Kamal, Minister of Civil Aviation, Egypt)
09:40-10:00	Opening Remarks by: Dr. Adel Hassan Adawy, Minister of Health; and Mr. Mohamed Khonji, ICAO Regional Director
10:00-10:30	Coffee break
10:30-10:50	Introduction to the Event and Participants Self-introduction (ICAO - Dr. Anthony Evans, Chief Aviation Medicine and CAPSCA Project Manager)
10:50-11:20	Follow-up of previous Global/EUR meeting conclusions (ICAO - Mr. Michiel Vreedenburgh, Chief Implementation and CAPSCA Project Coordinator and Mr. Matthias Jeglitza CAPSCA Europe Chair - German National IHR Implementation Strategy)
11:20-11:45	Follow-up of previous CAPSCA MID Project meeting Conclusions and Activities Update (ICAO - Mr. Adel Ramlawi, Regional Officer, Aerodromes and CAPSCA-MID Coordinator)
11:45-12:10	Follow-up of CAPSCA APAC Project activities (ICAO/CAAS - Dr. Jarnail Singh, CAPSCA Technical Advisor, CAA Singapore)
12:10-12.30	Follow-up of CAPSCA AFI Project activities (ICAO - Mr. Nika Meheze Manzi)
12:30-13:15	Group Photo and Coffee Break
13:15-13:45	Global IHR Implementation Update (WHO)
13:45-14:15 14:15-14:45	WHA results related to IHR (WHO) AIRSAN – preparedness planning and response in Europe (Dr. Astrid Milde-Busch, AIRSAN)

Day 2 (Tuesday 18 November 2014)

09:00-09:45	U.S. CDC's response in the Ebola Outbreak (Susan Lippold, CDC)
09:45-10:30	Middle East Respiratory Syndrome Coronavirus - (method of transmission, risks of infection in the aviation sector etc.) (WHO)
10:30-11:00	Coffee Break
11:00-11:30	Ebola virus - (method of transmission, risks of infection in the aviation sector etc.) (WHO)
11:30-12:00	European Aviation Sector reactions on the Ebola threat – EACCC perspective (Dr Marc Van Oudheusden, Eurocontrol)
12:00-12:30	The role of MedAire, with particular reference to the Ebola outbreak (Dr. Michael Braida, MedAire)
12:30-13:00	Analysis of State experiences of the effectiveness and benefits of passenger screening (Lesego Bogatsu, South Africa)
13:00-13:30	Coffee break
13:30–14:30	Management of communicable disease affecting travellers in transit (Dr. Mubarak Aldoub, Kuwait)
14:30-15:30	Key issues related to travel restrictions and traveller screening in the context of Ebola (Dr. Kamran Khan - virtual presentation)

SOCIAL EVENT HOSTED BY EGYPT

Day 3 (Wednesday 19 November 2014)		
08:30-09:00	ICAO i-STARS/SPACE NOTAM Application (ICAO - Mr. Abbas Niknejad, Regional Officer, Aeronautical Information Management/Air Traffic Management, AIM/ATM)	
09:00-09:30	Airline flight plans and diversions for health reasons (Airline – EgyptAir)	
09:30-10:00	The airline response to current communicable disease risks e.g. Ebola and MERS (Emirates Airlines) (Dr. Nomy Waseem Ahmed)	
10:00-10:15	Report on communicable disease management during the Hajj (WHO)	
10:15-10:45	Coffee break	
10:45-12:00	Presentations from States on implementation of the IHR (2005) in the Aviation Sector: • Dr. Bimal Dias, Sri Lanka • Mr. Matthias Jeglitza CAPSCA Europe Chair - German National IHR Implementation Strategy • Guinea • Kenya • Egypt	
12:00-12:30	Possible Gaps in the CAPSCA Programme observed during the current Ebola outbreak (Lesego Bogatsu, South Africa)	
12:30-13:00	Coffee break	
13:00-13:30	Ebola virus – outbreak information (Panel – WHO, ICAO, ACI, IATA	
13:30-14:00	MERS CoV – outbreak information (Panel – WHO, ICAO, ACI, IATA)	
14:00-14:30	Draft Airport Certification Procedures (WHO IHR requirements) (WHO)	
14:30-14:45	Airport Certification Procedures currently in place as it relates to PHE SARPs (ICAO requirements - Mr. Adel Ramlawi)	
14:45-15:00	Briefing from Egypt on preparedness planning in the State (Egypt)	
15:00-15:30	Meeting Conclusions - Dr. Anthony Evans (including Election of CAPSCA-MID Chairperson)	

Day 4 (Thursday 20 November 2014)

• Demonstration of Preparedness Plans by Cairo International Airport (Egypt).

CAPSCA-MID/4 & CAPSCA GLOBAL/5 - Summary Report Attachment A to the Report

LIST OF PARTICIPANTS

NAME	TITLE
<u>STATES</u>	
BRAZIL	
Mr. Cristiano Gregis	General Manager for Ports, Airports and Ground Crossing
Mr. Paulo Biancardi Coury	Ports, Airports and Borders Superintendent National Sanitary Surveillance Agency - ANVISA/MS
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CHINA	
Mr. GE Zesong	Director Xi'an Hospital of Civil Aviation
Mr. LIU Zhaoqi	Director The Hospital of Beijing Capital International Airport
Mr. WANG Shuming	Deputy Manager Civil Aviation Medicine Center
Mr. ZHAOHUI Liang	Vice President & Associate Chief Physician Aviation Hygiene Management Division, China
COTE D'IVOIRE	
Mr. Diabate Moussa	Special Advisor to the General Manager in Charge of Aero National Authority of the Civil Aviation (ANAC)
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Mr. Mohamed Ahmed Mahmoud Farid	Manager of Aeronautical Mobile Service National Air Navigation Services Company (NANSC)
Dr. Mohamed Gamal	Head of Infection Control Department EgyptAir Hospital
Dr. Mohamed Sobeh Elsayed Hassan	Occupational Health and Safety, Head of Section EgyptAir Holding Company Cairo - Egypt
Mr. Mohamed Taher Alzomor	INTL Cooperation Manager National Air Navigation Services Company (NANSC)
Eng. Mona Hosny Abdalla AbdelRehim	Aerodrome Standard General Manager Egyptian Civil Aviation Authority
Dr. Magda Shouieb (PhD)	Head of Central Department for Quality

NAME	TITLE
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Dr. Sanaa Mohamed Mohasib Abady	Head of Radio-diagnosis Dept. Aero-Medical Council - Civil Aviation Authority
Mr. Yasser Mahmoud Ramzy Metwally	Head of the Prevention & Public Health Committee National Air Navigation Services Company (NANSC)

NAME	TITLE
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Mr. Patrick Lansman	Deputy Director Air Transport Customers Department French Civil Aviation Authority
GEORGIA	
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GERMANY	
Dr. Astrid Milde-Busch	Scientist Robert Koch Institute, AIRSAN
Mr. Matthias Jeglitza	Policy Advisor Aviation Affairs, Pandemic Preparedness, Cyber Security Federal Ministry of Transport and Digital Infrastructure
JORDAN	
Dr. Khalil M. Khalil	Head of Aviation Medicine Department Jordan Civil Aviation Regulatory Commission
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Dr. Festus Ilako	Chief Medical Assessor Kenya Civil Aviation Authority
Mr. Jackson Muriithi	Port Health Officer (JKIA) Jomo Kenya International Airport Port Health Office
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Mr. Machio Pepela Harrison	Safety & Operations Manager Kenya Airports Authority
Mr. Simon Peter Njoroge	Airport Operations Manager Kenya Airports Authority
Dr. Stephan N. Karau	Chief Medical Assessor Kenya Civil Aviation Authority

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Mr. Khalid AL Mutawah	Head of Personnel Licencing Qatar Civil Aviation Authority
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REPUBLIC OF GUINEA	
Mr. Abdelkader Yombounaud	Director General Adjoint Conakry International Airport
Mr. Alpha Camara	Airport Commander Air Navigation Agency

NAME	TITLE
Mr. Amadou Mouctar Sow	Director Safety and Security Conakry International Airport
Mr. Oulare Kalagban	Department Chief Air Navigation Agency
Mr. Sekou Diakite	Chef Division Air Navigation and Infrastructure National Civil Aviation/Focal Point
ROMANIA	
Dr. Cristian Ionut PANAIT	Chief Medical Officer Romanian Civil Aeronautical Authority
SAUDI ARABIA	
Dr. Osama A. Bahnan	Director, Aviation Medicine General Authority of Civil Aviation
SINGAPORE	
Dr. Jarnail Singh	Technical Advisor CAPSCA/Chairman CAMB Civil Aviation Authority of Singapore
SOUTH AFRICA	
Dr. Mduduzi Masilela	Aviation Medical Assessor South Africa - Civil Aviation Authority
Dr. Lesego Bogatsu	Senior Manager Aviation Medicine Department South Africa - Civil Aviation Authority
SRI LANKA	
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Ms. Hiba Abdalrahim Osman Omer	Health Quarantine Manager/Khartoum Airport Ministry of Health
Mr. Ibrahim Tawfig Ali Ahmed	Khartoum Airport Emergency Center Khartoum Airport Company
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Mr. George Mnyitafu	Manager Tanzania Revenue Authority
Mr. Paul Christian Rwegasha	Ag. Chief Compliance Tanzania Airports Authority
Mr. Salim Msangi	Manager Operations Tanzania Airports Authority
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NAME	TITLE
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