ASSEMBLY — 41ST SESSION

EXECUTIVE COMMITTEE

Agenda Item 13: Facilitation Programmes

AN INTEGRATED APPROACH TO HEALTH, FACILITATION AND CRISIS RESPONSE

(Presented by the International Coordinating Council of Aerospace Industries
Associations (ICCAIA), Airports Council International (ACI), International
Federation of Air Line Pilots Associations (IFALPA))

EXECUTIVE SUMMARY
Drawing on the outcomes from the High-level Conference on COVID-19 (HLCC), the Ministerial Declaration, the work of Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA), Council Aviation Recovery Taskforce (CART) and the Facilitation Panel (FALP), a global crisis response framework for air travel facilitation during a major health threat is needed, allowing for predictive action and a rapid response to avoid uncoordinated actions that lead to extended disruption of the aviation system. This framework should define a baseline on top of which the different criteria of each multilayer measure (onset, ending and level) as a function of the severity of the global crisis are built. National adaptation should be considered, to account for each country's situation and risk assessment, using data driven models. Definition of such a framework will require strong leadership and cross-sectoral cooperation.
Action: The Assembly is invited to direct the International Civil Aviation Organization (ICAO) to create a cross-disciplinary structure to define a crisis response framework standardizing and harmonizing travel facilitation guidelines. This should ensure collaboration between CAPSCA, health organizations, safety and facilitation experts from States and Industry. The framework should include a range of measures to monitor, assess and coordinate the global response to any health threat affecting air transport.

Strategic Objectives:	This working paper relates to the Strategic Objectives *Safety* and *Security & Facilitation*
Financial implications:	The activities referred to in this paper will be undertaken subject to the resources available in the Regular Budget, Voluntary funds and/or from extra-budgetary contributions.
References:	Annex 9 — *Facilitation* Doc 9957, *The Facilitation Manual* Doc 10160, *High-level Conference on COVID-19 (Montréal, 12 to 22 October 2021). Report* Doc 10152, *Manual on COVID-19 Cross-border Risk Management*

1.   **INTRODUCTION**

1.1   The COVID-19 pandemic resulted in a series of uncoordinated border closures, quarantines and lockdowns resulting in the effective closure of all international travel. Two years into the extended recovery, it is time to capture lessons learnt and to prepare to better manage future health threats.

1.2   The closing of borders, both international and, in some cases, internal, during the COVID-19 crisis has deeply impacted the aviation sector, highlighting the fact that aviation was not prepared to cope with such a situation. The diversity of responses at national level hampered the recovery of air travel, showing a lack of coordination, standardization and harmonization.

1.3   While ICAO was able to build a response to the COVID-19 crisis through the CART and CAPSCA, it required time to organize and was primarily reactive in nature. A major transition in the international community's response to disasters is a shift from a culture of reaction to a culture of anticipation and prevention. Civil aviation has made a similar shift in the transition from a reactive culture to a proactive/predictive approach to safety, security and border control management. One of the key lessons learned from this pandemic is that a more proactive and rapid approach is required.

1.4   At the beginning of the COVID-19 pandemic, States were urged to prevent the spread of COVID-19 by implementing the relevant Annex 9 — *Facilitation* provisions through implementation of their National Air Transport Facilitation Programme (NATFP) and to strengthen their preparedness plans for managing risks relating to communicable disease outbreaks. Some States reported significant challenges, such as lack of coordination, collaboration, implementation and communication between the various stakeholders, including coordination with health authorities in the aviation-related decisions.

1.5   The ICAO Council at its 220th Session adopted a report of the CART and its annexed guidance document, *Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis* (TOGD). The CART recommendations established a framework of practical, aligned guidance to governments and industry to aid restart and recovery of the international air transport sector on a coordinated global basis.

1.6   CAPSCA played a key role in providing a forum for sharing information, in allowing collaborative decision making across both health and aviation stakeholders, and in ensuring the appropriate dissemination of information, and developed extremely useful guidance in the form of the Doc 10152, *Manual on COVID-19 Cross-border Risk Management* in line with World Health Organization (WHO) recommendations.

1.7   Ministers attending the High-level Conference on COVID-19 (HLCC) in October 2021, adopted a declaration for aviation recovery, resilience and sustainability. This declaration underlined that ICAO's top and immediate priority is to enhance the cooperation among States to enable the safe and efficient recovery of civil aviation while managing risks to public health. It also committed to a multilayer risk management strategy for international civil aviation, which is adaptable, proportionate, non-discriminatory and guided by scientific evidence in close cooperation and coordination with public health sector, with agreed practices harmonized to the greatest extent possible, for air travel purposes, using commonly accepted epidemiological criteria, testing requirements and vaccination, and underpinned by regular review, monitoring and timely information-sharing among States. It is critical that these approaches are implemented, for future waves of COVID-19 and future health-related crises.

1.8   This paper suggests the urgent need to develop a framework that defines a common range of measures, based on lessons learnt and best practice which can be used to guide States' response to future pandemics and health emergencies, depending on different risk levels.

2.   **DISCUSSION**

2.1   Effective strategies have proven to be those that are based on scientific evidence and risk level, with the ability to adapt to a rapidly changing epidemiological situation. Lessons from the COVID-19 pandemic can be used to build a valuable resource for future crises that can be drawn on quickly and used by States.

2.2   Despite CART leadership and CAPSCA guidance, inconsistencies persisted. The perception and acceptance of risk is variable from one country to another, depending on the risk tolerance, the local situation and the social stakes; hence, the measures put in place may vary widely. The variety/diversity of measures taken to mitigate the risks hamper air travel recovery when taken at national level without common international reference.

2.3   At FALP/12 in July 2021, ICAO called on States to implement relevant Annex 9 provisions, strengthen preparedness plans and create national facilitation programs. The FALP also agreed that a task force would begin to develop guidance material for the new and revised Standards and Recommended Practices (SARPs), for consideration by the Working Group on Guidance Material (WGGM), and for its subsequent inclusion in the next amendment or revision of Doc 9957, *The Facilitation Manual*.

2.4   Industry strongly supports the recommendation of the FALP to develop guidance and would further suggest a crisis response framework based on CART guidance, state and industry recommendations and lessons learnt that can be used for future health crises, allowing for predictive action and rapid response.

2.5   The crisis response framework should be defined by a multidisciplinary group, formed by focal points, representatives of Member States, ICAO (regional) representatives, facilitation experts, CAPSCA, airworthiness authorities and experts, safety experts, national health authorities, the WHO and industry stakeholders.

2.6   The definition of this crisis response framework should be based on lessons learnt from COVID-19 and other past crises taking into consideration the implementation of CART recommendations, inputs from CAPSCA and industry best practice. The framework should include elements such as:

   a) a global dashboard for situation monitoring to regularly evaluate health risks and their evolution. This dashboard should be disseminated widely, available to everyone and based on the available peer reviewed publications and verified data;
   b) commonly agreed definitions on multilayer risk management such as by proof of vaccination, proof of recovery or virus test methodology and their respective validity duration and expiry date; and
   c) criteria to characterize health risk levels so that their assessment and classification would be internationally shared and have a common standard reference. These criteria should be based on available data (incidence levels, mortality, lethality rates cases, basic reproduction number) and

used to determine when to phase in and phase out (escalate/de-escalate) the crisis response framework response levels. This characterization should be based on a risk assessment matrix based on all available mitigation measures.

2.7   Multilayer risk management has proven to be effective when correctly deployed. Measures included hygiene, ventilation, filtration, disinfection, masks, social distance, testing, vaccination, recovery certificates recognition and interoperability. Harmonization and standardization are needed to enable travellers to understand the restrictions and requirements, adhere to them and to plan their future travel.

2.8   The framework should define the different criteria of each multilayer measure (onset, ending and level) as a function of the severity of the global crisis. Then national adaptation can be considered on top of this baseline to take into account each country's particularity.

2.9   Depending on the global situation, the framework should also define a baseline based on a multilayer risk management approach. Those measures should be considered for the current situation and those envisaged for future evolution (alleviating measures or adding other layers). A commonly agreed baseline would encourage international harmonization while regional or national specific measures can be added on top to take into consideration local situations.

2.10   To adapt the measures taken to a rapidly evolving situation, the use of data driven models is essential. Its access should be freely granted and its use generalized to help assess and define the impacts of a given testing strategy. The use of data driven models should be generalized to evaluate the measures put in place and to adapt them to the situation as it evolves. The models should be adapted to the latest information available, validated with reported study cases, shared and free of access. The update of the multilayer measures associated to each risk level should be communicated regularly so that every state can refer to it.

2.11   The crisis response framework should also consider crisis response preparation. Regular exchanges should be set to share the return of experience of every actor, set up drills to practice and capture lessons learnt to improve the framework.

3.   **CONCLUSION**

3.1   Air travel facilitation and recovery can only succeed and be effective if measures are consistent, data driven and based on a multilayered risk strategy, as agreed by the HLCC.

3.2   The development of a crisis response framework is necessary to support this. The definition should involve all aviation stakeholders from regulators, health organizations, associations and industry representatives.

3.3   To build such a framework, a multidisciplinary effort is needed, including experts from health, facilitation and safety. This group should bring together CAPSCA and facilitation groups of experts to develop a range of measures (or menu of options) that can be used by each Member State, depending on their specific environment and local context, to adjust its own strategy.

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