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Agenda Item 8: Regional Cooperation and Training Matters
8.1 Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)

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

(Presented by the Secretariat)

SUMMARY

This paper informs on the implementation of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA).

References:

- International Health Regulations (IHR) 2005
- Article 14 of the Convention on International Civil Aviation
- Annexes 6, 9, 11, 14, PANS-ATM (Doc 4444) and Technical Instructions for the Safe Transport of Dangerous Goods by Air (Doc 9284)
- Assembly Resolution A37-13
- www.capsca.org

Strategic Objectives	*This working paper is related to all Strategic Objectives.*

1.1 The following table presents public health event outbreaks classified as worldwide or regional, which are believed to have been promulgated more quickly or to a greater extent by air travel. The economic effects are also considerable, with the Severe Acute Respiratory Syndrome (SARS) estimated to have resulted in losses of USD $30-50 billion in China, Singapore and Canada.

Post-1950 Major International Public Health Events

Death toll	Years	Name
2,000,000	1957–1958	Asian Flu
1,000,000	1968–1969	Hong Kong Flu
775	2002–2003	SARS
371	2005 - present	(H5N1) Flu
931	2009–2010	West African Meningitis
18,156	2009–2010	(H1N1) Flu

1.2 The above table lists some individual communicable disease outbreaks during the last 55 years that have involved international spread, including influenza pandemics. Other outbreaks, that have not yet spread internationally e.g. avian influenza A(H7N9) are also of concern. The cholera outbreak in Haiti is an example of importation of disease through international air travel, believed to have been caused by an infectious international aid worker. Aviation has contributed to the extent of spread or the speed of dissemination of the diseases indicated, although the exact degree is uncertain. However, the likelihood of air travel being the primary means of disseminating disease has significantly increased in the last century, particularly during the past 60 years since the development of commercial jet aircraft made long distance travel more accessible and affordable to ever-increasing numbers of travellers. The "global village" concept brings with it health risks previously not experienced.

1.3 There are over 2.5 billion flights taken each year by scheduled operations alone, creating an increased likelihood of spread of disease by air travel as populations become increasingly mobile. However, the pace of growth of air travel is not currently being matched by the development of public health services. Human population growth and urbanization increase opportunities for promulgation of disease as human interactions become more common. Climate change also provides new opportunities for diseases to spread as the climate becomes more amenable for certain insects e.g. West Nile Virus in North America, chikungunya in Italy in 2007 and dengue in Madeira in 2012. Mass gatherings appear to be increasing in number and bring increased health risks as people converge on one place after international travel, and then travel home. An estimated 100 million pilgrims attended the 2012 Hajj.

1.4 In general terms, because the numbers affected and potentially affected are so great – tens of thousands, even millions, of persons – a small change in risk can have big effects in outcome. A reduction in mortality of even 1% because of good management in the aviation sector e.g. traveller screening, identification and management of on board cases, appropriate notification to the Public Health Authority at destination and efficient communication procedures to inform travellers of what to do if they become ill, would reduce the fatality rate by 1000 in an outbreak that kills 100,000, and proportionally more in more severe outbreaks. Lives saved by health related action taken in the aviation sector are comparable to the numbers of fatalities from aircraft accidents, and could be far greater.

1.5 There are also flight safety risks associated with an outbreak or pandemic, as staff stay away from work, procedures need to be modified and experience levels of operators are reduced, not to mention the financial effects directly affecting the industry, and indirectly the economies that rely on aviation for income generation. Air passenger numbers to Hong Kong and Mexico fell by 80% and 40%, respectively, at the onset of SARS and the Influenza A(H1N1) pandemic. These safety, economic and social consequences benefit from mitigations being in place.

1.6 The United Nations (UN) Central Fund for Influenza Action (CFIA) funding grant for CAPSCA expired at the end of 2012. States have concluded in the regional Directors General of Civil Aviation (DGCA) meetings and the CAPSCA Global Coordination Meeting held in 2012 that the project should continue. The project activities include meetings, training, assistance visits, guidance material and advice to provide States the latest information and guidance required to implement the ICAO public health related SARPs contained in Annexes 6, 9, 11, 14, the *PANS-ATM* (Doc. 4444) and the *Technical Instructions for the Safe Transport of Dangerous Goods by Air* (Doc 9284), and help States prepare for the ICAO Universal Safety Oversight Audit Programme (USOAP) audit protocol questions on public health emergency preparedness introduced from 2013. This is in support of ICAO Business Plan Strategic Objective Programme A6 - *Regional Safety-related Activities*.

1.7 The target beneficiaries for CAPSCA are personnel of Public Health Authorities, Civil Aviation Authorities, Airports, Airlines, Air Navigation Service Providers, Emergency Response Agencies, and Tourism Authorities of States and representatives of related international organizations.

1.8 The main benefits to States of CAPSCA are the following:

- Multi-sector framework and network within State, between States and between International Organisations (authorities/service providers – public/private)
  - Global, Regional, National, Local
- Synergistic and harmonised development of guidance by international organisations
- Before, during and after a public health event (PHE):
  - Communication, Coordination, Cooperation, Collaboration
- Improved and harmonized public health emergency prevention, response planning, preparedness and management in aviation
- Reduced impact of public health emergencies on populations:
  - Reduced/delayed/mitigated spread and impact of disease
- Mitigation of economic and social effects
- Improved management of risk perception for public, air passengers, service providers and aviation personnel

1.9 The key achievements of CAPSCA to date include the following:

- 5 Regional Projects with annual meetings & Global coordination meetings – see **Appendix A**
- 93 Member States & Territories
- 50 State and Airport Assistance Visits Completed
- 20 Trained State Technical Advisors with OJT for Assistance Visits
- Partner Organisations (United Nations Agencies and Aviation Industry) – see **Appendix B**
- WHO collaboration on meetings, training and assistance visits
- Expanded scope and established emergency network (utilising the new ICAO Emergency Room)
- CAPSCA Assistance Visit guidelines, checklist, report template
- Template for National Aviation Plan for a Public Health Emergency
- New additional WHO, ACI and IATA Guidelines (e.g. business continuity)
- CAPSCA web site (www.capsca.org)
- National implementation of CAPSCA concept and methodology

1.10 The meetings/training are part of the continued CAPSCA activities and provide guidance to States to contribute to the implementation of the following:

- Communication, coordination, cooperation and collaboration between civil aviation and public health authorities on the preparedness for and management of public health events in the aviation system
- Implementation of WHO International Health Regulations (2005)
- Implementation of ICAO public health related SARPs contained in Annexes 6, 9, 11, 14, *PANS-ATM* (Doc 4444) and the *Technical Instructions for the Safe Transport of Dangerous Goods by Air* (Doc 9284)
- Improved readiness for USOAP audit questions on public health event preparedness
- Updating National Aviation Regulations with ICAO public health related SARPs
- Development of a National Aviation Plan for a Public Health Emergency
- Updating of Aerodrome Emergency Plans to include public health emergencies
- Updating of Air Traffic Services (ATS) contingency plans to include public health emergencies
- Development of ATS procedures for notification of suspected public health risk on board an aircraft
- Development of Aircraft Operators procedures for suspected public health risk on board an aircraft
- National implementation of the CAPSCA concept and methodology

1.11 The next (5th) CAPSCA Americas Project meeting and training is planned to be held from 2 to 6 September 2013, and Barbados have tentatively accepted to host the meeting.

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CAPSCA Regional Projects

	Asia-Pacific 	Africa 	Americas 	Europe 	Middle East 
Year of Establishment	2006	2007	2009	2011	2011
Member States	20	25	32	6	10
State Technical Advisors Trained by ICAO (OJT completed)	2	4	14	0	2
State & Airport Assistance Visits Completed	10	8	29 (Plus first follow-up visit)	0	4

APPENDIX B

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