



**WORKING PAPER**

**HIGH-LEVEL CONFERENCE ON COVID-19 (HLCC 2021)**

**FACILITATION STREAM**

**Montréal, Canada, 12 to 22 October 2021**

**Agenda Item 6: Facilitation operational measures related to the COVID-19 pandemic and beyond  
6.1: Review of the appropriateness of the facilitation-related guidance addressing the impact on air travel of pandemic situations**

**CHALLENGES IN THE IMPLEMENTATION OF RISK-BASED PUBLIC HEALTH  
MITIGATION MEASURES IN THE COURSE OF RAPIDLY EVOLVING PUBLIC HEALTH  
EMERGENCIES**

(Presented by the Secretariat)

**EXECUTIVE SUMMARY**

Facilitation is recognized as a key component in efforts to maintain aviation-related business continuity through the pandemic and to stimulate the restart and recovery of aviation in an effective and sustainable manner post-COVID-19. The International Civil Aviation Organization (ICAO) Council Aviation Recovery Task Force (CART) provided several recommendations to be implemented by States. This paper describes the unique challenges in implementing public health mitigation measures in a rapid and complex epidemiological environment; specifically the need to continuously monitor scientific developments make rapid decisions based on available scientific evidence, monitor implementation of public health mitigation measures, and use effective communication to meet the needs of the aviation industry and promote a harmonised approach.

**Action:** The Conference is invited to:

- a) review the information and assessments provided in this working paper;
- b) endorse the conclusions presented in paragraph 3; and
- c) adopt the recommendations presented in paragraph 4.

<i>Strategic Objectives:</i>	This working paper relates to the Strategic Objectives <i>Safety and Security and Facilitation</i> .
<i>Financial implications:</i>	Since development and implementation roll-out of ICAO's current provisions will continue over the next triennia, additional resources are required, both financial and human, to ensure a successful framework for implementation of mitigation measures during public health emergencies by all ICAO Member States.
<i>References:</i>	HLCC reference material is available at <a href="https://www.icao.int/Meetings/HLCC2021/Pages/default.aspx">https://www.icao.int/Meetings/HLCC2021/Pages/default.aspx</a> .

## 1. INTRODUCTION

1.1 COVID-19 was first identified in December 2019. By 28 July 2021, there have been over 195 million confirmed cases, 4.1 million deaths and a total of over 3.8 billion vaccine doses have been administered globally. Since its emergence the pandemic has continued to evolve rapidly, as did scientific knowledge and developments, resulting in the implementation of inconsistent and rapidly changing public health risk mitigation measures (PHRMMs) to mitigate the transmission of the SARS-COV-2 virus.

1.2 In response to the COVID-19 outbreak, ICAO has been actively providing aviation-related information on COVID-19 and serving as the key facilitator for States, international organizations and industry partners, to ensure robustness and responsiveness to the challenges, and to stimulate the restart and sustainable recovery of the aviation sector. Additional information on this effort can be found at <https://www.icao.int/covid/Pages/default.aspx>.

1.3 To this effect the ICAO Council at its 220th Session adopted a report of the Council Aviation Recovery Task Force (CART) and its annexed guidance document, “Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis” (TOGD). The CART recommendations (as listed in Appendix A) and the TOGD establish a framework of practical, aligned guidance to governments and industry operators in order to restart the international air transport sector and recover from the impacts of COVID-19 on a coordinated global basis. As the situation continues to be highly dynamic, ICAO is closely monitoring the situation for any changes that may necessitate the update of the CART recommendations and/or guidance material.

## 2. DISCUSSION

2.1 COVID-19 was declared a pandemic by the World Health Organization (WHO) on 11 March 2020, States responded by implementing PHRMMs based on the epidemiology, health capacity and other national factors within the State’s national context and frameworks. Scientific developments, research and an increasing knowledge of the SARS CoV-2 virus and its behaviour have resulted in ongoing and rapid amendments to travel restrictions and other requirements implemented by States. Since December 2020 the situation became more complex with the identification of variants of concern (VOCs) and variants of interest (VOIs), which have been reported to be more infectious with the risk of immune escape and possible reinfection.

### 2.2 *Epidemiology of COVID-19*

2.2.1 One of the main challenges in implementing adequate PHRMMs is the constantly fluctuating COVID-19 status between States, which has been further complicated by the emergence of VOCs. The local epidemiology in the departure and destination States is an important consideration when taking measures developing a strategy to mitigate the spread of the virus.

2.2.2 States are required to report COVID-19 data to WHO, and are encouraged to implement the CART recommendations, including bilateral or multilateral agreements, on the basis of epidemiology and the implementation of PHRMMs, while considering operational factors such as different routes, travel volume and travel frequencies between States.

2.2.3 However, data-driven decisions is dependent on the rapid reporting of accurate data by all States to facilitate decision making regarding the implementation of effective mitigation measures. This can only be achieved by ensuring that the necessary resources, systems and procedures are available to accurately and rapidly report relevant data, and communicate subsequent changes in PHRMMs and travel restrictions.

### 2.3 ***Multi-sector coordinated decisions to mitigate the risk for international travel***

2.3.1 States could, in accordance with the WHO International Health Regulations (IHR) (2005) and their national legislation, implement risk mitigation measures that restrict international traffic, as long as these measures are risk-based, evidence-based, coherent, proportionate to the public health risk, and, therefore, do not constitute an unnecessary interference with international traffic and trade.

2.3.2 In that regards, the ICAO CART has published guidance material assisting States to conduct evidence-based aviation risk assessments, establish an acceptable risk threshold and implement a resultant multi-layer risk mitigation measure framework, including PHRMMs, to mitigate transmission of the virus, while at the same time considering the unique operational challenges, existing procedural and engineering measures, and the practical applicability of introducing such measures within the aviation environment.

2.3.3 ICAO continues to monitor scientific developments and updates the guidance material accordingly on a frequent basis. States are encouraged to review their COVID-19 risk assessment periodically and whenever their situation changes; and adapt their aviation COVID-19 pandemic response plans in accordance with the evolving situation and the updated guidance material from ICAO.

2.3.4 As COVID-19 affects multiple sectors, risk assessment and risk management decisions should not occur in isolation. A significant challenge in implementing effective PHRMMs is the need for multi-sector communication and collaboration between all relevant stakeholders, in order to grasp a true understanding of the factors involved and subsequently agree on a comprehensive context-based aviation COVID-19 pandemic response plan. Furthermore, it is essential to recognize that an effective response plan can mitigate the risk substantially but can never achieve “zero risk”.

### 2.4 ***Basic and supplementary public health risk mitigation measures***

2.4.1 Adherence to PHRMMs is key to reducing transmission. WHO recommends that basic risk mitigation measures should always be in place, and that the use of supplementary risk mitigation measures should be guided by risk assessment.

2.4.2 Basic measures include travel advice, self-monitoring for international travellers, passenger contact tracing and systemic controls such as crowd control, physical distancing, mask use and hand hygiene measures. Implementing these measures are challenging within the aviation environment due to space and resource limitations.

2.4.3 Supplementary measures refer to exit and entry screening of passengers for signs and symptoms of COVID-19, SARS-CoV-2 testing and vaccination. These measures could be implemented in aviation, dependent upon a State’s risk tolerance and the public health capacity.

2.4.4 Timely and accurate testing, as well as vaccination, remain critical elements in the global strategy to control COVID-19, but global access to tests and vaccines is still problematic and challenging, resulting in travel delays, entry restrictions and quarantine requirements.

### 2.5 ***Level of Implementation of CART recommendations***

2.5.1 The COVID-19 Response and Recovery Implementation Centre (CRRIC) was created as a website under the ICAO Secure Portal. Access to the CRRIC is limited to representatives of States, stakeholders and partners involved in the implementation of the recommendations of the CART. As of 28 July 2021, information obtained from CRRIC indicates that the global level of implementation of the CART

Recommendations is approximately 73%, with 3 out of 7 ICAO regions reporting higher than the global level. Further information on the CRRIC and the level of implementation of the recommendation are at Appendix B.

### 3. CONCLUSIONS

3.1 States are encouraged to consider the existing measures and practical application of PHRMMs in aviation and implement the guidance outlined in the CART guidance material and ICAO *Manual on Testing and Cross-Border Risk Management Measures* (Doc 10152).

3.2 Testing could be implemented by States that have the capacity to conduct testing in the aviation environment. ICAO Doc 10152 provides guidance on testing protocols that States might consider when implementing testing as part of their PHRMMs.

3.3 Due to the current absence of detailed guidance from WHO relating to COVID-19 testing certificates and certificates of recovery, States are encouraged to follow the procedures for documenting proof of test results and recovery from infection as outlined in the CART guidance material and ICAO Doc 10152.

3.4 Access to vaccines is still problematic and some individuals cannot tolerate vaccination, therefore States should not require proof of vaccination as a condition of entry or exit, and use vaccines in accordance with WHO guidance. For example States could consider exempting inbound international travellers from SARS-CoV-2 testing and quarantine in individuals who are fully vaccinated or have proof of previous SARS-CoV-2 infection and are no longer considered infectious.

3.5 International travellers are not considered contacts of COVID-19 by default and as such need not to be quarantined, unless evidence indicates that the individual has been in close contact with an infected person.

### 4. RECOMMENDATIONS

4.1 In light of the above, and under the proposed generic title **Recommendation 6.1/x** *Implementation of risk-based public health mitigation measures addressing the impact on air travel of disease outbreaks*, the following recommendations are proposed for consideration by the Conference:

- a) States should conduct comprehensive risk assessments considering state contextual factors, risk tolerance and the practical application of public health risk mitigation measures in aviation;
- b) States should implement the CART recommendations and its associated guidance, whenever possible, while considering operational factors such as different routes, , travel volume and travel frequencies between States;
- c) States should communicate any changes in public health measures, travel restrictions and other requirements timely to avoid travel disruption;
- d) States should request their relevant authorities to use the CRRIC system, to notify differences and compliance with CART Recommendations;
- e) States should ensure multi-sector communication and collaboration between all relevant stakeholders in the development of an aviation COVID-19 pandemic response plan;

- f) States should not require proof of vaccination as a condition of national border entry or exit;
- g) ICAO should continue to monitor new developments and collaborate with relevant stakeholders to further develop and update CART guidance material; and
- h) ICAO should develop a comprehensive framework to be followed in response to significant public health emergencies, with specific reference to multi-sector risk assessment, a rapid initial response, ongoing monitoring during the evolution of the emergency, and enabling national and international cooperation to prevent unnecessary interference with international traffic and trade.

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## APPENDIX A

### CART RECOMMENDATIONS

The list of all CART Recommendations is detailed below.

#### **Recommendation 1**

During the global COVID-19 outbreak, Member States should continue updating COVID-19 Contingency Related Differences (CCRDs) in the Electronic Filing of Differences (EFOD) subsystem.

#### **Recommendation 2**

Member States should avoid retaining any COVID-19 related alleviation measures as soon as normal operations are resumed. Differences that remain after the contingency if any should be filed in the EFOD system.

#### **Recommendation 3**

Member States should expedite the development of guidance for safety management of new operations or operation change during this crisis.

#### **Recommendation 4**

Global and regional harmonization of procedures is essential to strengthen public and passenger confidence in air travel. To that end, Member States should establish aviation public health procedures aligned with the guidance in the *Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis*.

#### **Recommendation 5**

In order to support the fastest possible return to normal aviation operations, Member States should regularly review the necessity of continuing the application of risk mitigation measures as the risk of COVID-19 transmission diminishes; and measures which are no longer needed should be discontinued.

#### **Recommendation 6**

Member States that have not done so should immediately establish a National Air Transport Facilitation Committee (or equivalent) as required by Annex 9 to increase national level cross-sectoral coordination.

#### **Recommendation 7**

Member States should systematically use a Passenger Health Locator Form to ensure identification and traceability of passengers to help limit the spread of the disease and resurgence of the pandemic.

### **Recommendation 8**

While temporarily adapting their security-related measures, using the guidance provided, Member States should strengthen their oversight system to ensure these measures are consistently applied with the objective of protecting aviation against acts of unlawful interference.

### **Recommendation 9**

Member States should take measures to ensure that relevant personnel are provided training to identify and manage unruly passenger situations related to non-respect of essential aviation public health and safety measures.

### **Recommendation 10**

Member States should consider appropriate extraordinary emergency measures to support financial viability and to maintain an adequate level of safe, secure and efficient operations, which should be inclusive, targeted, proportionate, transparent, temporary and consistent with ICAO's policies, while striking an appropriate balance among the respective interests without prejudice to fair competition and compromising safety, security and environmental performance.

### **Recommendation 11**

Member States should facilitate information-sharing and exchange on their actions and best practices by contributing to an ICAO database of measures.

### **Recommendation 12**

Member States should plan to put in place the necessary measures to mitigate risks associated with prolonged regulatory alleviations, and to avoid extending alleviations (both core and extended COVID-19 Contingency Related Differences (CCRDs)) beyond 31 March 2021. States that are in need of alternative actions to enable service providers and personnel to maintain the validity of their certificates, licenses, and other approvals during the COVID-19 pandemic should use the Targeted Exemptions (TE) system from 1 April 2021. In addition, States are encouraged to facilitate cross-border access to medical and training facilities, including flight simulation training devices used for flight crew (national and foreign) and Air Traffic Controllers (ATCOs) to maintain their certifications, recency of experience, and proficiency.

### **Recommendation 13**

While testing is not universally recommended by public health authorities as a routine health screening method, States contemplating testing in their COVID-19 risk management strategy should apply the approach outlined in the *ICAO Manual on Testing and Cross-border Risk Management Measures*.

### **Recommendation 14**

States considering the formation of a Public Health Corridor (PHC) should actively share information with each other to implement PHCs in a harmonized manner. To facilitate the implementation, the ICAO Implementation Package (iPack) on establishing a PHC is available to States, in addition to PHC-specific tools published on the ICAO website and the App providing a template PHC arrangement between States.



**Recommendation 15**

Member States are urged to implement Addenda Nos. 1 and 2 to the *Technical Instructions for the Safe Transport of Dangerous Goods by Air* (Doc 9284) without delay in order to facilitate the transport of COVID-19 vaccines and to permit certain dangerous goods to be carried on board aircraft to provide for a safe, sanitary operating environment for passengers and crew. If any State wishes to be more restrictive, they are reminded of their obligation to file a State variation to the Technical Instructions.

**Recommendation 16**

Member States are encouraged to consider the temporary lifting of restrictions to air cargo operations, including but not limited to granting extra-bilateral rights, in particular for all-cargo services, to foreign airlines to facilitate the transportation of essential goods, supplies and COVID-19 vaccines.

**Recommendation 17**

Member States should implement testing certificates based on the protocol, minimum dataset and implementation approaches outlined in the *Manual on Testing and Cross-border Risk Management Measures* (Doc 10152) to facilitate air travel. States are encouraged to request evidence of testing that is secure, trustworthy, verifiable, convenient to use, compliant with data protection legislation and internationally/globally interoperable. Existing solutions should be considered and could incorporate a visible digital seal. This may be applicable to vaccination certificates.

**Recommendation 18**

Member States should facilitate access for air crew to vaccination as quickly as possible within the World Health Organization (WHO) Strategic Advisory Group of Experts on Immunization (SAGE) Stage III recommendations.

**Recommendation 19**

Vaccination should not be a prerequisite for international travel. If and at such time as evidence shows that vaccinated persons would not transmit the SARS-CoV-2 virus or would present a reduced risk of transmitting the virus, Member States could consider exempting such persons from testing and/or quarantine measures, in accordance with a State's accepted risk threshold, national framework, the COVID-19 situation and the multilayered risk mitigation framework described in the Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis.

**Recommendation 20**

Member States should ensure that ICAO's CART guidance is taken into consideration by the wider State administration in the decision-making processes on national recovery planning.

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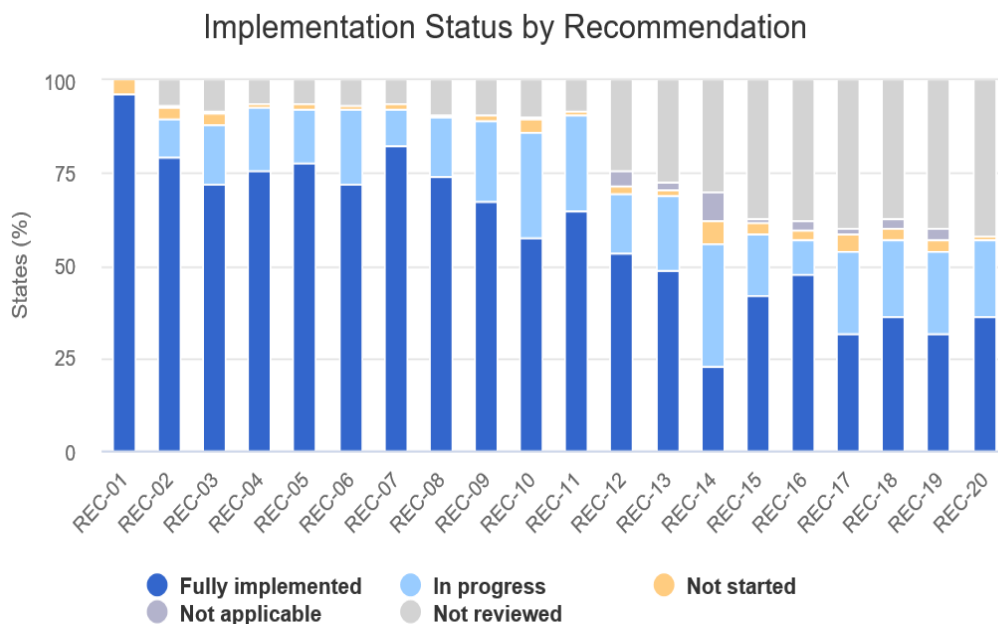
**APPENDIX B**

**LEVEL OF IMPLEMENTATION OF THE  
 CART RECOMMENDATIONS AS REPORTED IN CRRIC**

**as of 28 July 2021**

The CRRIC bundles resources and tools to assist implementation support, coordination, monitoring and reporting activities and provides easy access to, inter alia:

- a) library containing all of the relevant CART documentation and supporting guidance material;
- b) a series of webinars related to the CART recommendations and guidance;
- c) a list of focal points in regions and Member States;
- d) email support hot line to answer CART-related questions;
- e) online tools to facilitate State reporting of implementation of CART Recommendations and public health measures from the TOGD;
- f) dashboards providing information and analysis on State and regional implementation of CART Recommendations; and
- g) applications such as for Public Health Corridors and State Testing and Quarantine Protocols.



As of 28 July, the following implementation has been reported by States on the CRRIC:

- REC 1: 96%
- REC 2: 79%
- REC 3: 72%
- REC 4: Approximately 76%
- REC 5: Approximately 78%
- REC 6: 72%
- REC 7: 82%
- REC 8: 74%
- REC 9: 67%
- REC 10: Approximately 58%
- REC 11: Approximately 65%
- REC 12: 53%
- REC 13: Approximately 49%
- REC 14: Approximately 23%
- REC 15: Approximately 42%
- REC 16: Approximately 48%
- REC 17: Approximately 32%
- REC 18: 36%
- REC 19: Approximately 32%
- REC 20: 36%

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