



**CENTRAL FUND FOR INFLUENZA ACTION**  
**ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT**  
**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010**

Programme Title & Number
<ul style="list-style-type: none"><li>• Programme Title: <b>Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport</b></li><li>• Programme Number (if applicable) CFIA A-11</li><li>• MDTF Office Atlas Number:</li></ul>

UNCAPAHI Objective(s) covered:
<b>Contingency Planning for operational continuity during a pandemic</b> <b>Programme Coverage/Scope: Africa</b>

Participating UN or Non-UN Organization(s)
<ul style="list-style-type: none"><li>• UN Organizations</li><li>• WHO, OCHA</li><li>• <i>Other International Organizations:</i> IATA, ACI</li></ul>

Implementing Partners
<ul style="list-style-type: none"><li>• Participating UN or Non-UN Organizations</li><li>• Other International Organizations</li><li>• National counterparts (government, private, NGOs &amp; others): Civil Aviation Authorities, Public Health Authorities and Airport Authorities of Participating Governments</li></ul>

Programme/Project Cost (US\$)
CFIA Contribution: \$549,960
Agency Contribution \$ In kind
Government Contribution (if applicable)
Other Contribution (donor) (if applicable)
<b>TOTAL: \$549,960</b>

Programme Duration (months)
Overall Duration: 55 months
Start Date <sup>1</sup> 13 March 2008
End Date or Revised End Date, 30 September 2012 (if applicable)
Operational Closure Date <sup>2</sup>
Expected Financial Closure Date

Programme Assessments/Mid-Term Evaluation
Assessment Completed - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

Submitted By
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<sup>1</sup> The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](http://mdtf.undp.org) (<http://mdtf.undp.org>).

<sup>2</sup> All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

## NARRATIVE REPORT

### 1. Purpose

1.1 The main outcomes and outputs of the programme are:

- a. The aviation sector will be capable of taking appropriate measures for preventing and managing the spread of communicable diseases of international public health concern through air transport, in case an outbreak is declared.
- b. Airports and airlines in participating states and administrations will have developed the necessary aviation preparedness plans in compliance with WHO International Health Regulations (2005) and ICAO Standards and Recommended Practices and associated guidelines on prevention of spread of communicable disease by air transport. They will have been integrated with national general preparedness plans.
- c. The preparedness plans and arrangements in place at major airports for dealing with a pandemic will have been reviewed and their effectiveness assessed by project experts.
- d. Guidance and on the job training will have been provided to civil aviation regulatory authorities, airports and airline personnel as well as to health officials, on the implementation of the aviation preparedness plan in case of a pandemic. A team of experts is thus established to provide ongoing advice on the subject which can supply expertise for the development of similar preparedness plans at other airports.
- e. Harmonization of plans and procedures and greater cooperation and coordination with global efforts, as well as with health and government authorities concerned in the prevention of the spread of communicable diseases.
- f. Development of continuity planning in the aviation sector during a public health emergency of international concern

1.2 The programme falls under objective 6 (continuity under pandemic conditions) of the UN Consolidated Action Plan and more specifically (paragraph 6.1 “Contingency planning for continuity of operations during a pandemic including preparation for humanitarian actions under pandemic conditions (WHO alert phases 5 and 6).”

The programme is in line with the CFIA TOR and has received a grant of \$399,960 plus \$150,000 which was transferred from CAPSCA-Asia Pacific (CFIA-A5), making a total of \$549,960.

1.3 The main implementing UN and non-UN partners in this programme and their respective roles and responsibilities are:

- a. International Civil Aviation Organization (ICAO) which is the lead coordinator of preparedness planning efforts in the aviation sector. It arranges seminars, workshops, Steering Committee and Regional Aviation Medicine Team meetings, conducts evaluations of airport preparedness plans and facilities and promotes cross organizational communication and collaboration.
- b. World Health Organization (WHO) which assists in the development of pandemic preparedness guidelines for aviation and ensures harmonization with International Health Regulations (2005) as well as participates in regional training workshops for the aviation sector and in airport evaluations.
- c. Airports Council International (ACI) which facilitates the development and implementation of detailed pandemic preparedness guidelines for airport operators and participates in related

regional training workshops.

- d. International Air Transport Association (IATA) which facilitates the development and implementation of detailed pandemic preparedness guidelines for airlines and participates in related regional training workshops.

## **2. Resources**

### **2.1 Financial Resources:**

\$150,000 was initially transferred from CAPSCA-Asia Pacific (CFIA-A5) to CAPSCA Africa (CFIA – A11) and CFIA subsequently allocated \$399,960 for the project. Thus, the total financial resources allocated to CAPSCA-Africa (CFIA-A11) is \$549,960. The project also relies on in kind contributions from States, expertise that is provided to the project without salary costs.

### **2.2 Human Resources:**

- a. Dr. Anthony Evans, Chief, Aviation Medicine Section at ICAO Headquarters is designated as the Project Manager and is supported in this regard by the ICAO Technical Cooperation Bureau. In addition WHO, IATA, ACI and other personnel from governmental organizations have participated in the meetings and workshops of the Programme.
- b. Three CAPSCA-Africa regional coordinators have been appointed.
- c. The Chairman, Civil Aviation Medical Board, Civil Aviation Authority of Singapore has been seconded on a part-time basis by his administration at no salary cost to the project to undertake the duties of Technical Advisor to the Programme. In this capacity he has been coordinating and participating in meetings and workshops and in the evaluation and assessment of airports' preparedness plans as well as in providing guidance and on the job training to the personnel concerned in the participating countries. He also provides guidance and advice to the three other CAPSCA projects.
- d. The Deputy Director, ICAO Regional Office, Mexico, has been nominated as CAPSCA Global Coordinator. This role has been established to facilitate the global administration of the four CAPSCA regional projects, to avoid duplication and improve harmonization.

## **3. Implementation and Monitoring Arrangements**

### **3.1 The implementation mechanisms primarily utilized to achieve maximum impact include:**

- a. Organizing and conducting with the participation of WHO, IATA, ACI and other parties concerned, seminars and workshops on aviation preparedness planning for civil aviation, airports, airlines and health personnel of participating countries.
- b. Providing technical guidance and explanations to the authorities concerned on the application of related ICAO Standards and Recommended Practices and guidelines and on International Health Regulations (2005).
- c. Undertaking missions to states and administrations to develop, assess and evaluate the preparedness plans at major airports and airlines for prevention of the spread of communicable diseases through air transport.
- d. Promoting harmonization, coordination and cooperation among all stakeholders within each country and among the participating States and Administrations.

### **3.2 No procurements are involved.**

- 3.3 Monitoring of the Programme is done by the following:
- a. The Project Manager at ICAO Headquarters, two focal points, one at each of the ICAO Regional Offices in Africa (Dakar and Nairobi) and three regional coordinators, who are seconded to this role by their State.
  - b. The Steering Committee is composed of representatives of civil aviation regulatory authorities, airports, airlines and health authorities in Participating States and Administrations and other interested parties. It is planned to meet about once a year and discusses any difficulties encountered, lessons learned and further actions to be undertaken. The first Steering Committee Meeting was held in Abuja in February 2009 and the second is planned for Abuja October 2011.
  - c. The Regional Aviation Medicine Team (RAMT) which was established by the first Steering Committee Meeting has so far held one meeting, in October 2009 under the auspices of the South Africa Civil Aviation Authority. The RAMT reviews ICAO, State and Airport Specific Guidelines and checklists from the operational point of view and proposes for adoption by the Steering Committee appropriate measures and procedures that may need to be applied by airports and airlines in their preparedness plan. The next meeting is planned for Bamako, Mali, in February 2011.
- 3.4 Four international airports have been evaluated in Africa. These are Lagos, Abuja (Nigeria), Johannesburg and Cape Town (South Africa). Further evaluation visits are planned. A live exercise simulating the arrival of a passenger with a serious communicable disease was undertaken in Johannesburg in October 2009.

## **4. Results**

4.1 The programme has created awareness not only in its Participating States and Administrations but also in other States in the Region as well as in their major airports and airlines, about the need to develop an aviation preparedness plan for implementation in case of an outbreak or pandemic. The workshops conducted, the Steering Committee and RAMT meetings as well as the evaluations have created greater understanding of the relevant ICAO requirements and WHO International Health Regulations (2005) that can contribute to the prevention and management of the spread of communicable diseases by air transport and the measures that need to be taken.

4.2 A workshop was held in Nairobi, Kenya, during 8-9 June 2010, titled “Workshop on Strengthening Pandemic Preparedness Planning in Aviation”. This brought together the public health and aviation sectors and sensitized the region to the importance of preparedness planning in the aviation sector. It prepared the ground for the next RAMT meeting, planned for Bamako, during 2011.

4.3 Five States and Administrative Regions have joined the Project. These are: Nigeria, South Africa, Democratic Republic of Congo, Chad and Cape Verde. Furthermore five additional States have expressed their interest in joining the project and have participated in most of the meetings organized within the framework of the project: Cameroon, Cote d’Ivoire, Gambia, Ghana and Kenya.

4.4 Four International Airports have been evaluated. The airport evaluation visits ensured that aviation preparedness plans in the case of a pandemic outbreak, are in compliance with ICAO requirements and guidelines as well as with WHO International Health Regulations (2005). In addition, on the job training was provided to national personnel in the development and implementation of pandemic preparedness plans at airports in their country.

4.5 The RAMT brings together experts, operational and medical personnel from several countries in the Region and from multinational agencies. It provides the Steering Committee and the participating States and their airports and airlines a professional source of advice and guidance on arrangements and procedures applied under the preparedness plans in the region.

4.6 Other states, regional and international agencies and organizations, major airlines and airports as well as Public Health Departments have also participated in the workshops, Steering Committee and RAMT meetings or in visits to States. The involvement of these different entities and the evaluation visits to States and airports have had a catalytic effect in bringing together interested parties from many countries and regions of the world as well as the aviation and public health sectors within the participating states that has created awareness and promoted the production of harmonious preparedness plans that are in compliance with ICAO requirements and with WHO International Health Regulations (2005).

## 5. Future Work Plan

The future workplan includes the following:

- Increasing the number of States participating in the project.
- Reviewing and evaluating Pandemic Preparedness Plans at major international airports of participating States that are not yet evaluated\*.
- Providing professional guidance and advice to States on the effectiveness of arrangements and procedures adopted in the preparedness plans.
- Ensuring that national experts on the development and application of Pandemic Preparedness Plans are kept informed of relevant new developments and regulations.
- Conducting further workshops / Steering Committee and RAMT\*
- Enhancing cooperation and coordination among all parties and states involved and harmonization of their Preparedness Plans.
- Encourage the exchange of relevant information between airports, airlines, civil aviation authorities and public health authorities.
- Assistance in implementing a generic template for National Aviation Plan for a Communicable Disease Outbreak.
- No additional funds are anticipated to be needed for the present, but the project has been extended to 30 September 2012.

*\* At a global CAPSCA meeting in Singapore in October 2010 it was decided to rename "airport evaluations" as "airport assistance visits" to better reflect the purpose. At the same meeting it was decided to rename the Regional Aviation Medicine Team as Regional Aviation Medicine and Public Health Team, to emphasize the collaboration between the aviation and public health sectors.*

## Annexes

- Additional relevant information and photographs, assessments, evaluations and studies undertaken or published
- Any other published materials (only if applicable): news clippings, print materials, sample TV/radio spots, involvement of Goodwill Ambassadors/celebrities, etc.

## VI. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
<b>UNCAPAH I Objective 1<sup>3</sup></b>							
<b>UNCAPAH I Output 1.1</b>	Indicator 1.1.1						
	Indicator 1.1.2						
<b>UNCAPAH I Output 1.2</b>	Indicator 1.2.1						
	Indicator 1.2.2						
<b>UNCAPAH I Objective 2</b>							
<b>UNCAPAH I Output 2.1</b>	Indicator 2.1.1						
	Indicator 2.1.2						
<b>UNCAPAH I Output 2.2</b>	Indicator 2.2.1						
	Indicator 2.2.2						

<sup>3</sup> From UNCAPAH I (see <http://mdtf.undp.org/document/download/4117>).

