**CAPSCA Symposium Conclusions**

**31 March 2022**

### 1. Conclusions – High level

1.1     The need for leadership and cross-sectoral collaboration in managing public health events in aviation – early engagement of  political leadership at national and sub-national levels involving policy makers in decision making; and close collaboration between public health and civil aviation authorities to ensure that decisions are science-driven and evidence-based, yet they are also operational and implemented rapidly and adequately.

1.2     Although precautionary principle could apply when data is limited, it should be reviewed and guidance amended as data becomes available; specifically when it applies to border closures, as these have a great potential to harm pandemic response.

1.3     The different mandates and perspectives of the different sectors need to be taken into account and working methods adjusted to achieve a practical balance.

1.4     Need for analysis of measures implemented during this pandemic, and for developing capacities and ensuring investments in pandemic preparedness as well as response accordingly.

1.5     Establish a robust system of communication, recognizing that communication from both a scientific and public perception perspective is essential, and implementing it in a way to maximize visibility.

1.6     More standardization of health measures between states, realizing that it might not be possible to reach international consensus given the fact that these measures need to be context-specific.

1.7     The importance of multi sectoral collaboration, including aviation, public health, humanitarian operations, tourism and others.

1.8     All stakeholders at all levels to continue to build relationships ahead of time, collaborate and share information to meet public health challenges.

1.9     Consider lessons learned when coordinating health measures in order to maintain essential air cargo operations, air ambulance operations and aviation safety (due to effects on aviation personnel).

1.10    States and the industry to make use of ICAO, WHO and CAPSCA mechanisms to enhance coordination and cooperation, in accordance with the agencies' rules of engagement with different actors.

1.11    States and the aviation industry are encouraged to use the tools, opportunities and mechanisms made available to them by ICAO and the WHO.

1.12    In-house medical capacity (within aviation entities) provides advantages to build bridges between aviation and health.

1.13    Resources and capacity building at all levels important, including national structures and NCLB.

1.14    Leverage other emergency frameworks, making available comprehensive framework in response to any type of public health event.

## 2.    Conclusions – CAPSCA

2.1    CAPSCA working efficiently, inclusiveness and flexibility allows good collaboration with organizations and the industry.

2.2    Consider ways to be agile to develop better standards faster with approval by ICAO.

2.3    Harmonization important – consider SARPs, while allowing for customized protocols.

2.4    Continue to connect the organization standards setting, resource mobilization and implementation activities.

2.5    Leverage WHO and State/ Regional Centers of Disease Control – consider instruments to formalize collaboration.

2.6    CAPSCA contributions was very useful during the COVID-19 pandemic and it is important for CAPSCA to preserve and maintain the momentum in order to be ready for the next pandemic.

2.7    CAPSCA should be strengthened as a scientific and technical expert group, avoiding political interference to enable it to meet its objectives.

2.8    CAPSCA should continue to follow a risk based, science based and evidence-informed approach when formulating recommendations and guidance material.

2.9    CAPSCA to become a scientific repository to provide reliable guidance and tools to improve risk management planning and capabilities in states.

2.10    CAPSCA should maintain a balance in formulating recommendations and developing tools and measures to support implementation.

2.11    Strengthen the CAPSCA framework by considering:

      i.      increased inclusiveness, membership and funding;

      ii.     formalization within the ICAO framework;

     iii.    establishment of formalized collaboration with WHO and other relevant organizations;

     iv.    measures to support a robust financial framework;

      v.     measures to provide additional human resources;

     vi.    medium and long term objectives for the continued evolution of CAPSCA, including building more capacity in member states and industry organizations;

    vii.   developing policies and procedures to support scientific analysis and identifying relevant triggers and criteria to improve efficiency during public health events;

   viii.  developing a blueprint and a playbook  providing the flexibility and agility to adapt quickly as needed, including scaling measures up and down;

    ix.    developing templates to be customizable for multiple scenarios including for other public health threats such as biosecurity and chemical events;

     x.     including an audit element in CAPSCA assistance visits;

    xi.    making use of structured dedicated working groups to achieve objectives;

    xii.   making use of iPacks as a strategy for implementation update guidance and activities based on feedback from teams working in practice, and keep it up to date;

   xiii.   refining  response plans to be less reactive and more pro-active – responding to threats quickly;

   xiv.   training crew and CAPSCA members on aeromedical tools, right people for the right group; and

    xv.   developing forward looking capability more actively tracking disease outbreaks.


## 3.   Conclusions – Facilitation

3.1    Recognize the importance of air transport facilitation as a Strategic Objective of ICAO;

3.2    Development of a strategic framework for implementation of mitigation measures to deal with public health emergencies at borders (air travel);

3.3    States should:

      i.     implement National Facilitation Committees and use the Passenger Health Locator Form;

      ii.    consider adopting the ICAO specifications for Visible Digital Seals;

     iii.   send their public key certificates to ICAO for publication in the ICAO Health Master List tools when applicable; and

     iv.   ensure the auditing of Chapter 10 of Annex 9.