



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME¹ NARRATIVE REPORT - VERSION 1
DATE: 01-11-2017**

<p align="center">Project Number(s) and Title(s)</p> <p>#2- Aviation Ebola Action Plan 00093085 (Gateway ID)</p>	<p align="center">Recipient Organization(s)</p> <p>ICAO Project Focal Point: Name: Dr. Ansa Jordaan, Chief, Aviation Medicine Section, Air Navigation Bureau, ICAO E-mail: jjordaan@icao.int</p>
<p align="center">Strategic Objective & Mission Critical Action(s)</p> <p>SO (STEPP) SO5 Prevent MCA 13 – Preventing Outbreaks</p>	<p align="center">Implementing Partner(s)</p> <p>World Health Organization (WHO) State Civil Aviation Authorities (CAAs)</p>
<p>Location:</p> <p>Regional</p>	<p>Sub-National Coverage Area:</p> <p>Global</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project proposal document: MPTF²: First tranche: \$ 1,000,000 Second tranche: \$793,320 Total Expenses: \$843,460.55</p> <p>Government Contribution <i>(if applicable)</i></p> <p>Other Contributions (donors) <i>(if applicable)</i></p> <p>TOTAL:</p>	<p align="center">Programme Duration</p> <p>Overall Duration: 32 months Project Start Date³: 12-12-2014</p> <p>Originally Projected End Date⁴: 31-12-2016 Actual End date⁵: 31-07-2017</p> <p>Agency(ies) have operationally closed the programme in its(their) system Yes <input type="checkbox"/></p> <p>Expected Financial Closure date⁶: 06-11-2017</p>
<p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy</p> <p>Evaluation Report - Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy</p>	<p align="center">Report Submitted By</p> <p><input type="checkbox"/> Name: Dr. Ansa Jordaan <input type="checkbox"/> Title: Chief, Aviation Medicine Section <input type="checkbox"/> Date of Submission: 09-12-2017 <input type="checkbox"/> Participating Organization (Lead): ICAO <input type="checkbox"/> Email address: _____</p>
	<p align="center">Report Cleared By</p> <p><input type="checkbox"/> Name: Dr. Fang Liu <input type="checkbox"/> Date of Submission: <input type="checkbox"/> Participating Organization (Lead): ICAO <input type="checkbox"/> Email address: secgen@icao.int</p>

¹ Refers to programmes, joint programmes and projects.

² The amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

³ The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online [MPTF Office GATEWAY](#).

⁴ As per approval of the original project document by the Advisory Committee.

⁵ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

⁶ Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

Project Proposal Title: Aviation Ebola Action Plan						
Strategic Objective 5 MCA 13: Multi-faceted preparedness						
Strategic Objective to which the project contributed	Geographical Area (where the project directly operated)	Baseline ⁷ In the exact area of operation	Target	Final Achievements	Means of verification	Responsible Organization
Effect Indicators	Region with countries with widespread and intense transmission of EVD	5 of 10,000 EVD cases from Guinea, Liberia, and Sierra Leone	0.05% of confirmed EVD cases	No cases of air passengers infected with EVD reported since initiation of the project	WHO Reports	ICAO and WHO
Number of air passengers infected with EVD departing from the airports in countries with widespread and intense transmission						
MCA [13] ⁸						
Output Indicators	Geographical Area	Target ⁹	Budget	Final Achievements	Means of verification	Responsible Organization(s).
# Training Events completed	West and Central Africa East and Southern Africa All Africa States North Africa and Middle East European States	1 training event planned for each of the 5 geographical areas	USD 68,000.00 x 5 Total USD 340,000.00	8 Training Events in Dakar, South Africa, Nairobi, Cairo, Budapest, Sudan, Belarus and Zambia completed	Training event agenda's, training material and minutes Regional and global meeting agenda's and minutes Financial records	ICAO, WHO, CDC
Output Indicators	Geographical Area	Target ¹⁰	Budget	Final Achievements	Means of verification	Responsible Organization(s).
# of State and Airport Assistance Visits	Countries with EVD widespread and intense transmission (Guinea, Liberia and Sierr Leone)	3 initial and 3 follow-up visits	USD 21,500.00 x 6 Total USD: 64,500.00	All completed	Assistance Visit Reports	ICAO, WHO, CDC
# of State and Airport Assistance Visits	Countries in Africa with an initial case or cases, or with localized EVD transmission (Mali, Nigeria, Senegal)	3 initial and 3 follow up visits	USD 21,500.00 x 6 Total USD: 64,500.00	3 initial and 2 follow up completed: Mali, Nigeria	Assistance Visit Reports	ICAO, WHO, CDC

⁷ If data is not available, please explain how it will be collected.

⁸ Project can choose to contribute to all MCA or only the one relevant to its purpose.

⁹ Assuming a ZERO Baseline

¹⁰ Assuming a ZERO Baseline

PROJECT/PROPOSAL RESULT MATRIX

# of State and Airport Assistance Visits	Preparedness of countries to detect and respond to Ebola exposure, including countries bordering Guinea, Liberia and Sierra Leone and most other countries in Africa with direct flights from Guinea, Liberia and Sierra Leone	12 visits	USD 21,500.00 x 12 Total USD: 258,000.00	10 visits completed, 2 other visits scheduled, but postponed	Assistance Visit Reports	ICAO, WHO, CDC
# of State and Airport Assistance Visits	Other countries with direct flights to Guinea, Liberia and Sierra Leone	7 visits	USD 150,500.00	1 visit done to Atlanta.	Assistance Visit Reports	ICAO, WHO, CDC
# of State and Airport Assistance Visits	Other countries with significant passenger traffic from Guinea, Liberia and Sierra Leone via indirect flights	TBD – subject to funding from UN	N/A		N/A	

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

Background and Situational Evolution

In 2014 the International Civil Aviation Organisation (ICAO) has developed in collaboration with the World Health Organisation (WHO) an Ebola Aviation Action Plan for States and International Organizations. The objectives of the plan were to improve preparedness planning and response capacities in the aviation sector and to facilitate harmonized implementation of the ICAO Standards and Recommended Practices (SARPs) and the International Health Regulations (IHR) relevant to the aviation sector.

The action plan included providing advice and training to States and airports, developing guidance material, and conducting assistance visits to States and airports to evaluate emergency preparedness in the aviation sector and to provide recommendations for implementation and improvement of emergency preparedness plans. The Ebola Aviation Action Plan was managed by ICAO in collaboration with WHO, the Centres for Disease Control (CDC) in the United States (US) and several other partners including the United Nations World Tourism Organisation (UNWTO), Airports Council International (ACI) and International Air Transport Association (IATA).

The Ebola Aviation Action Plan was aligned with the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme. CAPSCA is an ICAO global programme which was implemented in 2006 to improve preparedness planning and response to public health events that affect the aviation sector.

Narrative section:

- **Key Achievements:**

The key objectives as they related to the main output indicators were successfully achieved:

- Training Events completed in five geographical areas (West and Central Africa; East and Southern Africa; all Africa States; North Africa and Middle East; European States). Training Events completed in Dakar, South Africa, Nairobi, Cairo, Budapest, Sudan, Belarus and Zambia.
- State and Airport Assistance Visits conducted to countries with widespread Ebola Viral Disease (EVD) and intense transmission (Guinea, Liberia and Sierra Leone). An initial and follow-up visit was completed to each of these countries and progress in preparedness planning was observed during all the follow-up visits.
- State and Airport Assistance Visits conducted to countries in Africa with an initial case or cases, or with localized EVD transmission (Mali, Nigeria, and Senegal). Initial visits were conducted to each of these countries and two follow up visits were completed (Mali and Nigeria).
- State and Airport Assistance Visits conducted to countries bordering Guinea, Liberia and Sierra Leone and most other countries in Africa with direct flights from Guinea, Liberia and Sierra Leone. A total of ten assistance visits were completed to the following countries: Benin, Ghana, Togo, Gambia, Mauritania, Democratic Republic of Congo, Cameroon, Niger, Cabo Verde, Angola. A remaining two visits were scheduled to Rwanda and Kenya but it was postponed upon State request.
- State and Airport Assistance Visits conducted to other countries with direct flights to Guinea, Liberia and Sierra Leone. One visit to Atlanta was completed, which was considered to be significant as Atlanta airport is known as “the most travelled airport” and because this was also the entry airport where cases with EBV was transported to the United States (US).

- **Impact of project activities on countries affected by widespread and intense transmission of EVD (Guinea, Liberia and Sierra Leone).**

The project activities contributed to strengthening and improving the preparedness of the airports by:

- Obtaining high level commitment from both the aviation and public health sectors regarding preparedness for Public Health Events (PHE). In some States there have been changes in the organization of the Civil Aviation Authority and the Public Health Authority to assist in the implementation of the WHO International Health Regulations and ICAO SARPs.

- Creating awareness of all the stakeholders in terms of their responsibilities resulting in improved collaboration and coordination between them; with active involvement in the development or updating of public health related regulations, plans and procedures as well as the providing of stakeholder training and testing of training through simulation exercises.
- Improvement of State capacities to respond to PHE through the development of Public Health Emergency Preparedness plans, National Aviation Public Health Emergency Plans and Airport Emergency Plans.
- Providing airports with the additional infrastructure and equipment e.g. establishment of Emergency Operations Centres (EOC), medical and sanitation facilities.

Note: An important measure of the impact of this project on these countries was that the EVD outbreak was contained and that travel bans to the States were lifted. However, from the follow-up visits to these States it is evident that some of the developed documents are still in draft format, or have not yet been fully implemented or tested. Documentation and training should further be strengthened and improved.

Other key achievements of the project included:

- Improved communication and awareness amongst key stakeholders of the aviation and public health sectors at both a political and operational level.
- Facilitated development of new preparedness plans or updated preparedness plans in States.
- Improved capacities of States to respond to public health emergencies in the aviation sector.
- Of significance was the improvement in preparedness planning which was confirmed during follow up assistance visits to African States. CDC has independently confirmed the significant progress that has been made in these States.
- Assisted airlines to continue operating into the affected States where there was a risk of disease transmission due to flight restrictions having been lifted and modification of Notices to Airmen (NOTAMs) by affected States (publication of ICAO State letter AN S/28-16/78).
- Publication of ICAO State Letter AN S/28-16/78 resulting in States nominating a CAPSCA focal point to improve engagement of States with ICAO and the WHO IHR focal point.
- Publication of ICAO State Letter AN S/28-16/78 conducting a State survey on their needs in order to inform the CAPSCA strategy for the next three years. The needs identified by African States included the following: more publications and guidelines, review of preparedness plans, further training (workshops and simulation training), more assistance visits (including follow-up visits), further improvement of the collaboration between the aviation and public health sectors, increased oversight of aviation institutions by international and regional organizations, and conducting high-level information seminars with ministers of States, heads of aviation authorities and directors of public health to raise awareness of public health issues affecting civil aviation.
- Revision of the CAPSCA strategy (2017-2019) in view of the survey which was well received by the States at the five regional meetings and the global CAPSCA meeting; with States expressing their commitment to the CAPSCA programme.
- Development of an on-line CAPSCA Technical Advisor course (a combined ICAO/ WHO project) with positive acceptance by attendees of regional CAPSCA meetings; with the majority of participants indicating an interest to complete this course.
- Participation by representatives from ICAO in Joint External Evaluation (JEE) activities that were conducted by WHO. JEE activities support States in the implementation of the International Health Regulations, including requirements related to the management of public health at airports.
- Encouragement and the acceptance of States to request more JEE visits.
- Development of a database and associated visual mapping of passenger movements from one State/international airport to another. Such information will be helpful in assessing the risk of transfer of a number of communicable diseases, including Ebola and Zika, across international borders.
- Development of a website and a questionnaire concerning vector control at airports. This is important in the context of vector-borne communicable disease to enable States to undertake a risk assessment concerning the likelihood that vectors may board an aircraft and be transported from an area affected by a vector-borne communicable disease to an area not yet affected by the disease.

- **Delays or Deviations**

There were some delays in completion of the project due to:

- Key personnel from WHO or ICAO unavailable at specific times requested by States for Assistance Visits due to conflicting schedules (e.g. during hosting of major global events). One of the strengths of the Ebola Action Plan was that both the aviation sector and the public health sector would collaborate and conduct joint missions in order to provide the maximum benefit to States so the participation of both WHO and ICAA was essential.
- Staff changes in participating organizations and State departments.
- Postponement of State/Airport Assistance Visits due to:
 - States requesting postponements for operational reasons.
 - State delays in acceptance, coordination and preparation of visits resulting in States being unable to accommodate a visit at the time the team members were available.
 - State delays in obtaining membership of CAPSCA.
 - Political activity or civil unrest experienced in States.
 - State UN Security Level resulting in some States not being visited at scheduled times or not being visited at all.

- **Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

No. of Beneficiaries – n/a	
Women	
Girls	
Men	
Boys	
Total	

Environmental Markers – n/a
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution

- **Best Practice and Summary Evaluation** *(one paragraph)*

It was agreed by all stakeholders that collaboration and coordination between different sectors (mainly the aviation and public health sectors; but also other sectors) were essential. Furthermore, involvement at all levels is important, not only global, regional, national and local, but also at political and operational levels. Most progress in terms of both preparedness planning and emergency response is made if all stakeholders at all levels are involved and committed to the objectives; and if best practices are shared amongst States regionally.

- **Lessons learned**

- Early engagement with high-level officials to secure political will and support is essential to ensure success.
- Multi-sector multi- stakeholder engagement is important.
- Activities need to be conducted in accordance with a project plan to ensure that follow-up activities are carried out and that lessons learned are distributed to all stakeholders.
- Basic training needs to be made available in a more easily accessible format such as on-line training.
- Training should be provided to the aviation sector on public health activities and the public health sector should receive some training on basic aviation activities and procedures.
- On the job training is considered essential for evaluation purposes and to inform further strategic objectives.
- Building national and regional capacity is essential as it is not possible to reach all States requesting or needing guidance and support through a global platform.
- A regular Evaluation and Monitoring Programme needs to be implemented to ensure that Action Plans are monitored and agreed actions implemented.
- Implementation of a communication strategy is essential to ensure continued involvement of all stakeholders in emergency preparedness planning and to update all stakeholders on any new

developments.

- **Story on the Ground**

The experience throughout this project was positive in all areas of activities and in all States visited. The public health and aviation sector personnel in the various States participated fully during the assistance visits and training events. Workshops were well supported with enthusiastic participation and the most important point was the sharing of best practices between neighbouring States. States considered the programme to be very beneficial and a learning experience; requesting further guidance and follow-up Assistance Visits. States were generally proud to share their experiences and lessons learned; as well as their unique heritage and culture.