



**EBOLA RESPONSE MULTI-PARTNER TRUST FUND
PROPOSAL**

Proposal Title: Aviation Ebola Action Plan	Recipient UN Organization(s): International Civil Aviation Organization (ICAO)
Proposal Contact: Dr. Anthony Evans, Chief, Aviation Medicine Section, Air Navigation Bureau, ICAO Address: 999 University St., Montreal, Quebec, H3C 5H7, Canada Telephone: +1-514-954 8150 E-mail: aevans@icao.int	Implementing Partner(s) – name & type (Government, CSO, etc.): World Health Organization (WHO) State Civil Aviation Authorities (CAAs)
Proposal Location (country): Please select one from the following <input type="checkbox"/> Guinea <input type="checkbox"/> Liberia <input type="checkbox"/> Sierra Leone <input checked="" type="checkbox"/> Common Services	Proposal Location (provinces):
Project Description: <i>One sentence describing the project's scope and focus.</i> Technical Assistance to African States aviation authorities and service providers to manage and contain the Ebola outbreak and plan and prepare for other public health emergencies. Implement the ICAO/WHO Ebola Virus Disease Outbreak – Aviation Action Plan (Appendix 1) under the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA – www.capsca.org) and the Conclusions of the related ICAO/WHO 5th CAPSCA Global Coordination Meeting, held in Cairo, Egypt, from 17 to 20 November 2014 (Appendix 2).	Requested amount: USD 1,793,320.00 To be implemented in two phases with initial approval of Phase 1. Phase 2 to be considered and approved once Phase 1 is nearing completion and the results evaluated. Phase 1 – USD 1,000,000.00 Phase 2 – USD 793,320.00 Other sources of funding of this proposal: UNMEER budget: Other sources (indicate): Government Input: Approx. USD \$200,000 from Government donations to ICAO <hr/> Start Date: 1 January 2015 End Date: 31 December 2016 Total duration (in months): 24
MISSION CRITICAL ACTIONS to which the proposal is contributing. For reporting purposes, each project should contribute to one SO. For proposals responding to multiple MCAs within 1 SO, please select the primary MCA to which the proposal is contributing to.	

<input type="checkbox"/>	Strategic Objective 1 MCA1: Identifying and tracing of people with Ebola
<input type="checkbox"/>	Strategic Objective 1 MCA2: Safe and dignified burials
<input type="checkbox"/>	Strategic Objective 2 MCA3: Care for persons with Ebola and infection control
<input type="checkbox"/>	Strategic Objective 2 MCA4: Medical care for responders
<input type="checkbox"/>	Strategic Objective 3 MCA5: Provision of food security and nutrition
<input type="checkbox"/>	Strategic Objective 3 MCA6: Access to basic services
<input type="checkbox"/>	Strategic Objective 3 MCA7: Cash incentives for workers
<input type="checkbox"/>	Strategic Objective 3 MCA8: Recovery and economy
<input type="checkbox"/>	Strategic Objective 4 MCA9: Reliable supplies of materials and equipment
<input type="checkbox"/>	Strategic Objective 4 MCA10: Transport and Fuel
<input type="checkbox"/>	Strategic Objective 4 MCA11: Social mobilization and community engagement
<input type="checkbox"/>	Strategic Objective 4 MCA12: Messaging
<input checked="" type="checkbox"/>	Strategic Objective 5 MCA13: Multi-faceted preparedness

Recipient UN Organization(s) ¹	Management Committee Chair:
	<i>Dr. David Nabarro</i>
	<i>Signature</i>
	<i>Date:</i>

NARRATIVE

a) **Rationale for this project:** *This section summarizes briefly why this project is the best way to achieve/contribute to the relevant Strategic Objective (SO) and the associated mission critical actions (MCA).*

Since August 2014, ICAO has been involved in a number of EVD related initiatives:

- a) A member of ICAO is an advisor to the WHO Ebola Emergency Committee;
- b) ICAO chairs and coordinates the Joint Ebola Travel and Transport Task Force with membership from: WHO, IMO; UNWTO; International Air Transport Association (IATA), Airports Council International (ACI), Cruise Lines International Association; International Chamber of Shipping.
- c) ICAO, with IATA and ACI, works with the WHO and the United States Centers for Disease Control and Prevention to assist with development of various aviation-related procedures and guidance on management of EVD in the aviation sector;
- d) joint ICAO/WHO assistance visits to States and international airports have been requested by States under the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA – www.capsca.org), these are under consideration but subject to availability of funding;
- e) ICAO has much experience in public health multi-sector preparedness planning and response in the aviation sector, through its CAPSCA programme. However, CAPSCA is not currently sufficiently funded to undertake the proposed work.
- f) ICAO has facilitated the lifting of restrictions on flights by some States; and
- g) ICAO has supported Ministerial Meetings on Ebola which result in declarations for States to avoid imposing restrictions on flights.

¹ If there is more than one RUNO in this project, additional signature boxes should be included so that there is one for every RUNO.

ICAO,

- recalling WHO recommended measures on Ebola and in particular, removal of air travel restrictions;
- taking note of Africa's collective response to the Ebola threat through the African Union Executive Council Decision Ext/EX.CL/Dec.1(XVI) which calls for compliance with the ICAO/WHO travel guidelines;
- sharing States' experiences and challenges faced in implementing the said recommendations; and
- agreeing on appropriate steps to facilitate implementation of WHO recommendations and strengthening capacity of States to handle the Ebola Virus Disease outbreak in West Africa,

has developed in collaboration with WHO an Ebola Aviation Action Plan (see Appendix 1) for States and International Organizations to facilitate harmonized implementation of WHO recommendations relevant to the aviation sector as follows:

1. ICAO to assist States facilitate development of preparedness planning and response capacities in the aviation sector, with CAPSCA. CAPSCA activities assist States in the implementation of relevant Articles of the IHR (2005) and related ICAO SARPs with advice, meetings, training, development of guidance, and assistance visits to States and airports.
2. ICAO assist States, airports and airlines implement emergency preparedness plans and containment measures
3. ICAO assist States to encourage airlines to continue operating into the affected States, or to re-start operations if currently halted:
4. ICAO assist States publicize exit screening procedures implemented in affected countries.
5. ICAO and WHO undertake joint evaluations of exit screening procedures be undertaken (e.g. joint WHO/ICAO CAPSCA Assistance Visits to States/Airports – CAPSCA Assistance Visit Guidelines and CAPSCA Assistance Visit checklist and Action Plan template references available at <http://www.capsca.org/CAPSCARefs.html#StateAssistance>)
6. ICAO facilitate to improvement of communication and awareness amongst key players at a political level and give assurances on measures being put in place by States:
 - ICAO Regional Directors (RDs) in Africa to establish communication with the Ministries of Transport, African Union, African Civil Aviation Commission, Sub-regional economic organisations and regional and country offices of United Nations organizations.
 - ICAO RDs to request that awareness communications of the measures implemented in the most affected States be shared with the Ministers of Health and Heads of State and that the aviation sector is fully represented at any future meetings on Ebola.
7. ICAO to assist States to cancel restrictions on flights and passengers to/from affected countries

b) Coherence with existing projects: *This section lists any of the projects which are supporting the same SO or MCA in the same country or area of operation*

ICAO collaborates with WHO and CDC which have complementary operations.

c) Capacity of RUNO(s) and implementing partners: *This section should provide a brief description of the RUNO capacity in the Country, including the overall current emergency budget and the staff deployed. It should include its expertise in the targeted area of support. This section should also outline any additional implementing partners, including their role and experience and how the RUNO will provide quality assurance.*

The CAPSCA Africa project was established in 2007, has 28 African States as members, has held 5 annual meetings with training, and completed 8 Assistance Visits to States and their airports. CAPSCA Africa partners are WHO, UNWTO, WFP, IOM, CDC, ACI and IATA.

- d) Proposal management:** *This section identifies the oversight structure or mechanism responsible for the effective implementation of the project and for the achievement of expected results. If need be, an organogram can be included to help understand the structures.*

The CAPSCA Global programme, CAPSCA Africa project and the proposed Ebola Aviation Action Plan are managed by the ICAO Air Navigation Bureau.

- e) Risk management:** *This section sets out the main risks that may jeopardize project implementation, their likelihood, severity, and risk management, including responsibility for risk management/mitigation.*

Table 5 – Risk management matrix

Risks to the achievement of SO in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigating Strategy (and Person/Unit responsible)
States do not accept the assistance offered or do not implement the recommendations made	Low	Medium	United Nations Resident Coordinators to support ICAO and WHO to engage with high-level officials to secure political will and support

- f) Monitoring & Evaluation:** *This section sets the M&E arrangements and responsibilities for the proposal, including who will be responsible for the collection and analysis of data required in the result framework.*

- The implementation will be measured and monitored with the ICAO audit programme. States are responsible to provide evidence of implementation to be validated by ICAO.
- States will provide an Action plan following a CAPSCA visit which will provide the basis for monitoring the implementation of agreed actions.

Additional References:

- Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) – www.capsca.org
- The Central Fund for Influenza Action (CFIA): Lessons Learned Exercise, April 2012 (<http://www.capsca.org/>)

PROPOSAL RESULT MATRIX

Proposal Title: Aviation Ebola Action Plan (involves preparing many States, especially in Africa, to manage Ebola cases identified in the aviation sector and also to manage an outbreak should one occur in their State and potentially develop into widespread and intense transmission. The focus is not only on those States with such transmission at the present time)					
Strategic Objective to which the Proposal is contributing²	<i>Strategic Objective 5 MCA13: Multi-faceted preparedness</i>				
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline³ In the exact area of operation	Target	Means of verification	Responsible Org.
<i>Only insert relevant Result Indicators for your proposal (source Fund Result Matrix, MPTF Office can provide) Number of airport passengers infected with EVD departing from airports in countries with widespread and intense transmission</i>	<i>Regions with countries with widespread and intense transmission of EVD</i>	<i>5 of 10,000 EVD cases from Guinea, Liberia, and Sierra Leone</i>	<i>0.05 % of confirmed EVD cases</i>	<i>WHO reports</i>	<i>ICAO and WHO</i>
MCA []⁴					
Output Indicators	Geographical Area	Target⁵	Budget	Means of verification	Responsible Org.
<i>Number of State and Airport Assistance Visits See ICAO's response in "comment-response" text</i>	<i>Regions with countries with widespread and intense transmission of EVD</i>	<i>48</i>	<i>1,032,000</i>	<i>Report</i>	<i>ICAO and WHO</i>
MCA []					
Output Indicators	Geographical Area	Target	Budget	Means of verification	Responsible Org.
<i>Number of training events See ICAO's response in "comment – response" text</i>	<i>All regions with countries with widespread and intense transmission of Ebola virus disease</i>	<i>8</i>	<i>544,000</i>	<i>Report</i>	<i>ICAO and WHO</i>
Coordination Fees⁶			13.79%		
<i>Staffing</i>		<i>10</i>	<i>0,000</i>		
<i>Data collection</i>		<i>N/A</i>			
<i>Equipment & Supply</i>		<i>N/A</i>			
<i>Indirect Cost max 7%</i>		<i>117,320</i>			
Total Project Cost in USD			1,793,320		

² Proposal can only contribute to one Strategic Objective

³ If data are not available please explain how they will be collected.

⁴ Project can choose to contribute to all MCA or only the one relevant to its purpose.

⁵ Assuming a ZERO Baseline

⁶ Should not exceed 20% including the indirect cost

Project budget by UN categories

PBF PROJECT BUDGET			
CATEGORIES	Amount Recipient Agency	Amount Recipient Agency (if more than 1)	TOTAL
1. Staff and other personnel	500,000	N/A 500,000	
2. Supplies, Commodities, Materials	N/A	N/A N/	A
3. Equipment, Vehicles, and Furniture (including Depreciation)	N/A	N/A N/	A
4. Contractual services	80,000	N/A 80,000	
5. Travel (see Appendix 4 for breakdown of costs)	1,096,000	N/A 1,096,000	
6. Transfers and Grants to Counterparts	N/A	N/A N/	A
7. General Operating and other Direct Costs	N/A	N/A N/	A
Sub-Total Project Costs			
8. Indirect Support Costs*	117,320	N/A	117,320
TOTAL			1,793,320

* The rate shall not exceed 7% of the total of categories 1-7, as specified in the Ebola Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to the Agency's regulations, rules and procedures.



ICAO



Ebola Virus Disease Outbreak – Aviation Action Plan

A meeting chaired by the President of the ICAO Council and attended by the ICAO Secretary General and representatives of African States and Organizations was held at ICAO Headquarters, in Montréal, Canada, on 1 October 2014 with the objectives of:

- Recalling WHO/ICAO recommended measures on Ebola and in particular, removal of air travel restrictions;
- Taking note of Africa's collective response to the Ebola threat through the African Union Executive Council Decision Ext/EX.CL/Dec.1(XVI) which calls for compliance with the ICAO/WHO travel guidelines;
- Sharing States' experiences and challenges faced in implementing the said recommendations; and
- Agreeing on appropriate steps to facilitate implementation of WHO recommendations and strengthening capacity of States to handle the Ebola Virus Disease outbreak in West Africa.

The President of the Council summarized the main points of the discussion and on the basis of which an action plan was developed, in collaboration with WHO, as follows:

1. States, airports and airlines implement emergency preparedness plans and containment measures:

- a. States with widespread and intense transmission implement public health emergency plans, regulations, standards, guidelines and recommendations from WHO, ICAO, International Air Transport Association (IATA) and Airports Council International (ACI), including procedures for exit screening of travellers at airports, to prevent and manage identified cases and contacts.
- b. National health authorities of non-affected States revise, update, test and implement National Public Health Emergency Plans for improving capacity to detect, investigate, and manage contacts, suspects and confirmed Ebola cases, including procedures for exit screening of travellers at airports.
- c. The national authority responsible for Civil Aviation, in coordination with the national health authority implements a National Aviation Plan for a Public Health Emergency. Airport Public Health Emergency Contingency Plans and related procedures at airports concerning

- the prevention, detection and management of Ebola Virus Disease cases are implemented in coordination with the relevant public health authority.
- d. Airlines implement procedures for management of suspected infected travellers on board aircraft.

2. Airlines are encouraged to continue operating into the affected States, or to re-start operations if currently halted:

- a. ICAO to approach individual airlines which have ceased operations to affected States requesting information on the reasons why they have ceased operations and conditions necessary for the resumption of services.
- b. WHO to provide information, in coordination with national authorities, on provision of health care facilities for flight and cabin crew who are transiting in affected countries.

3. Exit screening procedures are implemented in affected countries, are documented and made public:

- a. ICAO, as chair of the Joint Ebola Transport and Travel Task Force Team, to promote dissemination of information, such as in joint statements of the Task Force and news releases, that exit screening (which is critical for reducing the exportation of Ebola cases and increasing public confidence) is being undertaken in affected countries.
- b. WHO to facilitate provision of details concerning exit screening procedures and make them available to States.
- c. ICAO and WHO to consider joint evaluations, in collaboration with national authorities and other partners, of exit screening procedures (e.g. joint WHO/ICAO Collaborative Arrangement for the Prevention and Management of Public Health events in Civil Aviation (CAPSCA) Assistance Visits to States/Airports).

4. Communication and awareness amongst key players at a political level is improved and assurances given on measures being put in place by States:

- a. ICAO Regional Directors (RDs) in Africa to establish communication with the Ministries of Transport, African Union, African Civil Aviation Commission, Sub-regional economic organisations and regional and country offices of United Nations organizations.
- b. ICAO RDs to request that awareness communications of the measures implemented in the most affected States be shared with the Ministers of Health and Heads of State and that the aviation sector is fully represented at any future meetings on Ebola.

5. States to review relevant Notices To Airmen (NOTAMS) and cancel Ebola related restrictions, where feasible:

- a. Civil Aviation Authorities/Air Navigation Service Providers to cancel or revise relevant NOTAMs.
- b. IATA and the African Airlines Association to communicate changes to airlines, and encourage resumption of services.

6. To facilitate development of preparedness planning and response capacities in the aviation sector, States are encouraged to join CAPSCA. Assistance Visits (AVs) are made available to CAPSCA member States in Africa:

- a. ICAO and WHO jointly with other partners to facilitate collaboration for training African aviation and public health officers as technical advisors who can undertake Assistance Visits to States/international airports and facilitate exercises. The request for AVs from certain African States for which funding is available may serve as a platform for such training. Funding will be needed for CAPSCA to support such training and for AVs.
- b. ICAO and States to consider additional funding for the continuation of CAPSCA's activities to assist States in the implementation of relevant Articles of the International Health Regulations (2005) and related ICAO Standards and Recommended Practices with meetings, training, development of guidance, and assistance visits to States and airports.



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

**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.

5. Restrictions on flights and passengers originating from countries with confirmed, suspected and contact cases are discouraged by WHO, ICAO, ACI, IATA and CAPSCA members. Suspension of flights by operators 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 air ports, 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 of 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" which are available on the respective web sites and included in Appendix 1 to this report.
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 Appendix 2 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>, and 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 iSTAR/SPACE site located on the ICAO Secure Portal.
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. States 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.
25. 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.