



ICAO BANGKOK | UNITING AVIATION

# The Traveler's Perspective - *challenges and way forward to implement the CART Report*

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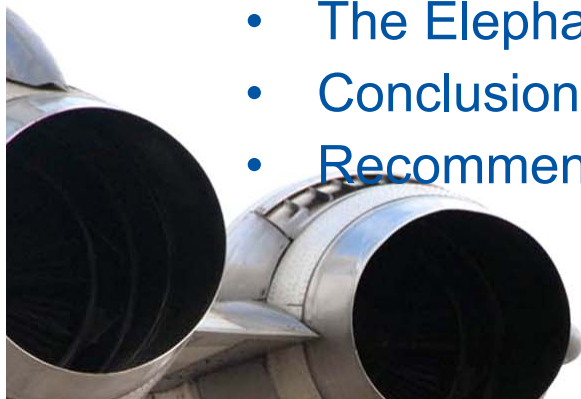
ACCRPG VTC, 25 September 2020





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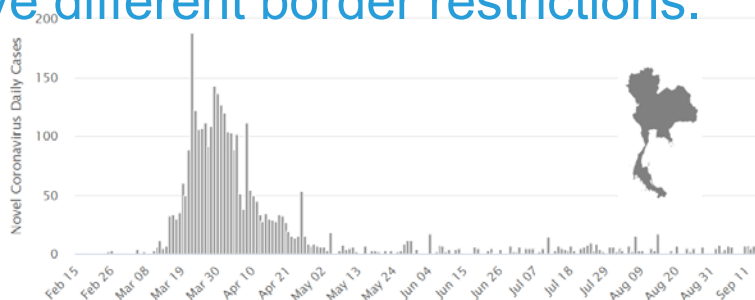
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# Background

Queensland has had about one-third the level of COVID-19 of Thailand.  
Australian States have different border restrictions.



Thailand	Queensland, Australia
Cases: 3,490	Cases: 1,150
Deaths: 58	Deaths: 6
Recovered: 3,325	Recovered: 1,111
Active: 107	Active: 33





# Background

## 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. **X**

Noting IATA's logic of States recognizing similar COVID levels, a passenger can fly domestically without major restrictions within similar COVID-19 environments from:

- Brisbane to Cairns in Australia, or
- Bangkok to Chiang Mai in Thailand, but to fly from Brisbane to Bangkok there are major restrictions!

Therefore, this decision appears to be based on political reasons, rather than scientific risk assessment, which could identify low risk departure environments, and discontinue measures that are not needed for these.



Actual flight was 13/14 September 2020, via SYD





# Pre-Flight Requirements

Before the flights, there were ten main obstacles to overcome:

1. Australia – Bangkok flight booking;

*Note: only repatriation flights organized by the Thai Embassy on THAI Airways from Sydney (two commercial tickets and credit on THAI were unable to be used).*

2. Confirm Sydney Airport transfer ability, transfer hotel booking;

3. Queensland – Sydney domestic flight booking;

*Note: availability dependent on inter-State restrictions.*



TRAVEL

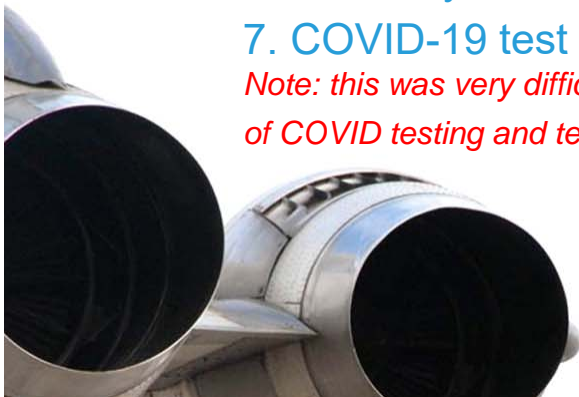


# Pre-Flight Requirements

Before the flights, there were ten obstacles to overcome:

4. Medical Insurance for USD100,000+, including COVID coverage;
5. Government approved quarantine hotel booking;
6. 'Fit to Fly' Certificate issued by a medical doctor;
7. COVID-19 test result within 72 hours of departure;

*Note: this was very difficult to organize, given the Monday flight and variable availability of COVID testing and test result timing.*



MEDICAL





# Pre-Flight Requirements

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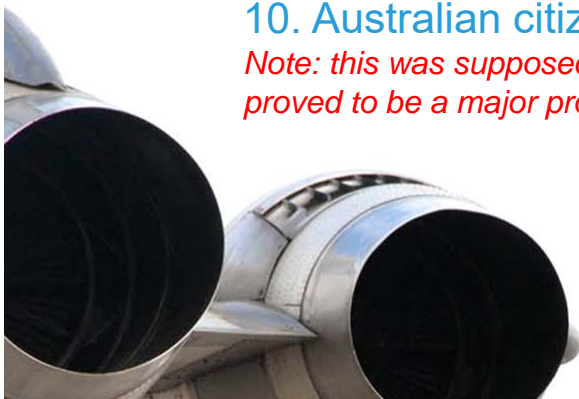
8. Thailand Declaration Form and Airports of Thailand T8 Form;

*Note: it was unclear why these forms were separate and not electronic.*

9. Certificate of Entry (CoE) from the Ministry of Foreign Affairs; and

10. Australian citizen exit approval.

*Note: this was supposedly automatic for non-residents according to the Australian government's website, but proved to be a major problem at check-in.*



## APPROVALS



# The Journey

- Whenever possible, passengers should be encouraged to complete check-in processes prior to arriving at the airport. Online check-in, mobile boarding pass, off airport baggage tagging, and other initiatives will contribute to the reduction in the amount of contact with airport staff and infrastructure. It is therefore recommended that governments remove any regulatory obstacles to enabling such types of off-airport processes. **X**

International check-in at Sydney could only be described as chaotic!

- no direction from airline staff;
- hundreds of people lined up in different directions for more than three hours going nowhere; and
- multiple paper-based checks.





# The Journey

- Develop "one-stop" health screening arrangements using existing one-stop security arrangement as a model. In this model, passengers and property are not rescreened at transfer locations based on mutual recognition of security measures between the States in the travel itinerary. A similar arrangement for health screening procedures may prevent new queuing points at passenger transfer locations. ✓

Apart from problems with the Australian Border Force exit approval, officials at a sadly empty Sydney Airport were much better organized:

- minimal contact with security staff;
- efficient emigration; and
- socially-distanced gate seating.





# The Journey

## 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*. ✓

On board the aircraft, THAI Airways staff were well prepared:

- full PPE used by cabin attendants;
- no alcohol, only one type of meal;
- no magazines or headsets;
- middle seat blocked; and
- one person waiting for a toilet.





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- Adjust the boarding process. To the extent possible consistent with weight and balance requirements, board and disembark passengers in ways that reduce the likelihood of passengers passing in close proximity to each other. ✓
- Seat Assignment Processes: Where required, assign seats for adequate physical distancing between passengers. Airlines should allow for separated seating arrangements when occupancy allows it. ✓
- Limit interaction on board. Encourage passengers to travel as lightly as possible with check-in of all luggage except small hand luggage that fits under the seat. Remove newspapers and magazines. The size and quantity of duty-free sales may also be temporarily limited. ✓
- Encourage passengers to stay in the assigned seat as much as possible. ✓
- Limit or Suspend Food and Beverage Service: Limit or discontinue food and beverage service on short-haul flights or require dispensing in sealed, pre-packaged containers. ✓
- Restrict lavatory access. When possible, one lavatory should be designated for crew use only, provided sufficient lavatories remain available for passenger use without fostering congregation by passengers waiting to use a lavatory. Also, to the extent practicable depending on the aircraft, require passengers to use a designated lavatory based on seat assignment to limit passenger movement in flight, which reduces exposure to other passengers. ✓
- Crew protection measures. Prohibit sharing of safety equipment used for safety demonstrations. Instruct crew members to provide service only to specific sections of the cabin. Explore additional means of protection, for instance plastic curtains or Plexiglas panels during the boarding process (to be removed once boarding is completed). ✓





# The Journey

Arriving at Bangkok, most of the staff were well organised and polite:

- a few minutes seated, then in line checking documents (could this be done pre-arrival?);
- no fingerprinting at immigration (but there were two steps handling paperwork); and
- temperature checks.

## 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.

- Automate the identity verification process with the use of biometric technology. Use of contactless technology, Automated Border Control or eGates should be encouraged in order to enhance transaction time and limit interaction between passengers, officers and staff. **Xv**





# The Journey

Exiting the airport, the real challenge began:

- foreigners were given quarantine tags and moved in separate lines to Thais (different arrangements?);
- advised that passengers aged 60+ had to spend the first night in hospital, despite two medical checks!





# The Journey

Exiting the airport, the real challenge began:

- the unnecessary use of a hospital bed for the first night of quarantine during a pandemic, the concerning infection risk, no sleep and an extra unadvertised hospital hotel charge!





# The Journey

In the quarantine hotel, the challenges continued:

- at check-in, there were dehumanizing, draconian requirements, including no external food and no complaints(!), and strange prohibitions (no yoghurt?);
- the balcony was locked for the first four days; and
- 15 days of quarantine.





# The Elephant in the Room

ICAO and aviation stakeholders have been mainly focusing on health measures for crew, passengers and officials. However, the biggest impediment to recovery is the imposition of costly, time-consuming, limited capacity and arguably degrading quarantine requirements.

*Note: it wasn't clear why multiple COVID-19 tests were conducted. If the tests are effective, especially when more than one test is used, then the question that should be asked is: why is a quarantine also necessary?*

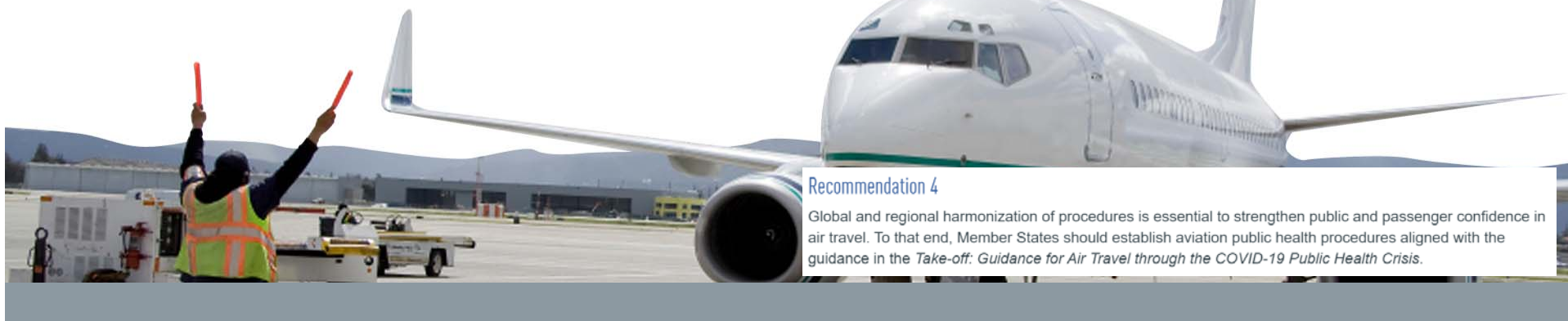




# The Elephant in the Room

Aviation appears to have a major disconnect between the CART's guidance to support recovery, and public health measures:

1. apart from a brief reference within Public Health Risk Mitigation Measures to minimizing quarantine requirements for crew, there is no consideration regarding this for passengers in the CART Report or Take Off Guidance.



#### Recommendation 4

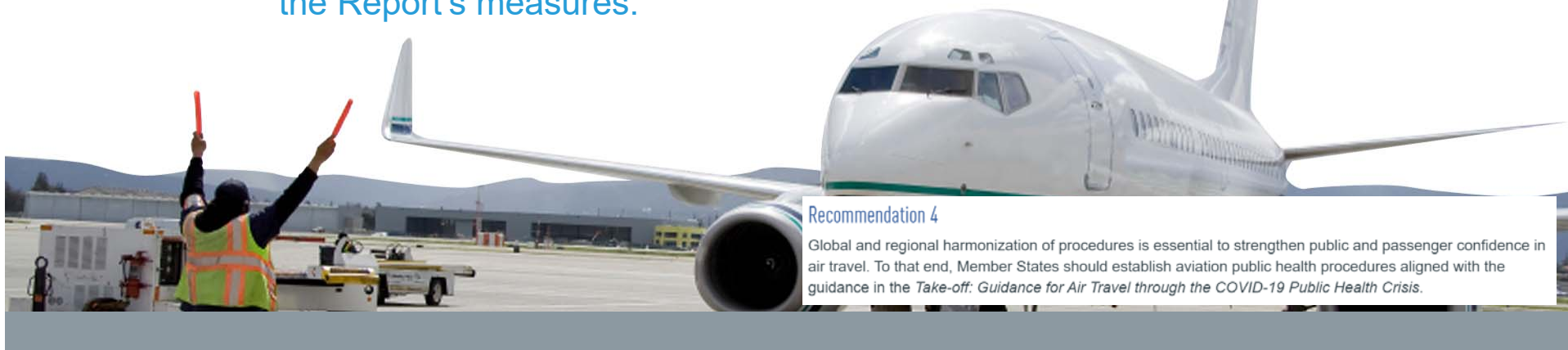
Global and regional harmonization of procedures is essential to strengthen public and passenger confidence in air travel. To that end, Member States should establish aviation public health procedures aligned with the guidance in the *Take-off: Guidance for Air Travel through the COVID-19 Public Health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



# The Elephant in the Room

Aviation appears to have a major disconnect between the CART's guidance to support recovery, and public health measures:

2. despite World Health Organization (WHO) representatives taking part in developing the CART Report, the WHO has reportedly not yet formally endorsed the Report's measures.



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# The Elephant in the Room

Question: where is the health data that can be used to assess the risk of a positive case in each of these cases, or for multiple measures?

- Multiple RT-PCR COVID tests (pre-departure, arrival and later)?
- Medical assessments and daily temperature checks?
- Quarantine for 7, 14 or 21 days?

## 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*.





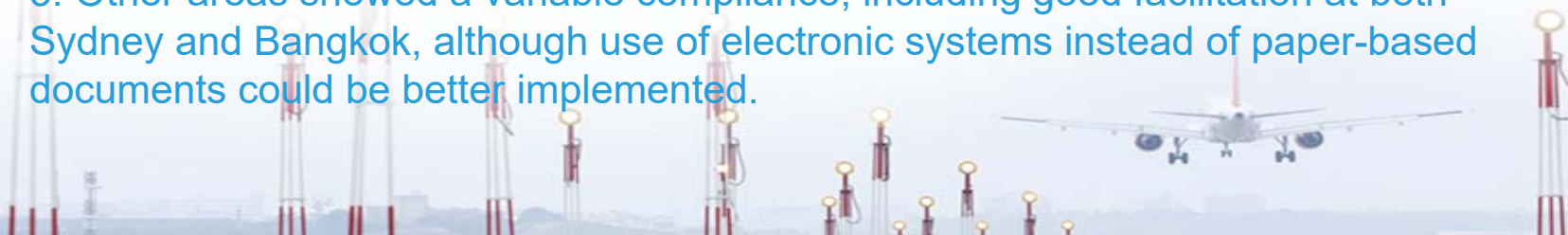
# Conclusions

## 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.

## Compliance with CART Report and Recommendations

1. Some governments aren't supporting the financial viability of international travel compared to domestic travel, irrespective of COVID status and risk.
2. THAI Airways procedures indicated a strong compliance with the CART Report and Take Off guidance, except in the area of check-in.
3. Other areas showed a variable compliance, including good facilitation at both Sydney and Bangkok, although use of electronic systems instead of paper-based documents could be better implemented.





# Conclusions

## CART Report

- Collaborate with relevant authorities for cost-effective solutions that protect the public.
- Collaborate with relevant authorities and airlines for efficient and cost-effective solutions that protect the travelling public

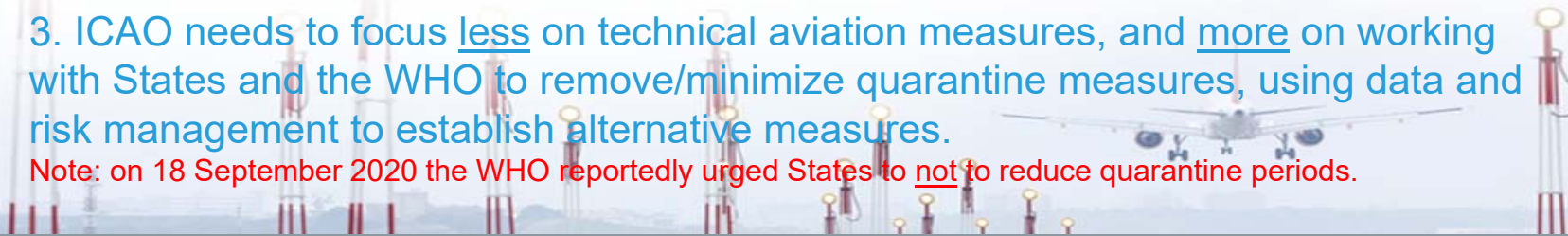
1. The CART Report doesn't address quarantine issues for passengers.

Note: this is despite the fact that few potential passengers will willingly undergo this costly, dehumanizing and time-consuming experience, so therefore quarantines are a very real show-stopper.

2. The WHO doesn't appear to have formally endorsed the CART Report, or recommended specific actions to support aviation.

3. ICAO needs to focus less on technical aviation measures, and more on working with States and the WHO to remove/minimize quarantine measures, using data and risk management to establish alternative measures.

Note: on 18 September 2020 the WHO reportedly urged States to not to reduce quarantine periods.





# Draft Recommendation

States should implement an electronic system that quantifies flexible risk reduction measures that ensure travellers meet minimum safe travel standards. Travellers might need 100 'points' to travel, based on measures such as:

- a) Pre-departure – (i) certificate of COVID-19 patient recovery or active COVID-19 vaccination – 100\* points;  
(ii) COVID-19 RT-PCR negative test result within 72 hours of travel – 50\* points;  
(iii) departure State with no or limited (same or lower than arrival State) community transmission – 40\* points; and  
(iv) medical assessment within 72 hours of travel – 20\* points.
- b) Travel – flight is on an airline certified to meet the CART and Take Off Recommendations – 10\* points.
- c) Arrival – (i) quarantine for 14 days – 80\* points or for 4 days – 40\* points;  
(ii) COVID-19 RT-PCR negative test result – 50\* points; and  
(iii) daily temperature checks for 7 days – 10\* points. International Medical Safe Aviation Facilitation E-system

Note: this example is not based on specific health data, but is only a theoretical suggestion.

\*Actual risk values should be determined by the WHO, after scrutiny of the value of specific risk reduction measures.



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