

MARITIME LAW ASSOCIATION OF AUSTRALIA AND NEW ZEALAND

ACN 054 763 923

ABN 97 054 763 923



**Neil Beadle
President**

DLA Piper New Zealand
DLA Piper Tower
Level 22
205 Queen Street
PO Box 160
Auckland 1140
NEW ZEALAND
Tel: +64 9 300 3865

neil.beadle@dlapiper.co.nz

www.mlaanz.org

28 June 2016

Mr Stuart Hetherington
President
Comité Maritime International

By email: swh@cbp.com.au

Dear Stuart

I refer to your letter of 30 September 2015 seeking a response on a questionnaire on Pandemic Response - The Effect on Seafarers and Passengers at Sea.

The association has prepared separate responses on behalf of Australia and New Zealand. The responses are attached.

Kind regards

Neil Beadle

President

New Zealand Position for the CMI Pandemic Response Questionnaire

1. Is your jurisdiction a member of the World Health Organisation?

New Zealand is a member of the WHO.

2. Has your jurisdiction given effect under its domestic law to the International Health Regulations 2005?

New Zealand has ratified the International Health Regulations (2005). New Zealand is compliant with the International Health Regulations (2005) and reports annually to the World Health Organization on the measures it takes to achieve compliance.¹

3. Has your jurisdiction ratified the IMO-MLC 2006 Convention?

New Zealand has ratified the ILO-MLC 2006 Convention on 9th March 2016. It will enter into force one year later on March 2017.

4. What steps have been taken within your jurisdiction to give effect to the IMO-MLC 2006 Convention?

New Zealand's Maritime Rules were amended in 2016 to implement the requirements of the Convention that we have not already ratified. Parts 31, 34 and 51 have been amended to implement the requirements and Part 52 has been added to fill the remaining gap. Maritime New Zealand (MaritimeNZ) is the responsible government agency for implementing the Convention.

The annex of the questionnaire mentioned particular articles of the Convention. In summary, New Zealand has given effect to all the articles mentioned in the annex of the questionnaire.

Regulation 4.1 – Medical Care On Board Ship and Shore

Regulation 4.1 requires each member state to ensure that adequate medical care can be provided, at no cost to the seafarers, on ships that fly its flag.

Section 23 of the Maritime Transport Act 1994 requires all New Zealand ships to ensure that any seafarer requiring medical attention while overseas receives all

¹ Email from the Ministry of Health to James Kim regarding the OIA H2010600963 (31st March 2016).

necessary medical attention at the employer's expense.² Other general health and safety requirements for work on board ships are covered by the new Health and Safety At Work Act 2015 since 4 April 2016.

Standard A4.1

Standard A4.1 also draws attention to require ships which do not carry a medical doctor to have at least one seafarer on board who is in charge of medical care and administering medicine as part of their regular duties that meets the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for seafarers, as amended (STCW).³

New Zealand has implemented requirements of the STCW for New Zealand ships. Part 34 of the Maritime Rules was amended to align the law with the STCW, requiring foreign seafarers to hold a current certificate of medical fitness issued by or on behalf of a state that is a party to the STCW.⁴

Guideline B4.1.3

Guideline B4.1.3 recommends the shore-based medical facilities for treating seafarers be adequate for the purposes. The doctors, dentists and other medical personnel should be properly qualified.

In New Zealand, medical practitioners providing medical care must be a registered medical practitioner registered under the Health Practitioner's Competence Assurance Act 2003 with the Medical Council of New Zealand. The care must also be within their scope of work⁵

Guideline B4.1.4

Guideline B4.1.4 recommends each member state to give due consideration to participate in international cooperation in the area of assistance by developing and coordinating search and rescue efforts and arranging prompt medical help and evacuation at sea for the seriously ill or injured on board a ship through such means as periodic ship position reporting systems, rescue coordination centres

² Maritime Transport Act 1994, section 23(1)(b).

³ MLC ILO 2006 Convention, Standard A4.1.4(c).

⁴ Maritime Rules, Part 34.40 (2)(a).

⁵ Health Practitioner's Competence Assurance Act 2003, section 8.

and emergency helicopter services, in conformity with the International Convention on Maritime Search and Rescue (IAMSAR) Manual.⁶

The Rescue Coordination Centre New Zealand (RCCNZ) is a rescue coordination centre that provide search and rescue services, including emergency medical and helicopter services, covering one of the largest search and rescue areas in the world. The RCCNZ Procedure Manual, Search and Rescue incidents, SOP Vol 1 PO1 is aligned to the principles laid out in the IAMSAR Manual.⁷

5. Has your jurisdiction ratified the IMO Facilitation of Maritime Traffic Convention 1965 (FAL Convention)?

Yes, New Zealand has ratified the FAL Convention.

6. What steps have been taken within your jurisdiction to give effect to the FAL Convention?

The annex of the questionnaire mentioned particular provisions of the Convention. In summary, New Zealand has given effect to all of the provisions mentioned in the annex of the Convention.

Provision 3.8

Provision 3.8 of the FAL Convention recommends that medical examination of persons on board or of persons disembarking from ships normally be limited to those persons arriving from an area infected with quarantinable diseases within the incubation of the disease concerned (as stated in the International Health Regulations). Additional medical examination may, however, be required in accordance with the International Health Regulations.

A ship will face various quarantine restrictions – including isolation and medical examination of persons aboard the ship - when the radio pratique has been denied.⁸ However, even if a radio pratique has been granted for a ship, persons from the ship could face medical examinations as medical examinations are *not legally limited* to persons arriving from an area infected with quarantinable diseases. The medical officer of health, appointed under the Health Act 1956, may enter any premises – including boarding a ship or an aircraft - in which he or she

⁶ MLC ILO 2006 Convention, Guideline B4.1.4.1(a).

⁷ David Baird *Report of the Independent Review into the Search and Rescue Operations for sv Nina* (June 2014) < www.maritimenz.govt.nz/News/Media-releases-2014/SAR-Nina-Review-June-2014.pdf>.

⁸ Health (Quarantine) Regulations 1983, regulation 13(3).

has reason to believe that there is or recently has been any person suffering from a notifiable infectious disease or recently exposed to the infection of any such disease, and may medically examine any person on those premises.⁹ The medical officer of health may also require a person on an arriving ship that has a quarantinable disease or was exposed to such in last 14 days to be examined.¹⁰

Provision 3.20

Provision 3.20 requires public authorities to grant pratique by radio to a cruise ship when, on the basis of information received from it, prior to its arrival, the health authority for the intended port of arrival is of the opinion that its arrival will not result in the introduction or spread of a quarantinable disease.

New Zealand law requires the captain of every ship liable to quarantine (any ship arriving from a foreign port) to inform the medical officer of health by radio message of the last port of call, the date of departure therefrom, and the state of health on the ship.¹¹ On receipt by the medical officer of health of such radio message to the effect that no infectious disease exists on board, the medical officer may grant pratique by radio.¹²

Provision 3.30

Provision 3.30 recommends that the Maritime Declaration of Health should be the only health control necessary for cruise passengers.

New Zealand law requires the master of the ship to complete and deliver to the medical officer of health a Maritime Declaration of Health form.¹³ There are no other legal controls aside from requirements to provide additional information required by the medical officer of health and getting passengers and crews to fill out cards and forms.¹⁴

Provision 6.4

Provision 6.4 recommends that health authorities should as far as practicable be allowed to join a ship prior to entry of a ship into port.

⁹ Health Act 1956, section 77.

¹⁰ Health Act 1945, sections 97(2) and 97D(1)(a).

¹¹ Health (Quarantine) Regulations 1983, regulation 10.

¹² Health (Quarantine) Regulations 1983, regulation 13(1).

¹³ Health Act 1956, section 102(2).

¹⁴ Health Act 1956, sections 102(4) and 97(2).

New Zealand law allows the medical officer of health, if the radio pratique has been denied, to board the ship and inspect it for the purpose of ascertaining whether any infectious disease exists on the ship.¹⁵

Provision 6.4.1.

Provision 6.4.1 requires authorities to seek the co-operation of ship owners to ensure compliance with any requirement that illness on a ship is to be reported promptly by radio to health authorities or the port for which the ship is destined.

Under New Zealand law, the master is liable on conviction to a fine not exceeding \$1,000 if he does not comply with the requirements regarding declaration of health set out under section 102 of the Health Act 1956. Further, declaration of health is required for ships to be granted pratique. Any ship that are not granted pratique will be liable to restrictions under sections 99 to 101 of the Health Act 1956. This is a practical incentive to ensure compliance with illness reporting requirements.

Provisions 6.10

Provision 6.10 requires that except in the case of an emergency constituting a grave danger to public health, a ship which is not infected or suspected of being infected with a quarantinable disease shall not, on account of any other epidemic disease, be prevented by the health authority for a port from discharging or loading cargo or stores or taking on fuel or water.

Section 99 restricts discharging or loading goods to only ships that are liable to quarantine and have not been granted pratique.¹⁶ Therefore, there is no legal basis to restrict loading or discharging goods from and to ships that are not infected or suspected of being infected with a quarantinable disease in New Zealand, barring in the case of an emergency constituting a grave danger to public health.¹⁷

7. Are you aware if your jurisdiction has denied free pratique to a vessel during any of the following pandemics: Avian flu; SARS; Chikungunya or MERS?

No vessel was denied pratique because of suspected quarantinable diseases on board the vessel. Some vessels may not have received radio pratique (ie health clearance before berthing) but instead received pratique on arrival because they

¹⁵ Health Act 1956, section 101(1); Health (Quarantine) Regulations 1983, regulation 13(3).

¹⁶ Health Act 1956, section 99; Health (Quarantine) Regulations 1983, regulation 13(3).

¹⁷ Epidemic Preparedness Act 2006, section 5.

reported illness on board or did not meet New Zealand's statutory requirements for reporting the state of health on board the vessel prior to arrival.¹⁸

8. Are you aware if your jurisdiction has taken any steps to establish the care capacities identified in Sections A and B of Annex 1 of the International Health Regulations, and in particular a “national public health emergency response plan” in compliance with the International Health Regulations.

New Zealand's implementation status of the core capacities is 100% according to the WHO database.¹⁹ New Zealand has a “national public health emergency response plan”: *New Zealand Influenza Pandemic Plan: A framework for action*. This framework/plan seems to establish the core capacities outlined in Annex 1 of the IHR.²⁰ As well as a national public health emergency response plan, there are also regional and local pandemic plans.

9(a). What measures were taken by your jurisdiction during the recent Ebola outbreak?

The Ministry of Health's *Risk Assessment Framework for Managing Ill Travellers with Suspected Symptoms of Ebola Virus Disease and Contacts Arriving in New Zealand: Guidelines for DHB Public Health Units* is an operational guideline for managing the Ebola virus and the guideline has been used during the recent Ebola outbreak to inform the border health protection officers on measures to take during the outbreak.

9(b). Which Department of State or organisation in your jurisdiction was responsible for implementing those measures during the recent Ebola outbreak?

The Ministry of Health was responsible for implementing the measures, as outlined in the *Risk Assessment Framework for Managing Ill Travellers with Suspected Symptoms of Ebola Virus Disease and Contacts Arriving in New Zealand: Guidelines for DHB Public Health Units*.²¹

¹⁸ Email from the Ministry of Health to James Kim regarding the OIA H2010600963 (31st March 2016).

¹⁹ World Health Organisation “International Health Regulations monitoring framework: implementation status of IHR core capacities 2010-2014”
<gamapserver.who.int/gho/interactive_charts/ihr/monitoring/atlas.html?indicator=i4>.

²⁰ The Ministry of Health, *New Zealand Influenza Pandemic Plan: A framework for action*, Part C, page 121.

²¹ Above n 18.

9(c). Were maritime administrations within your jurisdiction consulted in relation to decisions taken within your jurisdiction during the Ebola outbreak?

Maritime New Zealand was one of a large number of border stakeholders the Ministry of Health worked with during its preparedness for responding to suspected cases of Ebola. There were in excess of fourteen updates sent to border stakeholders, including Maritime New Zealand, with updated information from the World Health Organization and others on the progress with the Ebola response in affected countries. These updates also included revised versions of the *Risk Assessment Framework for Managing Ill Travellers with Suspected Symptoms of Ebola Virus Disease and Contacts Arriving in New Zealand: Guidelines for DHB Public Health Units*.²²

9(d). Were those who took decisions in your jurisdiction during the Ebola outbreak aware of the requirements of International Health Regulations 2005, The FAL Convention 1965 (As Amended); and the ILO MLC 2006 Convention?

Health officials were aware of the IHR 2005 but not of the two conventions.²³

9(e). Were those making the decisions in your jurisdiction in relation to the Ebola outbreak aware of the potential conflict in the requirement between those Regulations and Conventions?

In response to the question, the Ministry stated:²⁴

No, Health officials were not aware of the two conventions. However, we note that our response was fully consistent with the WHO's advice and recommendations and was used by an example of good practice by the WHO. We also note the FAL Convention 1965 predates the IHR 2005, and the ILO MLC 2006 Convention is drafted around the same time as the IHR 2005 so we would assume the various drafting groups and those consulted during development would have taken these into account. We would not assume member states would need to do this.

I am also not sure what the potential conflict would be as the IHR 2005 are intended to address public health risks of international concern, to exclude occupational health and safety matters, and to avoid unnecessary interference with

²² Email from the Ministry of Health to James Kim regarding the OIA H2010600963 (4th April 2016).

²³ Above n 23.

²⁴ Above n 23.

travel and trade. This is stated specially in Article 2: *"The purpose and scope of the Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international travel and trade."*

CMI Pandemic Response Questionnaire – Australian Position

1. Is your jurisdiction a member of the World Health Organisation?

Australia is a member of the WHO

2. Has your jurisdiction given effect under its domestic law to the International Health Regulations 2005?

Yes, the National Health Security Act 2007 gives effect to the requirements of the IHR 2005. More specifically, Australia' accession to the International Health Regulation required Australia to develop multi-level capacities in the health sector to effectively manage public health threats and develop, strengthen and maintain the capacity to detect, report and respond to public health events. This was achieved by the Health Security Act 2007 and the National Health Security Agreement.²⁵

3. Has your jurisdiction ratified the IMO-MLC 2006 Convention?

After signing of an accord in Cairns on 5th May 2011, Australia has ratified the IMO MLC 2006 convention.

4. What steps have been taken within your jurisdiction to give effect to the IMO-MLC 2006 Convention?

In Australia, the ILO-MLC 2006 Convention has been implemented primarily through the Navigation Act 2012 and associated delegated legislation, such as Marine Order 11 (Living and working conditions on vessels) 2015.²⁶

The annex of the questionnaire mentioned particular articles of the Convention. In summary, Australia has given effect to all the particular articles mentioned in the questionnaire.

Regulation 4.1 – Medical Care On Board Ship and Shore

Regulation 4.1 requires each member state to ensure that adequate medical care can be provided, at no cost to the seafarers, on ships that fly its flag.

²⁵ <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-nhs-agreement.htm>

²⁶ <https://www.amsa.gov.au/international/mlc/about-mlc/>

Division 12 of the Marine Order 11 places various health related obligations for the owner of an Australian vessel. The owner of an Australian vessel must put in place measures for the health protection, medical care and essential dental care for seafarers working on board.²⁷ Further, expenses for all medicine, surgical and medical advice and attendance, and essential dental care, given to a seafarer while the seafarer is on board a vessel must be paid by the owner of the vessel.²⁸ Also, the owner of a vessel must ensure that medical care and health protection services are provided at no charge to seafarers on board the vessel and in any port that the vessel visits.²⁹

Standard A4.1

Standard A4.1 also draws attention to require ships which do not carry a medical doctor to have at least one seafarer on board who is in charge of medical care and administering medicine as part of their regular duties that meets the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for seafarers, as amended (STCW).³⁰

Australian ships undertaking an overseas voyage must have a person qualified to render first aid.³¹ To be qualified, the person must hold a certificate attesting to satisfactory completion of an approved course of study that complies with the training and assessment standards mentioned in the STCW.³²

Guideline B4.1.3

Guideline B4.1.3 recommends the shore-based medical facilities for treating seafarers be adequate for the purposes. The doctors, dentists and other medical personnel should be properly qualified.

The owner of an Australian vessel must ensure that a seafarer in need of immediate medical care is transported to shore and given access without delay to medical facilities onshore including outpatient treatment for sickness and injury, hospitalisation when necessary and facilities for essential dental treatment.³³

²⁷ *Marine Order 11 (Living and working conditions on vessels) 2015, s 64(1).*

²⁸ Navigation Act 2012, s 70; *Marine Order 11 (Living and working conditions on vessels) 2015, s 66.*

²⁹ *Marine Order 11 (Living and working conditions on vessels) 2015, s 66(1).*

³⁰ MLC ILO 2006 Convention, standard A4.1.4(c).

³¹ Navigation Act 2012, s 72.

³² *Marine Order 11 (Living and working conditions on vessels) 2015, s 69(3).*

³³ *Marine Order 11 (Living and working conditions on vessels) 2015, s 65.*

Guideline B4.1.4

Guideline B4.1.4 recommends each member state to give due consideration to participate in international cooperation in the area of assistance by developing and coordinating search and rescue efforts and arranging prompt medical help and evacuation at sea for the seriously ill or injured on board a ship through such means as periodic ship position reporting systems, rescue coordination centres and emergency helicopter services, in conformity with the International Convention on Maritime Search and Rescue (IAMSAR) Manual.³⁴

Australian Maritime Safety Authority (AMSA) Search and Rescue service is responsible for the national coordination of both maritime and aviation search and rescue. It coordinates medical evacuations, broadcasts maritime safety information and operates the Modernised Australian Ship Tracking and Reporting System (MASTREP).

The Australian National Search and Rescue Manual is the standard reference document for use by all Australian Search and Rescue Authorities and the manual is consistent with the IAMSAR.³⁵

5. Has your jurisdiction ratified the IMO Facilitation of Maritime Traffic Convention 1965 (FAL Convention)?

Yes.

6. What steps have been taken within your jurisdiction to give effect to the FAL Convention?

The annex of the questionnaire mentioned particular provisions of the Convention. In summary, Australia has given effect to these particular provisions.

Provision 3.8 – Medical examinations of persons on board

Provision 3.8 of the FAL Convention recommends that medical examination of persons on board or of persons disembarking from ships normally be limited to those persons arriving from an area infected with quarantinable diseases within the incubation of the disease concerned (as state in the International Health Regulations). Additional medical examination may, however, be required in accordance with the International Health Regulations.

³⁴ MLC ILO 2006 Convention, Guideline B4.1.4.1(a).

³⁵ National Search and Rescue Council, "The National Search and Rescue Manual 2011", p 2.

Medical examination is only compulsory when a person is ordered into quarantine.³⁶ If pratique has been granted to a ship³⁷, then a person will only be medically examined if the Quarantine officer suspects the person to be suffering, or have been exposed to infection, from the disease.³⁸

Provision 3.20

Provision 3.20 requires public authorities to grant pratique by radio to a cruise ship when, on the basis of information received from it, prior to its arrival, the health authority for the intended port of arrival is of the opinion that its arrival will not result in the introduction or spread of a quarantinable disease.

If a quarantine officer is satisfied that an overseas vessel at, or about to arrive at, a port is free from infection, the quarantine officer will grant the vessel pratique.³⁹ This can be done by giving the master particulars of the pratique by radio message or otherwise.⁴⁰

Provision 3.30

Provision 3.30 recommends that the Maritime Declaration of Health should be the only health control necessary for cruise passengers.

All overseas vessel intending to arrive at a place in Australia must send a pre-arrival report to the Quarantine Officer, in a form approved by a Director of Quarantine.⁴¹ The details of a pre-arrival report is set out in section 10 of the Quarantine Regulations 2000 and includes health information of the passengers.

Provision 6.4

Provision 6.4 recommends that health authorities should as far as practicable be allowed to join a ship prior to entry of a ship into port.

A quarantine officer may board any vessel that is in Australian water, bound for a port in Australia.⁴²

³⁶ Quarantine Act 1908, s 35A.

³⁷ Quarantine Act 1908, s 17.

³⁸ Quarantine Act 1907, s 35A(3).

³⁹ Quarantine Act 1908, s 33(1).

⁴⁰ Quarantine Act 1908, s 33(3).

⁴¹ Quarantine Act 1908, s 27A.

⁴² Quarantine Act 1908, s 70(1).

Provision 6.4.1.

Provision 6.4.1 requires authorities to seek the co-operation of ship owners to ensure compliance with any requirement that illness on a ship is to be reported promptly by radio to health authorities or the port for which the ship is destined.

After the master of the ship has sent the pre-arrival report to the Quarantine Officer pursuant to s 27A, if the master becomes aware that the information is incomplete or incorrect, the master must cause the additional or correct information to be given to a quarantine officer as soon as practicable.⁴³

Provisions 6.10

Provision 6.10 requires that except in the case of an emergency constituting a grave danger to public health, a ship which is not infected or suspected of being infected with a quarantinable disease shall not, on account of any other epidemic disease, be prevented by the health authorities for a port from discharging or loading cargo or stores or taking on fuel or water.

There is no legislation that places a positive duty to not prevent discharging or loading cargo or stores or taking on fuel or water. However, the quarantine officer may only order goods into quarantine when the goods are likely to be infected or comes from a ship that is infected.⁴⁴

7. Are you aware if your jurisdiction has denied free pratique to a vessel during any of the following pandemics: Avian flu; SARS; Chikungunya or MERS?

Australia has never denied free pratique to a vessel during above pandemics.⁴⁵

8. Are you aware if your jurisdiction has taken any steps to establish the care capacities identified in Sections A and B of Annex 1 of the International Health Regulations, and in particular a “national public health emergency response plan” in compliance with the International Health Regulations.

Australian National Health Emergency Response Arrangements outline the strategic authorities, responsibilities, arrangements and the mechanisms that enable a

⁴³ Quarantine Act 1908, s 27A.

⁴⁴ Quarantine Act 1908, s 55A(1).

⁴⁵ Email from Department of Health to James Kim regarding the CMI survey (19 April 2016).

coordinated national health sector response to emergencies of national consequence.⁴⁶ The arrangements are used to inform and guide a coordinated Australian health sector response to, and recovery from, emergencies of national consequence including public health emergency such as Pandemic influenza.

For questions 9(a) to 9(e), the answers are copied from the email from the Department of Health.⁴⁷

9(a). What measures were taken by your jurisdiction during the recent Ebola outbreak?

The Department of Health, in partnership with the Department of Agriculture and Water Resources and the Department of Immigration and Border Protection, implemented measures at the Australian Border, including electronic signage and banners, to raise awareness of the Ebola outbreak. Travel History Cards were introduced for all incoming travellers, including cruise ship travellers, to assist with identifying anyone who may have been in an Ebola affected country. The Department worked closely with Non-Government Organisations and the Australian Government contracted organisation (Aspen Medical) to identify health workers returning relevant West African countries. All identified travellers from Ebola-affected countries were assessed on their return for Ebola symptoms and given information about the disease. Their health and wellbeing was also monitored by state and territory health authorities for up to 21 days after leaving an Ebola affected country. Australia had no cases of Ebola during the outbreak.

9(b). Which Department of State or organisation in your jurisdiction was responsible for implementing those measures during the recent Ebola outbreak?

Yes. The Department of Health develops policies and plans to respond to public health events. The Department works closely with border agency partners and state and territory health authorities to implement measures to respond to the Ebola outbreak,

⁴⁶ Department of Health, "National Health Emergency Response Arrangements" (November 2011), p 5.

⁴⁷ Email from Department of Health to James Kim regarding the CMI survey (19 April 2016).

9(c). Were maritime administrations within your jurisdiction consulted in relation to decisions taken within your jurisdiction during the Ebola outbreak?

With the assistance of border agency partners, the Department monitored the movements of all vessels which had visited Ebola affected countries and were headed to Australia, for a 21 day period. During the period of the response, no vessel was identified as having berthed at an Australian port within the 21 day Ebola window.

9(d). Were those who took decisions in your jurisdiction during the Ebola outbreak aware of the requirements of International Health Regulations 2005, The FAL Convention 1965 and The ILO MLC 2006 Convention?

The Department of Health is responsible for Australia's implementation of the International Health Regulations 2005 (IHR). Decisions around the Ebola response were taken within the framework of the IHR.

9(e). Were those making the decisions in your jurisdiction in relation to the Ebola outbreak aware of the potential conflict in the requirements between those regulations and Conventions?

The Department of Health administers compliance with the IHR, which have been in effect since 2007. We have not, to date, been notified of any potential conflict between the IHR and other international maritime conventions.