



ASSEMBLÉE — 41^e SESSION

COMITÉ EXÉCUTIF

Point 13 : Programmes de facilitation

« HARMONISER LE VOYAGE AÉRIEN » POUR UN CADRE HARMONISÉ ET UNIVERSELLEMENT RECONNU DE CONDITIONS SANITAIRES POUR LES PASSAGERS AÉRIENS

(Note présentée par l'Arabie saoudite)

RÉSUMÉ ANALYTIQUE

« Harmoniser le voyage aérien » (HAT) est une proposition qui vise à définir les objectifs à long terme et la marche à suivre pour mettre au point un cadre harmonisé et universellement reconnu de conditions sanitaires qui facilite et simplifie le parcours et l'expérience des passagers aériens. La proposition a principalement pour but d'améliorer la résilience du secteur mondial du transport aérien aux événements extérieurs de santé publique par les moyens suivants :

- i. protocoles harmonisés d'informations sanitaires sur les passagers¹ ;
- ii. amélioration du partage d'information et de la transparence ;
- iii. renforcement de la protection sanitaire et de la sécurité des passagers aériens ;
- iv. rétablissement et maintien de la confiance des passagers dans la réglementation de l'aviation civile.

Cette proposition fait fond sur les recommandations émanant du volet Facilitation de la Conférence de haut niveau sur la COVID-19 qui s'est tenue en octobre 2021 (HLCC 2021).

Suite à donner : L'Assemblée est invitée à donner à cette proposition la suite indiquée au paragraphe 4.

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| <i>Objectifs stratégiques :</i> | La présente note de travail se rapporte à deux des objectifs stratégiques de l'OACI : <ul style="list-style-type: none">• renforcer la sûreté et la facilitation de l'aviation civile à l'échelle mondiale (Sûreté et facilitation) ;• renforcer le développement d'un système sûr et économiquement viable d'aviation civile (Développement économique du transport aérien). |
| <i>Incidences financières :</i> | Les activités mentionnées dans la présente note seront menées sous réserve des ressources budgétaires disponibles et/ou de contributions extra-budgétaires des États membres. |
| <i>Références :</i> | Annexe 9 — <i>Facilitation</i> Déclaration ministérielle de la Conférence de haut niveau sur la COVID-19 <i>Riyadh Aviation Declaration</i> (Déclaration de Riyad sur l'aviation) HLCC 2021-WP/179 |

¹ Le livre blanc HAT (Appendice, page 6) recommande de respecter la souveraineté de chaque État membre en ce qui concerne les protocoles nationaux d'informations sanitaires et de voyage. En fait, l'objectif des protocoles harmonisés est de favoriser une meilleure compréhension des besoins en matière d'information sur les conditions sanitaires imposées par un État souverain et la communication de ladite information.

1. INTRODUCTION

1.1 La proposition « Harmoniser le voyage aérien » (HAT) part du principe que la mise en place d'un cadre amélioré, universellement reconnu et accepté, de conditions sanitaires internationales pour les passagers aériens est essentielle pour améliorer la résilience du secteur mondial du transport aérien dans un avenir prévisible.

1.2 La proposition HAT vise à soutenir la relance du secteur du transport aérien au sortir de la pandémie de COVID-19 et à renforcer sa résilience aux futures crises sanitaires, tout en rétablissant et maintenant la confiance des passagers dans le voyage aérien.

1.3 Si les informations sur les conditions sanitaires sont facilement accessibles et compréhensibles pour les passagers, fiables et appliquées de façon cohérente au transport aérien international dans tous les pays, le secteur du transport aérien devrait ressentir moins fortement les conséquences de futurs événements de santé publique. L'harmonisation mondiale et régionale des procédures est essentielle pour renforcer la confiance dans le voyage aérien.

1.4 Les autres axes d'action de la proposition HAT sont les suivants : i) protection de la santé des voyageurs, ii) protection de la santé des personnels de l'aviation sur l'ensemble de la chaîne logistique en contact avec les voyageurs (équipes, personnel de première ligne aux aéroports, systèmes de transport public desservant les aéroports, etc.), iii) protection sanitaire/intégrité des populations des pays de destination.

2. LEÇONS : LES CHOCS EXTÉRIEURS PASSÉS

2.1 Les chocs extérieurs peuvent être lourds de conséquences pour les services de transport aérien et, partant, pour la croissance économique. La COVID-19 a gravement perturbé le trafic aérien et les voyages partout dans le monde. Résultat, le trafic passagers ne devrait revenir à ses niveaux d'avant 2019 qu'en 2024 et le transport aérien demeure vulnérable à d'autres crises sanitaires mondiales qui pourraient survenir à l'avenir. Malgré les efforts déployés pour attirer de nouveau les passagers, l'approche unilatérale et fragmentée de la plupart des pays pour coordonner les restrictions de voyage et communiquer à ce sujet continue de freiner la reprise du trafic passagers, en même temps qu'elle met le transport aérien à la merci de futures crises sanitaires.

2.2 À la suite de l'épidémie de SRAS, il y a eu des tentatives d'harmoniser les conditions sanitaires pour les voyages aériens. En 2006, par exemple, l'OACI a mis en place l'Accord de collaboration pour la prévention et la gestion des événements de santé publique dans le secteur de l'aviation civile (CAPSCA), qui proposait les objectifs et recommandations que les États pouvaient adopter pour se préparer à faire face aux événements sanitaires mondiaux. À mentionner également les normes et pratiques recommandées (SARP) de l'Annexe 9 de l'OACI — plus précisément les chapitres 2, 3, 8 et 10, qui énoncent les normes et recommandations destinées à faciliter l'application du Règlement sanitaire international et à promouvoir une étroite collaboration entre les pays, l'OACI et l'OMS en vue de prévenir la propagation de maladies contagieuses par voie aérienne.

2.3 Enfin, dès le début de la pandémie de COVID-19, plusieurs initiatives ont été prises par l'OACI pour que les voyages aériens puissent reprendre en 2020, tout en prenant en compte les exigences de santé publique, telles que les recommandations de l'Équipe spéciale du Conseil de l'OACI sur la relance de l'aviation (CART), concernant notamment le concept de couloir sanitaire. La CART est à l'origine de bon nombre des premières mesures et recommandations visant à harmoniser les procédures devant permettre le redémarrage et la relance de l'aviation civile, dans des conditions de sécurité et d'efficacité, et de rétablir la résilience du secteur.

2.4 Malgré ces efforts pour harmoniser les conditions sanitaires de voyage, les restrictions demeurent fragmentées d'un pays à l'autre et la coordination entre États membres se fait attendre, qu'il s'agisse des informations spécifiques demandées aux passagers ou du format utilisé (déclaration papier ou en ligne, applis, entretiens).

2.5 En octobre 2021, le Royaume d'Arabie saoudite a présenté, dans le cadre du volet Facilitation de la Conférence de haut niveau sur la COVID-19 (HLCC 2021), la note de travail HLCC 2021-WP/179, qui proposait à l'OACI : a) d'inclure dans l'Annexe 9 une disposition ou un chapitre spécifique concernant la facilitation des voyages pendant une pandémie, en vue d'élaborer des normes et pratiques recommandées devant permettre des voyages fluides en situation de pandémie ; b) de produire des normes communes, y compris des protocoles et pratiques recommandées pour les voyages, afin de faciliter la fluidité du trafic aérien international dans les meilleurs délais pendant la pandémie de COVID-19, et en situation de pandémie future, dans le cadre d'une coordination mondiale.

3. **ÉLABORATION D'UN CADRE D'INTERVENTION EN PRÉPARATION AUX CHOCS EXTÉRIEURS ÉVENTUELS**

3.1 En se fondant sur les recommandations formulées dans la note de travail susmentionnée, l'Arabie saoudite a publié le 9 mai 2022, dans le cadre du *Future Aviation Forum*, un livre blanc précisant le contexte et développant des propositions détaillées pour faire face aux défis actuels liés aux restrictions de voyage aérien et à la facilitation. La proposition HAT réaffirme l'engagement du Royaume à l'égard de la recommandation b) de la note de travail précitée.

3.2 Le cadre harmonisé de conditions sanitaires proposé dans le livre blanc HAT repose sur quatre piliers :

PILIER 1 : Système harmonisé de compte rendu pour tous les pays

3.3 Le cadre aidera les pays à définir de façon harmonisée les conditions sanitaires des voyages internationaux et à communiquer à ce sujet. En pratique, cela aboutirait à une déclaration sanitaire unique pouvant être utilisée dans tous les pays faisant partie de l'itinéraire d'un passager. Le système permettrait également une gestion intégrée et harmonisée des conditions sanitaires pour l'aviation civile et le passage aux frontières.

PILIER 2 : Systèmes de communication pour les États et les autres parties prenantes

3.4 Il s'agit d'élaborer un cadre visant à aider les pays à améliorer le partage d'informations, l'interopérabilité et la transparence entre les pays, ainsi que de renforcer les systèmes d'information sanitaire et statistique pour être mieux préparé à l'avenir face aux crises sanitaires ; et de renforcer la coopération entre toutes les administrations et tous les organismes gouvernementaux intervenant dans le passage aux frontières, de façon à prendre en compte les conditions sanitaires sans alourdir le processus de facilitation des voyages.

PILIER 3 : Mécanismes de gouvernance et de coordination

3.5 L'objectif ici est d'établir un cadre afin d'aider les pays à établir des organes de gouvernance et de coordination pourvus de mécanismes pour conseiller, gouverner et coordonner la mise en œuvre d'un système interopérable pertinent et fiable pour les passagers.

PILIER 4 : Mécanismes de conformité

3.6 Le cadre est un outil qui aide les pays à établir des normes mondiales destinées à offrir aux passagers certitude et prévisibilité. Les mécanismes permettraient aux organes de mise en œuvre de collecter les données nécessaires et de garantir leur conformité aux conditions sanitaires nationales de voyage. En outre, grâce à ces mécanismes, il serait possible d'améliorer le service clients, de maintenir les conditions de sécurité sanitaire appropriées, d'aider les passagers à se repérer parmi les conditions sanitaires de différents pays, et de redonner au public l'envie de voyager et de continuer de voyager à l'avenir en situation de crise sanitaire.

3.7 La réalisation des objectifs du livre blanc HAT passe par une coordination suivie et un cadre ouvert, fiable et harmonisé, qui permettront de rétablir la confiance dans le secteur du transport aérien, d'accroître la fréquentation et, à terme, d'assurer le développement économique durable de l'ensemble du système de l'aviation civile.

3.8 Le Royaume d'Arabie saoudite demeure engagé à l'égard du processus d'élaboration de normes communes, y compris des protocoles et pratiques recommandées pour les voyages, afin de faciliter la fluidité du trafic aérien international dans les meilleurs délais pendant la pandémie de COVID-19, et à l'avenir dans des situations de pandémie comparables, dans le cadre d'une coordination mondiale.

3.9 Le Royaume d'Arabie saoudite invite les États membres à examiner la proposition HAT et à mettre en commun leur expérience et leurs meilleures pratiques pour renforcer le processus de mise en œuvre.

4. MESURES RECOMMANDÉES

4.1 Dans l'esprit des Recommandations 6/1n et 7/1f du volet Facilitation de la HLCC 2021, le cadre HAT nécessitera des mécanismes clairs de gouvernance et de coordination pour maintenir un système interopérable pertinent et fiable pour les passagers. L'Assemblée est invitée à :

- a) reconnaître que la présente note de travail s'appuie sur des travaux déjà menés par l'OACI et ses États membres ;
- b) approuver l'élaboration d'un cadre qui : i) favorise la compréhension des besoins d'informations propres aux pays — en particulier pour les passagers aériens ; ii) harmonise les communications bilatérales et multilatérales sur les conditions sanitaires de voyage pour le transport aérien international ;
- c) demander au Conseil de l'OACI d'envisager : l'institution d'un organe de gouvernance composé de représentants de l'OACI, de l'OMS et de l'OMT pour coordonner la mise en œuvre du cadre HAT ;
- d) encourager l'OACI à diriger la réalisation d'une évaluation des incidences et l'élaboration d'un modèle économique et d'un plan financier pour assurer une mise en œuvre réussie de la proposition HAT.

APPENDIX

POLICY WHITE PAPER – HARMONIZING AIR TRAVEL (HAT)

Policy Briefing

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| <p>Subject:</p> | <p>This White Paper establishes the long-term policy objectives and pathways towards achieving the creation of a universally recognized and harmonized health requirement framework that facilitates and simplifies the air passenger journey and experience.</p> |
| <p>Scope:</p> | <p>External shocks have the potential to greatly impact air transport services and subsequent economic growth. Covid-19 has severely impacted air traffic and passenger travel across the globe. As a result, passenger traffic is not expected to return to pre-2019 levels until 2024 and air transport remains vulnerable to other future global health crises.</p> <p>Despite past efforts to get passengers back in the sky, the unilateral and fragmented approach taken by most countries to coordinate and communicate travel restrictions continues to hamper air passenger traffic recovery, while also making the air transport industry vulnerable to future health crises.</p> <p>With improving air transport resilience as a guiding principle, the aims of this White Paper are: to harmonize health information protocols, to enhance information sharing and transparency, to protect the health and safety of passengers, and to restore and retain passenger trust.</p> <p>With the support and backing of ICAO, this Policy proposes the establishment of a framework that: (a) increases understanding of country-specific information requirements – particularly for air passengers; and (b) harmonizes health requirements.</p> <p>Through four pillars comprising a harmonized reporting system for all countries, communication systems for states and other stakeholders, new governance and coordination mechanisms, and compliance mechanisms such as a digital health certificate, the proposed new framework will help to increase the transport sector’s resilience to public health emergencies and reduce the negative impact on passenger volumes.</p> <p>To achieve the goals of this policy, coordination must be consistent within the civil aviation sector (led by ICAO), but also among the health and tourism sectors also (led by WHO and UNTWO).</p> <p>By building on the previous work of ICAO, its Member States and regional bodies, our aim is to present the White Paper at the Future Aviation Forum in Riyadh, in May</p> |

| | <p>2022, and also to submit it to the 41st ICAO General Assembly, to be held later in 2022.</p> | | | | | | | | | | | | |
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| <p>Stakeholder Engagement:</p> | <ul style="list-style-type: none"> • GACA • ICAO • IATA • KSA Ministry of Health • SDAIA | | | | | | | | | | | | |
| <p>Expected Impacts:</p> | <p>The introduction of this policy and framework will make the air transport sector more resilient to public health emergencies and reduce the negative impact on passenger volumes, by facilitating and simplifying the passenger journey and experience.</p> <p>Specifically, the policy will help to:</p> <ul style="list-style-type: none"> – Limit the magnitude of lost traffic due to a health crisis by allowing states to rapidly exchange information on their evolving situations and implement the “safe flight” concept. – Increase the speed of recovery for passenger traffic following the development and roll out of appropriate treatments (eg vaccines). In other words, speeding up the movement from an “emergency” state of affairs to more “normal” or less restricted conditions. <p>Following a preliminary but detailed financial analysis, the policy’s expected economic impact is estimated to be approximately USD 1.1 trillion as a base case scenario.</p> <table border="1" data-bbox="431 1224 1414 1398"> <thead> <tr> <th></th> <th>Unit</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Additional passengers recovered (Base Case scenario)</td> <td>million pax</td> <td>1,356</td> </tr> <tr> <td>Aviation Industry Added Value (Global Direct, Indirect, Induced and Tourism Catalytic)</td> <td>USD/pax</td> <td>834</td> </tr> <tr> <td>Policy implementation impact</td> <td>USD trillion</td> <td>1.13</td> </tr> </tbody> </table> | | Unit | Value | Additional passengers recovered (Base Case scenario) | million pax | 1,356 | Aviation Industry Added Value (Global Direct, Indirect, Induced and Tourism Catalytic) | USD/pax | 834 | Policy implementation impact | USD trillion | 1.13 |
| | Unit | Value | | | | | | | | | | | |
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Important Disclaimer: This policy recognizes the full sovereignty of all countries and does not call for any changes to national aviation or health laws, rules, or regulations, but rather aims to encourage a greater understanding and communication of health requirements between all sovereign states.

“Unflatten the Curve”: A New Global Policy Framework for Health Requirements

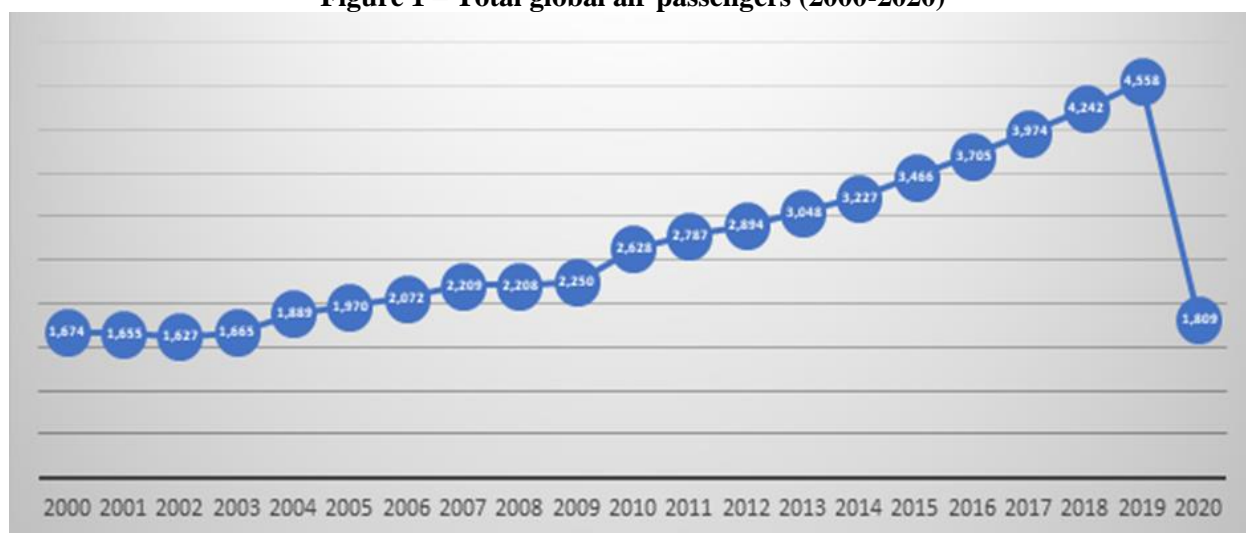
This policy paper calls for the establishment of a universally recognized and accepted international health requirement framework for air passengers.

Health requirements for international air transport should be easy to access, simple to understand, reliable, consistently applied across all countries, and support the resilience of the global air transport sector. This policy proposes a framework aimed at restoring and retaining passenger trust and avoiding the “flattening” of air traffic growth that is experienced during public health emergencies.

Recent Challenges & Shocks Faced by the Global Air Transport System

1. The Covid-19 pandemic has discarded the notion that the aviation industry can withstand all external shocks, including public health events and emergencies². According to the March 2022 International Civil Aviation Organization’s (ICAO) Covid Impact report, the Covid-19 pandemic affected the aviation industry like no other previous crisis.
2. From 2000 until 2019, global air passenger traffic increased from 1,674 million to 4,558 million, or 172% aggregate growth rate, dropping to 1,809 in 2020, corresponding to a 60% year-on-year decrease³. At the lowest point, in April 2020, passenger traffic fell almost by 95% year-on-year – back to 2004 levels.

Figure 1 – Total global air passengers (2000-2020)



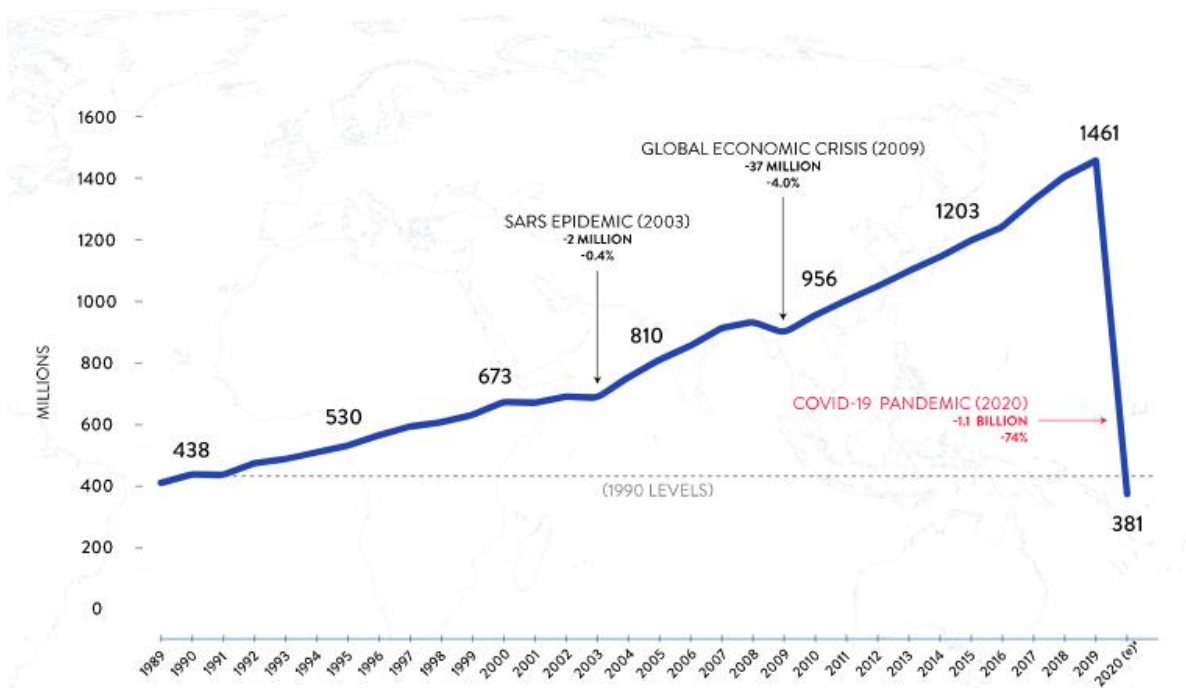
Source: World Bank

² Public health events are defined by the World Health Organization as any event that represents an immediate threat to human health and requires prompt action. An example of an event that might cause a public health emergency could be a nuclear powerplant explosion that would emit a radioactive plume that impinges on aircraft routes.

³ World Bank Statistics.

3. IATA’s pre-Covid-19 forecast had estimated 25 revenue passenger kilometers (RPKs) for 2050 for its central forecast, while its latest post-Covid forecast saw an 8% reduction in estimated RPKs for 2050⁴. As a result, passenger traffic is not expected to return to pre-2019 levels until 2024.
4. Tourism was one of the hardest hit sectors globally as result of this fall in aviation activity and passenger traffic. A UNTWO study concluded that the Covid-19 crisis caused a 74% drop in global international tourist arrivals by from 2019 to 2020 (1.1. billion).

Figure 2 - UNWTO estimates of lost traffic (international tourist arrivals)



Source: UNWTO

5. Air transport continues to remain vulnerable to future global health crises and the air transport sector has yet to develop a system to effectively combat the impacts of highly infectious disease outbreaks without simply stopping air travel altogether.

How have previous crises impacted the air travel industry and other sectors economically?

6. Over the past two decades, the global aviation sector has faced several global and regional shocks that have led to a reduction in passenger volumes (see table 1).

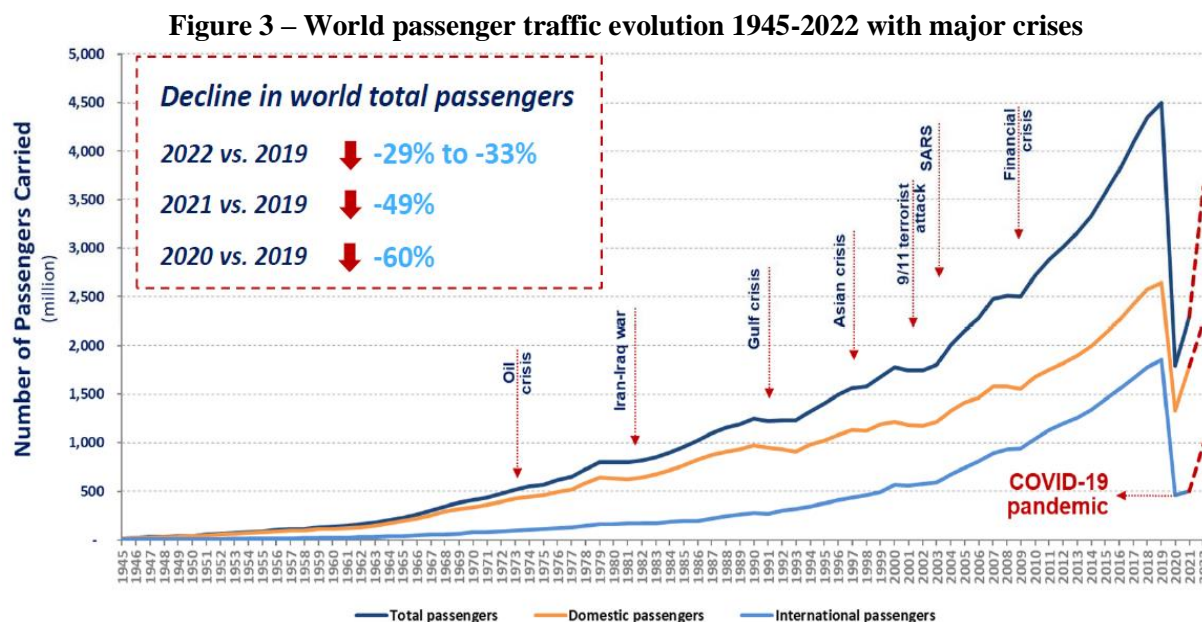
Table 1 – Examples of past and present external shocks that have impacted air passenger travel

| External Shock | Year | Scale - Region Affected |
|-----------------------|------|-------------------------|
| Asian Crisis | 1997 | Regional |
| 9-11 Terrorist Attack | 2001 | Global |
| SARS | 2003 | Regional |

⁴ IATA

| | | |
|---------------------------------------------|-----------|----------|
| Avian Flu | 2005- | Regional |
| Financial Crisis | 2008-2009 | Global |
| Icelandic Eyjafjallajökull volcano eruption | 2010 | Regional |
| MERS Flu | 2015 | Regional |
| Ebola | 2013-2016 | Regional |
| Covid-19 | 2019- | Global |

7. ICAO’s economic impact analysis of the Covid-19 pandemic looked at these major historical shocks (e.g., wars, financial crises, public health emergencies, etc.) and mapped them against global air passenger transport figures. Past evidence shows that these shocks have typically led to a decline or “flattening” of air passenger traffic growth for a short period or in some cases of 2-3 years, followed by a fairly rapid recovery⁵. For Covid-19, the recovery is expected to take longer (Figure 3).

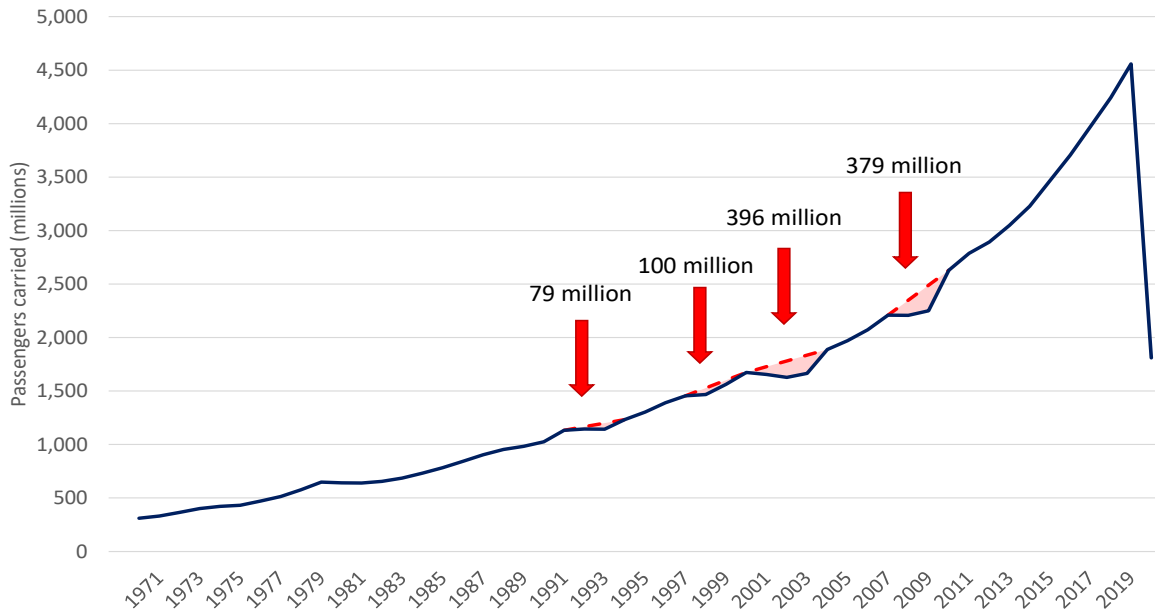


Source: ICAO Air Transport Reporting Form A and A-S plus ICAO estimates

8. In terms of lost passenger traffic as a result of these events, a rough estimate can be made by filling in the gaps between the start and end of these events. Figure 4 gives an example of how this can be done and points to lost traffic from historical shocks in the hundreds of millions of passengers.

⁵ Effects of Novel Coronavirus (COVID-19) on Civil Aviation: Economic Impact Analysis, March 8, 2022

Figure 4 - Estimates of lost passenger traffic (passengers carried) based on “filling in the gaps”



Source: Consulum Aviation

9. Economic impacts from disruptions to air transport caused by external events are often significant, a recent publication by the Air Transport Action Group (ATAG) shows. Prior to Covid-19, for example, air transport supported USD 3.5 trillion in economic activity and 87.7 million jobs worldwide (11.3 million of which are directly related to aviation). Overall, a 52% drop in economic activity and jobs supported by the air transport sector was recorded as a result of air transport disruptions caused by Covid-19.

Figure 5 – Economic impact of the air transport sector

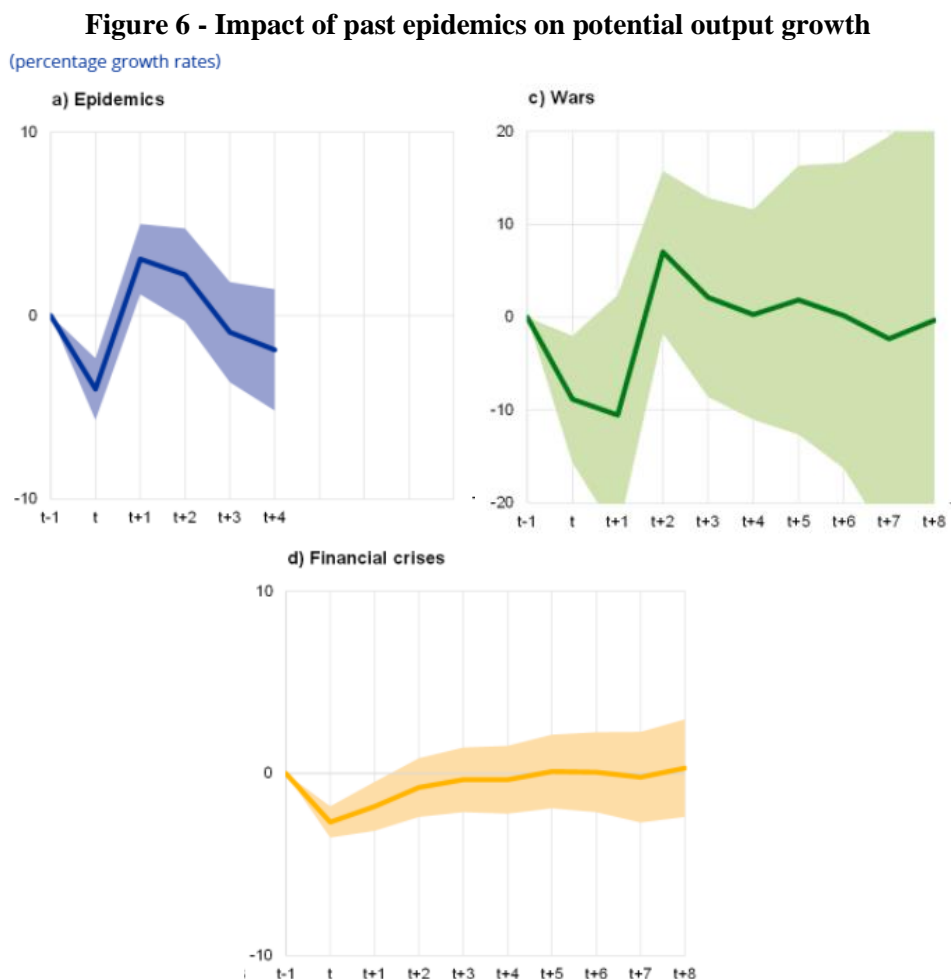
| | Africa | Asia-Pacific | Europe | Latin America and Caribbean | Middle East | North America | World |
|---------------------------------------|--------------|---------------|---------------|-----------------------------|---------------|----------------|----------------|
| Employment supported | | | | | | | |
| Pre-Covid | 7.7 m | 46.7 m | 13.5 m | 7.6 m | 3.3 m | 8.8 m | 87.7 m |
| Post-Covid | 3.2 m | 22.2 m | 6.5 m | 3.7 m | 1.6 m | 4.5 m | 41.7 m |
| % change | -58% | -53% | -52% | -52% | -51% | -49% | -52% |
| Economic activity supported | | | | | | | |
| Pre-Covid | \$63 billion | \$944 billion | \$991 billion | \$187 billion | \$213 billion | \$1.1 trillion | \$3.5 trillion |
| Post-Covid | \$26 billion | \$453 billion | \$465 billion | \$93 billion | \$108 billion | \$553 billion | \$1.7 trillion |
| % change | -58% | -52% | -53% | -50% | -49% | -50% | -52% |
| Direct aviation jobs supported | | | | | | | |
| Pre-Covid | 440,000 | 4.2 m | 2.7 m | 722,000 | 595,000 | 2.7 m | 11.3 m |
| Post-Covid | 267,000 | 2.4 m | 1.5 m | 408,000 | 323,000 | 1.6 m | 6.5 m |
| Jobs at risk | 172,000 | 1.8 m | 1.2 m | 314,000 | 272,000 | 1.1 m | 4.8 m |

Source: ATAG, Aviation: Benefits Beyond Borders

10. In addition, a recent European Central Bank (ECB) study analyzed the economic impact of different types of historical regional / global events and found that for past epidemics, the initial impact on the level of potential output is relatively short-lived, tending to dissipate two years after the end of the epidemic.

However, they note that past epidemics considered in the analysis were mostly localized events, which are not comparable to a major global pandemic.

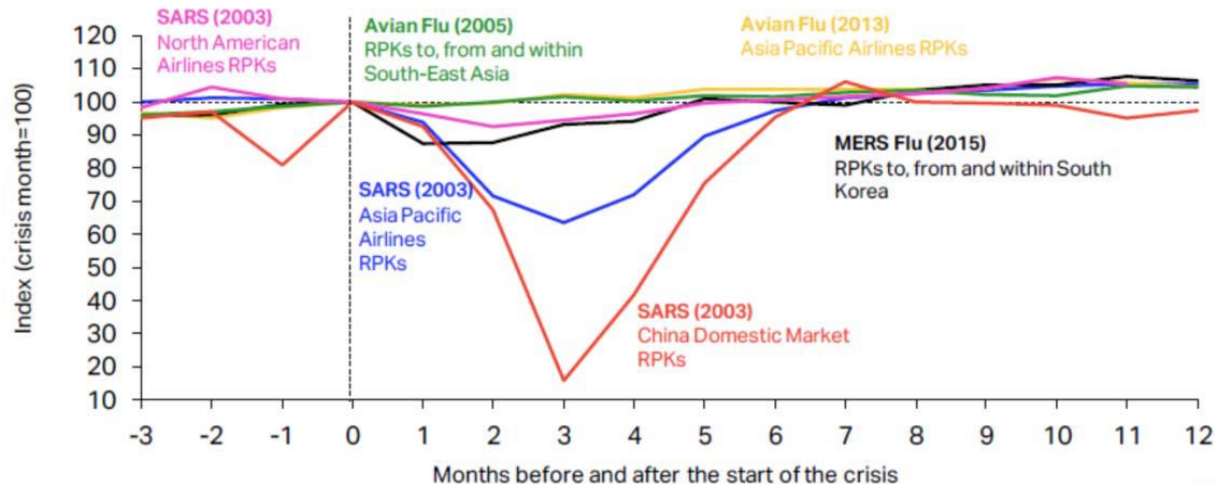
11. The ECB figure below shows the estimated impact of different types of crises on potential output growth (the shaded areas represent the estimated 95% confidence interval).



Source: ECB, The scarring effects of past crises on the global economy

12. The ECB study notes the Covid-19 crisis is unique in many respects and that past crises may not be reliable indicators of the lasting effects. One example of this is the multi-layered shock from COVID-19 where the public health emergency is intensified by an induced supply and demand shock (following the adoption of stringent lockdown measures and increased unemployment and heightened uncertainty).
13. The analysis of past public health emergencies undertaken by ICAO shows that the impact on traffic has differed between regions/countries, with major impacts being experienced within countries in which the health crisis is occurring. As shown in the figure below, for the MERS and SARS outbreaks the recovery period for air passenger traffic was 5-6 months. This has not been the experience with COVID-19, which has been much more widespread and long-lasting.

Figure 7 - Impact of past disease outbreaks on aviation
Impact of past disease outbreaks on aviation



Source: ICAO (2022) Effects of Novel Coronavirus (COVID-19) on Civil Aviation: Economic Impact Analysis

14. To summarize, external shocks (including health crises) have the potential to greatly impact air transport services and subsequent economic growth. Covid-19 has been no exception to this and has magnified vulnerabilities across the global economy. Therefore, the air transport sector should pursue options to mitigate the impact of external shocks, especially those which are novel.

What solutions exist to manage the impact of external shocks in the form of public health events?

15. National and international policy frameworks to manage public health risks in aviation were deemed to be largely outdated, according to the World Health Organization (WHO)⁸. They did not provide the necessary guidance to ensure the continuity of aviation services during crises such as the Covid-19 pandemic. This has led many countries to take a unilateral approach by imposing their own national-level procedures and restrictions without any true consultation or coordination with other ICAO members states.
16. Subsequent to the SARS outbreak, attempts were made to harmonize health requirements for air travel. For example, in 2006 ICAO put in place the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)⁶- a voluntary cross-sector, multi-lateral program managed by ICAO with support from the WHO. Before the arrival of Covid-19, CAPSCA had put forward objectives and recommendations that states could adopt to help with preparedness and response to global health events.
17. In addition to CAPSCA, there are the ICAO Standards and Recommended Practices (SARPS) from ICAO Annex 9 – specifically Chapters 2, 3, 8 and 10, which include standards and recommendations to facilitate the implementation of international health regulations and promote close collaboration between countries, ICAO and the WHO to prevent the spread of communicable disease by air.
18. Following the advent of Covid-19, several other initiatives were immediately introduced by ICAO to resume air travel in 2020 while taking into consideration public health requirements, such as the

⁶ ICAO - CAPSCA

recommendations listed through the Council Aviation Recovery Task Force (CART), including the Public Health Corridor concept⁷. CART had established many of the first steps taken toward setting out measures and recommendations to harmonize procedures for the safe and efficient restart and recovery of civil aviation and to restore the sector's 'resilience'⁸.

19. Despite these past efforts to harmonize health requirements for travel, travel restrictions continue to be fragmented from country to country and coordination between member states is lacking, both in terms of specific information requested from passengers as well as format (e.g., paper, on-line declaration, apps, interviews).
20. Using a set date (14 April 2022) as an example, the US required only proof of a negative test from all vaccinated travelers prior to entering. Saudi Arabia and the UK on the other hand had removed all covid-related travel restrictions for incoming travelers. Meanwhile, China - through its zero Covid strategy - only allowed entry of foreigners following visa approval, proof of vaccination, two negative tests, health declaration form and further checks and quarantine upon arrival. For the rest of the world, restrictions on that specific date were either siloed/unilateral or congruent to a region, such as France and the EU. These restrictions are likely to have changed in the weeks and months following. A detailed matrix of travel restrictions for worldwide travelers to various countries and regions is found in the appendix of this document (Appendix A – Covid-related travel restrictions for travelers to enter a country/region (14 April 2022)).
21. The unilateral-learning approach taken by most countries during the whole Covid-19 crisis led to passengers being faced with multiple, non-harmonized health travel requirements when traveling between countries as well as domestically within countries (e.g., from province to province). In addition, these requirements have often changed on a weekly basis, usually without warning or clear rationale for how the changes were decided⁹. This has resulted in an extremely cumbersome process for passengers globally.
22. As a result, the increased uncertainty has reduced overall passenger confidence, comfort, and willingness to travel. According to an IATA study done in early 2021, 68% of passengers said that their quality of life had suffered due to uncertain travel restrictions and 40% reported mental stress as a result¹⁰.
23. Despite a rebound in air passenger volumes since the arrival of vaccines in 2021 and the introduction of testing certificates and travel passes at national level, variable and poorly communicated travel restrictions will continue to affect air passenger confidence and thus hamper the true potential recovery rate in air passenger traffic post-Covid, while also maintaining a lower resilience to future health crises by the air transport industry.

⁷ ICAO - Public Health Corridor

⁸ ICAO CART Report

⁹ As an example, the UK government announced the end to all travel restrictions to enter the UK on 14 March 2022, four days before the rules came into place on 18 March 2022.

¹⁰ IATA

Building on the October 2021 HLCC recommendations to facilitate air travel

24. In October 2021, a working paper was developed and presented by Saudi Arabia during the High-Level Conference on Covid-19 (HLCC) facilitation stream¹¹, which proposed to ICAO to:
 - a. include under Annex 9, a specific provision/chapter relating to travel facilitation during pandemics, for the purpose of developing Standards and Recommended Practices for enabling seamless travel during pandemic situations¹².
 - b. Provide common standards, including travel protocols and recommended practices, to facilitate seamless movement of international air traffic within the shortest possible time during Covid-19, and similar pandemic situations in future, in a globally coordinated manner.
25. By the end of the HLCC, several recommendations were proposed to ICAO and were endorsed subsequently. A full list of the most relevant recommendations can be found in Appendix B - HLCC Recommendations to ICAO.
26. This White Paper attempts not only to build on the work done by ICAO, WHO and other organizations and task forces, but to help advance on these endorsed recommendations through the proposed establishment of a universally recognized and accepted international health requirement framework for air passengers that allows for a more coordinated response and clear communication of travel requirements, which should help to reduce the magnitude of traffic impacts and increase the speed of recovery from public health crises. The proposed framework looks to include many of the HLCC recommendations in its establishment and implementation while offering new innovative approaches and digital tools to improve communication and coordination.

Guiding Principle: Improving Air Transport Sector Resilience

27. The underpinning principle of this White Paper is that the provision of a universally recognized and accepted international health requirement framework for air passengers is essential to improve the resilience of the global air transport sector in the foreseeable future.
28. The White Paper supports the recovery of the air transport sector from the impacts of Covid-19 and its futureproofing against future health crises, restoring and retaining passenger trust in air travel.
29. By providing passengers with easily accessible, simple-to-understand, reliable, and consistently applied health requirements for international air transport across all countries, the impacts on air transport from future health events should be felt less. Global and regional harmonization of procedures is essential to strengthen confidence in air travel.
30. Other values that form part of this White Paper include:
 - a. Health protection of the traveling public.

¹¹ High-Level Conference on Covid-19 (HLCC 2021) Facilitation Steam – Working Paper presented by Saudi Arabia.

¹² Point a) of the working paper presented by Saudi Arabia was achieved following the introduction of a new amendment 29 to Annex 9.

- b. Health protection of the aviation workforce across the aviation supply chain in contact with the traveling public (crews, airport frontline employees, public transportation system to and from airports, etc.).
- c. Health protection / integrity of the populations of the destination countries.

What Does This Policy Seek to Achieve?

- 31. The main objective behind adopting a universally recognized and accepted international health requirement framework for air passengers is to **improve the resilience of the global air transport sector to external global public health events**.
- 32. The specific objectives of the Policy are:

Objective 1 – To harmonize the health information requested from air passengers

- Help countries to establish and communicate health requirements for international travel in a harmonized way. This should lead, ideally, to a single health declaration that could be used by all countries involved in the journey of a passenger.
- Enable integrated and harmonized health requirement management for civil aviation and for border crossing.

Objective 2 – To improve information sharing and transparency

- Increase information sharing and transparency among countries.
- Enhance health information and statistical systems to better future-proof the system against health crises.
- Strengthen co-operation among all administrations and government agencies involved in border crossing so that health requirements can be captured without increasing the burden on the travel facilitation process.

Objective 3 – To protect the health and safety of passengers

- Promote a more consistent application and reporting of health regulations and status globally.
- Allow customers to make more informed decisions about their own health and safety.
- Help to maintain minimum levels of essential services in times of crisis

Objective 4 – To restore and retain passenger trust

- Establish global standards that provide passengers with certainty and predictability.
- Improve customer service, while maintaining appropriate health security requirements.
- Help passengers navigate health requirements of different countries.
- Increase passengers' willingness to travel again and continue to travel during future health crises.

- 33. With a focus on achieving these objectives, sustained coordination and an open, reliable and harmonized framework are expected to result in the restoration of trust and confidence in the air transport sector, an increase in the number of passengers and ultimately sustainable economic development of the entire civil aviation system.

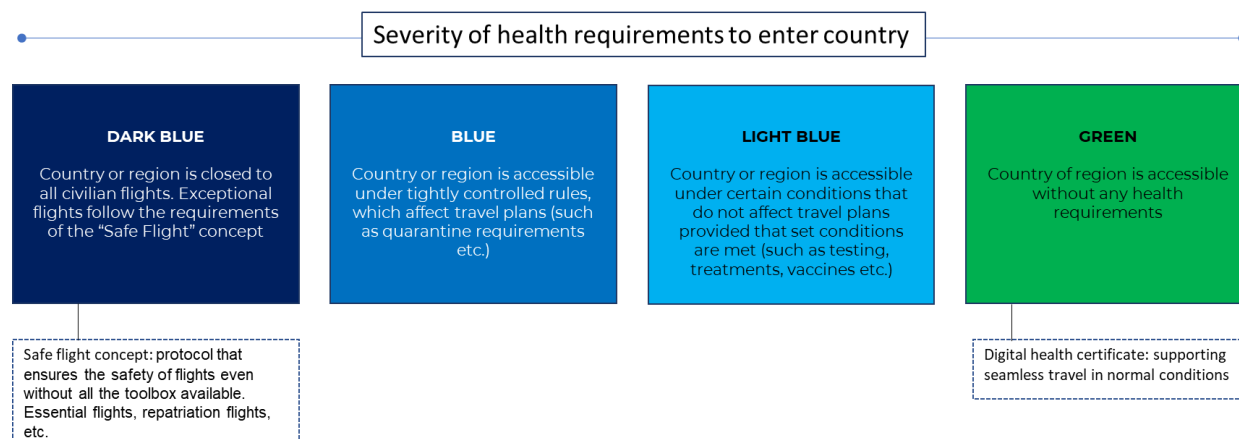
A New Global Harmonized Health Requirements Framework

34. The white paper offers a framework that: (a) increases the understanding of information requirements from country to country for all – and especially the air passenger; and (b) harmonizes these health requirements in the long-run. This is to encourage predictability so that prevention measures can be more effective when faced with new health crises and their numerous impacts. The implementation of the policy will allow the passenger to quickly navigate the requirements for each country, based on a simple framework that defines the risk levels for each country.
35. The proposed harmonized health requirements framework comprises four pillars:
 - a. **Pillar 1:** A Harmonized Reporting System for All Countries
 - b. **Pillar 2:** Communication Systems for States and Other Stakeholders
 - c. **Pillar 3:** Governance and Coordination Mechanisms
 - d. **Pillar 4:** Compliance Mechanisms.

Pillar 1: A Harmonized Reporting System for All Countries

36. Under Pillar 1, the priority is to establish an agreed upon categorized system or index that defines the level of health “openness” for each country based on their communicated health entry requirements. This categorization system would ideally be standardized across all states. The technical definitions of each category would be harmonized and informed by a technical panel that works with ICAO and WHO – and would aid in easing communication between countries. An example of this system can be:
 - a. **Dark Blue:** Country or region is closed to all civilian flights. Exceptional flights follow the requirements of the “Safe Flight” concept.
 - b. **Blue:** Country or region is accessible under tightly controlled rules, which affect travel plans (such as quarantine requirements, etc.)
 - c. **Light Blue:** Country or region is accessible under certain conditions that do not affect travel plans provided that the set conditions are met (such as testing, treatments, vaccines, etc.)
 - d. **Green:** Country or region is accessible without any health-related requirements.

Figure 8 – Illustrative Harmonized Categorization of Travel Health Requirements



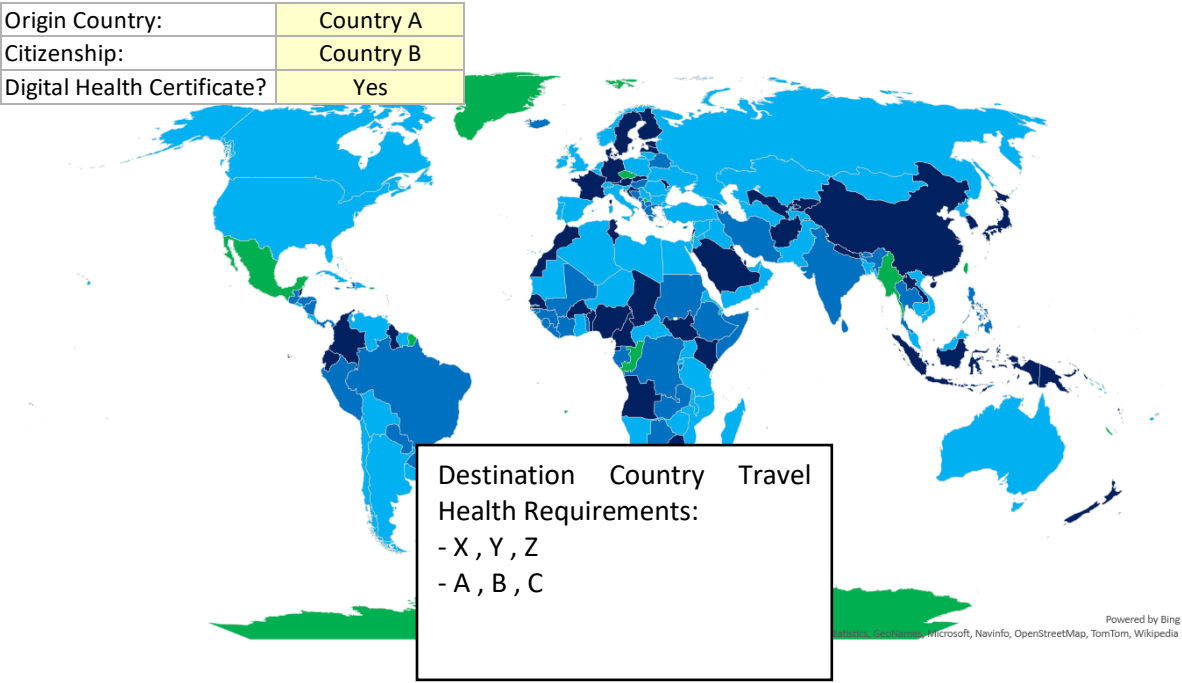
37. There may be valid reasons for travel health requirements to vary depending on the country of origin (e.g., if a particular country or region has a disease of concern present). Therefore, each country may need to group all other potential countries into these common categories (rather than having a single rating).
38. Underlying this classification system would be an aligned set of health reporting requirements and definitions as well as a data entry system that would allow all the required data to be gathered in a consistent manner. This will require definitions for the components and information needed from the countries, which would need to be standardized/harmonized and integrated in the Information System of Health Requirements for International Air Travel. In developing this, existing work developed by ICAO (e.g., the "PHC Template: State Information Sharing") could be leveraged and extended. Both HLCC Recommendations 6/1 f and 8/1 c could be applicable and further built on here.

Pillar 2: Communication Systems for States and Other Stakeholders

39. To allow smooth and timely communication between states, ICAO, passengers, and other stakeholders, new communication platforms (or updating of existing platforms) may be needed. These platforms should be established with standard operating procedures and processes that define the code of conduct, frequency of data provision/updates, procedures for communication during public health emergencies, etc.
40. In alignment and to build on HLCC recommendations 6/1k and 8/1c (see annex B), there needs to be separate systems for information exchange for states and systems for information communication with passengers. At a minimum, there is a need for a platform (or set of platforms) that:
 - a. Allows for **ongoing communication** between states during normal (business as usual) times and emergency situations (these scenarios are described further in the next section). This would allow states to share updates, best practices, etc. for the response to a particular health emergency.
 - b. Allows states to **share information regarding health requirements** for travel to the destination country.

- c. Allows states to **communicate regarding certificates**. This exists already under the ICAO-led initiative of Health Master Lists (HML) and is complemented by the cross-recognition of Visible Digital Seals (VDS).
- d. Allows states to **communicate with airlines** regarding travel health requirements. This exists already – for example through IATA’s Timatic product, which is integrated into travel agents’ or carriers’ systems – during the check-in process where the agent has access to a system that lists all the requirements for passengers to a specific destination.
- e. Allows for the **communication of travel health requirements to passengers**. The information presented to passengers would be official as it would be provided by the government institutions. The platform would allow a passenger to enter their nationality, resident status, country of origin (and possibly itinerary) and view the list of travel health requirements. There are a range of interactive options available that could enhance / simplify passenger experience – one such possibility is shown in the figure below.

Figure 9 – Illustrative Interactive Dashboard for Passengers¹³



Pillar 3: Governance and Coordination Mechanisms

- 41. In alignment with HLCC recommendation 6/1n and 7/1f, the new framework will need to have clear governance and coordination mechanisms to maintain a relevant and reliable inter-operable system for passengers. Several established bodies would be needed to advise, govern and coordinate the

¹³ Several non-public institutions such as IATA have built and shared platforms similar to this for the COVID pandemic but none of the institutions thus far can be seen as having official authority to be a key legitimate and authoritative player in communicating global travel restrictions.

implementation of the inter-operable framework. The actual provision of data into the new data entry system would be undertaken by an organization responsible for implementation at the national level.

42. Given the expected challenges to come from this component with regards to coming to an agreement and implementing, it will be necessary to clearly define ownership and accountability, to avoid duplication of efforts with other ongoing initiatives, to obtain buy-in from public and private stakeholders and to define the communication mechanisms.
43. With this in mind, the following bodies should be established with clearly defined roles and responsibilities:
 - a. A **Governance Body** oversees the framework and makes strategic decisions and future plans. This could be formed of members from ICAO, WHO and UNWTO, for instance.
 - b. An **Operational Body** runs the systems, coordinates and communicates on the various platforms, and ensures relevant data is gathered from all parties. This could be undertaken by ICAO, for instance.
 - c. A **Technical Committee** advises on the technical operational issues including the alignment of health requirements, definition of health “openness” categories, and the interaction of states in different categories, etc. This could be formed of representatives from WHO, ICAO, and other organizations.
 - d. **Implementation Bodies** at the national level that are responsible for providing data and engaging with the framework, including up-to-date points of contact. Recommendations and guidance for implementation bodies may also need to be established (e.g., by the technical committee).
44. In addition to the various bodies identified above, a coordination mechanism / set of rules should be established which defines the functioning of an air transport system with countries with different situations (reflected by different colors).

Pillar 4: Compliance Mechanisms & Tools

45. Compliance mechanisms and tools would need to be established to allow the Implementation Bodies to collect the necessary data from passengers and ensure their compliance with national travel health requirements. These include:
 - a. A global Digital Health Certificate. The global Digital Health Certificate (DHC) is defined here as a globally standardized travel document that would be delivered at the national level by health authorities in electronic format and include the vaccine information of passengers. The DHC would be recognized by all domestic applications (to be QR readable)¹⁴. Most

¹⁴ The WHO’s yellow book is an example of such a digital health certificate and has been in place for several decades, but it is not universally used or accepted around the world and is not properly digitalized in an integrated global platform or system, and thus lacks the legitimacy to act as the proposed digital universal certificate for all countries to use.

importantly, this certificate would only contain the health information necessary to travel abroad and would contain no other sensitive personal information.

- b. Apps / systems developed in countries that will be able to exchange data (e.g., through a "travel app") and hold the information that passengers need to travel. These would provide relevant information for each country the passenger travels to and allow the receiving country to read this data to check compliance with health requirements. The convergence and inter-operability of health information systems between all states is key to making this a reality.
46. In accordance to HLCC recommendations 6/1q and 6/1v, other standardized and inter-operable tools would also be available through a new platform that would allow countries to easily leverage best practices and the most up to date guidance on implementing health requirements and collecting data from passengers. This could include, for example, standardized templates and procedures for health screening. This would leverage and consolidate existing work that has already been done, e.g., under CART¹⁵, CAPSCA¹⁶, and other programs / initiatives.

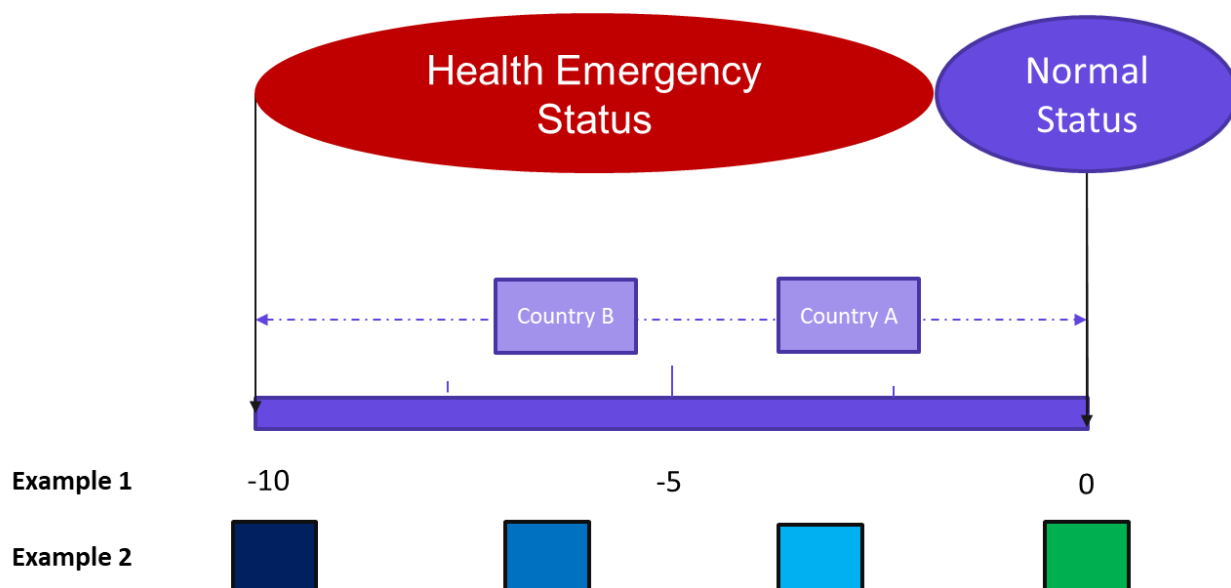
How will this work in practice?

47. The proposed framework shall be applicable to the following two situations:
- a. A "normal" state of affairs – where there are no current major health-related regional or global threats impacting people's ability to travel by air.
 - b. An "emergency" situation – where regional or global air passenger travel is likely to be impacted and countries' reactions become unpredictable.
48. The rationale behind this two-tier categorization is that one cannot predict what is not predictable, and so in emergency situations one should expect countries and governments to react in ways that cannot be predicted. However, by moving into a pre-assigned and categorized "emergency mode", a country can better communicate to other countries how it may or may not react in terms of border control and air travel restrictions.
49. The solution is to put in place a simple governance and communication system to deal with the emergency as soon as possible, expecting and planning for the country to move from a normal state of affairs to an emergency mode, and move back to normal state of affairs in an orderly manner.
50. However, this system should not be a dual or binary system and should recognize the fact that each country will be at different stages and will move across the spectrum from normal and emergency to normal at different times. In addition, it should recognize that different regions and sub-regions within a country will be at different levels as well.

¹⁵ For example, ICAO's Manual on COVID-19 Cross-Border Risk Management and Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis.

¹⁶ For example, ICAO's Public Health Declaration templates

Figure 10 – Illustration of Categorizations in a Health Emergency State of Affairs



Normal state of affairs: No current major health-related regional or global threats impacting people’s ability to travel by air

51. Under a “normal ”or “usual” situation related to health, travel should be as seamless as possible by following the health travel standards set in place. The normal status does not mean that there are no health crises or outbreaks occurring – just that the crises in place do not affect people’s ability to travel by air from and/or to that country, region or sub-region.
52. Very importantly, this entire policy framework, together with the four proposed pillars, needs to be maintained throughout a normal situation just as much as an emergency situation because it goes beyond Covid-19 and considers the existence of other health crises (yellow, fever, Ebola, malaria, etc.), and the emergence of future crises.
53. The objectives and priority during this normal stage should therefore be the continuous improvement of the travel facilitation process, including the maintaining of regulations in each State from ICAO standards and the establishment and upgrading of the world recognized and accepted Digital Health Certificate defined above (in paragraph 41a). The Digital Health Certificate needs to be in place and continuously updated by the appointed health and travel authorities who have the flexibility to add information that could be useful for the management of future health related crisis, such as new vaccines, new treatments, new kinds of tests.

An “emergency” situation: Regional or global air passenger travel is likely to be impacted and countries’ reactions become unpredictable

54. It needs to be recognized that in case of an emergency, states may have to take unilateral decisions to protect the health and wellbeing of their populations. While this situation is not ideal, it is also a reality that was observed in the wake of the COVID-19 pandemic.

55. Regardless of unilateral decision of one or more state, a platform that allows states to communicate swiftly with all others is necessary. A Global Emergency Committee for Health would allow states to communicate in real time with all others on matters regarding health crisis that affects the whole community. States would publish their travel openness categories and any relevant details with regards to the assigned categories (i.e., the travel health requirements). States would then update this information on a regular basis and move between different categories as the situation evolves.
56. During an emergency (e.g., Code Blue or Level 10) and/or for travel from and to countries whose borders are closed, a ‘safe flight’ concept or protocol would be used. This protocol ensures the safety of flights even without all the toolboxes available, thus allowing for essential flights and repatriation flights.
57. To travel during emergency times, several health-related requirements may be necessary. Considering each health-related emergency, states need to reach agreements quickly on the following:
 - a. Testing
 - b. Vaccines
 - c. Prophylactic treatments
 - d. Certificates
 - e. Protocols to follow
 - f. Others
58. The Digital Health Certificate would be used and updated during a health emergency to provide air transport providers and national agencies with the information required to validate compliance with health requirements.

Potential Economic Benefits of this Policy & Framework

59. The introduction of this policy and framework will help to “unflatten the curve” during public health events by making the air transport sector more resilient to public health emergencies and reducing the negative impact on passenger volumes.

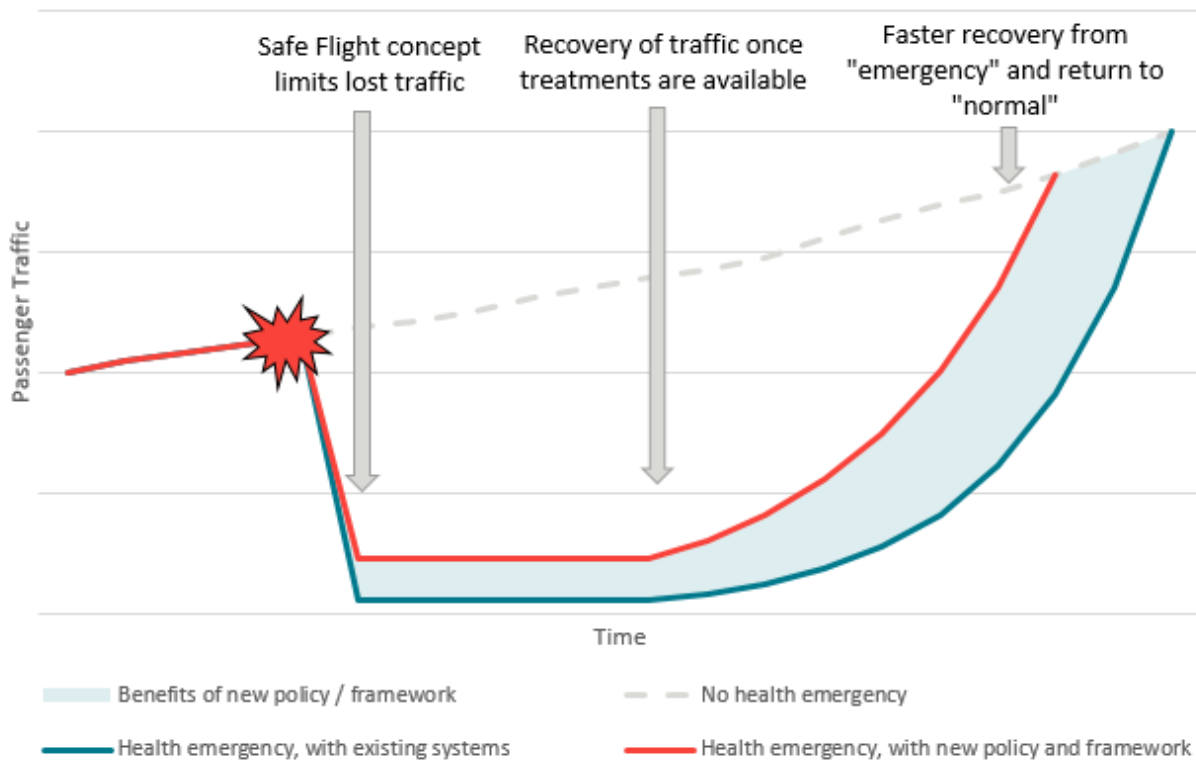
A Conceptual Framework for Analysis

60. The conceptual framework for the estimation of economic benefits hinges on the potential for the policy and associated framework to:
 - a. Limit the magnitude of lost traffic due to a health crisis by allowing states to rapidly exchange information on their evolving situations and implement the “safe flight” concept.
 - b. Increase the speed of recovery for passenger traffic following the development and rolling out of appropriate treatments (e.g., vaccines) for the health emergency at hand. In other words,

speeding up the movement from an “emergency” state of affairs to more “normal” or less restricted conditions.

61. This concept is illustrated through the stylized figure below. The difference between the “Health emergency, with new policy and framework” and the “Health emergency, with existing systems” represents the benefits (in terms of passenger traffic) from the implementation of the policy.

Figure 11 – Conceptual framework for the impact of the new travel health framework



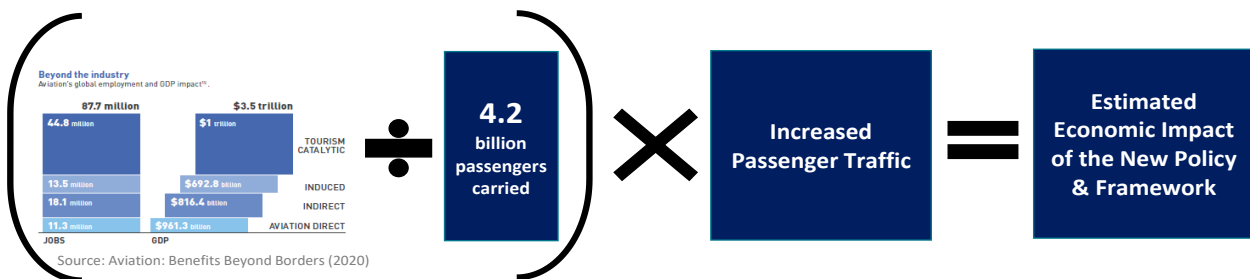
62. As noted previously, air transport is a major contributor and facilitator of economic growth. A significant amount of work has been done on the benefits and economic activity supported by air transport. Economic impacts are often considered in terms of:¹⁷
- a. **Direct Impacts.** The activities required to provide air transport services. Operation of airlines and airports (technical support and handling, catering, fuel, security and cleaning); commercial activities (shopping, restaurants, motor vehicle rental, parking); land transport and air cargo.
 - b. **Indirect Impacts.** Supply of goods and services to direct activities, including wholesalers providing food for in-flight catering, oil refining activities for jet fuel, companies providing accounting and legal services to airlines, travel agents booking flights, and so on.

¹⁷ See Appendix C for more detail on what is typically considered under each category of impact.

- c. **Induced Impacts.** Impacts of income generated by direct and indirect effects especially by private consumption, (i.e., spending by employees in activities that are considered “direct” and “indirect”).
- d. **Catalytic Impacts.** Captures the way in which the airport facilitates the business of other sectors of the economy through a number of mechanisms such as: (a) location impacts (firms and labor), e.g., industrial/commercial investment decisions; (b) tourism and trade (e.g., export markets); and (c) productivity (e.g., access to new markets which in turn enables businesses to achieve greater economies of scale, etc.).

63. This same approach was used in this case to estimate the impact on economic output (GDP) of the proposed policy framework. For this, the most recent publication of Aviation Benefits Beyond Borders (September 2020) was used, which sets out the economic impacts of aviation to derive unit rate estimates for the GDP impact per passenger. This is then applied to the benefits (in terms of air passengers) from the implementation of the policy. This is demonstrated in the figure below.

Figure 12 – Illustrative Example of the New Policy & Framework



What impact could this policy and framework have?

- 64. Whilst this policy proposal is applicable for public health emergencies beyond just the COVID-19 pandemic, the downturn in the global aviation sector experienced in the wake of the onset of the pandemic was used as a case study for this analysis.
- 65. To estimate the impact of the policy framework, a Base Case alternative scenario was used for traffic volumes, and sensitivity analysis was conducted around this Base Case¹⁸. The Base Case Scenario is defined by:
 - a. An initial drop in passenger volumes, but lower than that which was actually experienced in 2020. The Base Case Scenario assumes a decline in passenger volumes of 80% compared to pre-pandemic levels rather than the 96% experienced. The rationale for this 20% difference is the introduction of the Safe Flight or Always Safe concept during future public health emergencies¹⁹.

¹⁸ This analysis is high-level and driven in large part by the assumptions regarding limiting passenger loss and passenger recovery. These assumptions would need to be further explored and refined if this analysis were to be extended / elaborated upon.
¹⁹ The Safe Flight concept is one that has been proposed by a team of health and aviation experts, which involves putting into place certain specific and effective sanitation measures used by airline staff in health emergencies to guarantee a minimum volume of flights even during the worst-case public health crisis scenarios. The assumption here is that these new measures will severally

- b. A recovery that starts three months after the onset of the pandemic (May 2020), instead of the actual start of recovery from Covid-19 (February 2020).
- c. A growth in passenger volumes directly proportional to the share of population that has been fully vaccinated across different countries. Fully vaccinated is taken to mean that individuals have received a full course of treatment for a given vaccine (e.g., two doses of the Pfizer-BioNTech vaccine, one dose of the Johnson and Johnson vaccine).
- d. Most international travelers are assumed to be fully vaccinated. Given how analysis during the Covid-19 pandemic shows a correlation between passengers being vaccinated and having a higher travelling propensity²⁰ a 1.9 factor has been applied to the growth rate of global vaccinated people to factor this correlation in.
- e. The results of the scenario have been assumed to be optimistic (100% of the recovery). To build a base case scenario an 80% of the recovery passengers has been assumed as more realistic.

66. The estimated Base Case Scenario passenger volumes compared to actual passenger volumes is shown in the figure below.

Figure 13 – Actual and Base Case Scenario Passenger Volumes



Source: Consulum Aviation

67. To estimate the economic impact of the additional passenger traffic, an average unit rate of USD 834/passenger was applied. This is based on an average contribution derived from the Aviation Benefits Beyond Borders report which indicated, at a global level, that aviation contributed USD 3.5 trillion (4.1% of global GDP) while carrying 4.2 trillion passengers in the year 2018.

limit the risk of transmission of airborne diseases such as Covid-19 and thus prevent any quasi-total collapse in aircraft and air passenger traffic.

²⁰https://www.researchgate.net/publication/358737981_Propelled_evidence_on_the_impact_of_vaccination_against_COVID-19_on_travel_propensity

68. The resulting economic impact of the Base Case scenario is USD 1.1 trillion (over the period from March 2020 to December 2021) as set out in the table below.

Table 2 – Potential high-level economic impacts from the policy

| | Unit | Value |
|-------------------------------------------------------------------------------------------|--------------|-------|
| Additional passengers recovered (Base Case scenario) | million pax | 1,356 |
| Aviation Industry Added Value (Global Direct, Indirect, Induced and Tourism Catalytic) | USD/pax | 834 |
| Policy implementation impact | USD trillion | 1.13 |

Source: Consulum Aviation

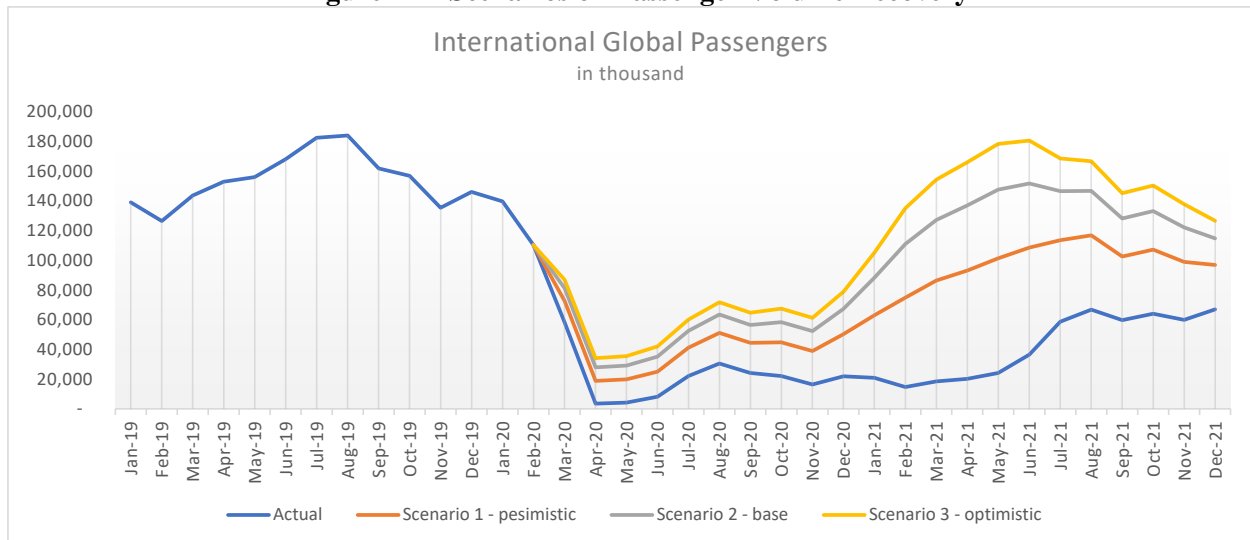
Scenarios Analysis

69. A sensitivity analysis was conducted around the Base Case scenario by adjusting the assumption regarding the share of recovery passengers captured (which is set to 80% in the Base Case). These two sensitivities have the following characteristics:

- a. **Pessimistic scenario:** 50% of passenger recovery
- b. **Optimistic scenario:** 100% of passenger recovery

70. The estimated passenger volumes for these scenarios are presented in the figure below.

Figure 14 – Scenarios on Passenger Volume Recovery



Source: Consulum Aviation

71. In terms of economic impact, these scenarios result in USD 706 billion and USD 1.4 trillion (using the same GDP unit rates as above), as set out in the subsequent table.

Table 3 – Potential high-level economic impacts from the policy (Sensitivities)

| | Unit | Sensitivity 1 Pessimistic | Base Case | Sensitivity 3 Optimistic |
|----------------------------------------------------------------------------------------------|-----------------|------------------------------|-----------|-----------------------------|
| Additional passengers recovered | million pax | 848 | 1,356 | 1,695 |
| Aviation Industry Added Value (Global Direct, Indirect, Induced and Tourism Catalytic) | USD/pax | 834 | 834 | 834 |
| Policy implementation impact | USD trillion | 0.70 | 1.13 | 1.4 |

Source: Consulum Aviation

Additional Benefits & Further Research

72. The analysis above is preliminary in nature and could be extended further to capture a more granular representation of economic benefits, as well as other economic costs / benefits that would accrue but would not necessarily be reflected in aggregated economic output values (i.e., GDP). This includes:
- a. Developing and calibrating further the key assumptions that drive the estimation of economic impacts.
 - b. Quantifying the potential impact of the policy at regional and/or country levels.
 - c. Undertaking more in-depth analysis of the assumptions and the components of economic value addition (i.e., those set out in Appendix C).
 - d. Quantifying other benefits accruing to passengers and other stakeholders, such as:
 - i. Faster arrival processing times related to checking health documentation / requirements. This would lead to time savings for passengers
 - ii. Improving travel time reliability for passengers, as since reporting and compliance would eventually become more harmonized.
 - iii. Reducing search costs for passengers, through a harmonized reporting framework and reliable communication platform.
 - iv. Reducing queuing and the physical space required to undertake travel physical checks of travel documents. This would optimize the use of terminal space.
73. Considering in more detail the potential costs of the policy, including implementation costs (discussed further below), but also other externalities (e.g., environmental).
74. These topics could be explored in more detail as this policy is developed further.

What is Needed to Make this Policy Successful?

75. To achieve the goals and objectives of this policy, and build on the HLCC recommendations, it is imperative that active coordination is sustained among all the different actors. Coordination must be consistent within the civil aviation sector, but also among the health, migration, and tourism sectors through the National Air Transport Facilitation Committee launched by ICAO²¹.
76. It is foreseen to build a global digital hub (or a global information system) as a central source for updated information and latest advice regarding health requirements processes in all countries. The digital hub will allow passengers to make informed decisions when planning their journeys and will enhance transparency in information management from the civil aviation sector's side.
77. *Strategies* to build and implement the global digital hub *include*:
 - a. Fostering a culture of continuous exchange of information.
 - b. Scenario-based testing of the new tool.
 - c. Implementing a participant survey.
 - d. Instituting a risk management program.
 - e. Monitoring the impact of the system on passengers.
 - f. Establishing potential measures and indicators for success in terms of outputs (eg, number of countries with harmonized requirements) and impacts (eg, passenger volume increases, increases in lead time to book flights prior to travel, reduction in costs associated to travel, etc.).

How to Make This Vision a Reality

78. The White Paper is to be presented at the Future Aviation Forum in Riyadh in May 2022. It supports ICAO's mandate to provide a space for cooperation and concerted action and devise practical solutions to address challenges of global importance.
79. By building on the previous work done by ICAO, its Member States and other regional bodies through CAPSCA and other initiatives, and by directly supporting ICAO's overall mandate to provide a space for cooperation and concerted action and devise practical solutions to address challenges of global importance, the expectation is that enough traction will be obtained by key actors during the presentation of the White Paper at the Future Aviation Forum in Riyadh in May 2022 to garner support for discussion at the 41st ICAO General Assembly, to be held later in 2022.

²¹ Annex 9 – facilitation standards: Each State shall establish a National Air Transport Facilitation Committee (...) for the purpose of coordinating facilitation activities between departments, agencies, and other organizations of the State concerned with, or responsible for, various aspects of international civil aviation as well as with airport and aircraft operators.

Potential Funding Requirements and Arrangements

80. In addition to coordination and collaboration at high levels in key institutions (including ICAO, WHO and others), the framework set out under this policy proposal will require dedicated resources to:
- a. Establish the proposed governance arrangements and fund the ongoing governance, coordination, and technical functions. Importantly, the fund will need strong governance, tight control, and transparency with regards to disbursements. A Steering Committee made up of contributing Member-States could be responsible for overseeing this fund.
 - b. Undertake the work necessary to achieve a harmonized reporting system.
 - c. Develop and/or improve communications platforms. This includes investment in systems and technical assistance.
 - d. Develop and roll-out the proposed compliance mechanisms. This may differ country-by-country or region-by-region, depending on the existing level of digitization and systems that exist.
81. To determine a budget for this entire mechanism, an initial investment will be needed to:
- a. Establish the governance, operational and technical bodies,
 - b. Create and put into operation each of the tools and compliance systems listed previously that form the basis of the framework, and
 - c. Build a physical space (e.g., a building or center) to host the tools and people that will be needed to make the framework function.

The initial investment is estimated to be approximately USD 15 million.

82. Subsequently, a recurrent annual budget will need to be determined for each body and for each of the tools and compliance systems for the following ten years after their establishment. This annual budget is estimated to be USD 1.5 million per year for the Governance body, USD 5 million per year for the operational body and USD 1.5 million per year for the technical bodies. This equates to approximately USD 8 million per year.

Potential Roadmap for Implementation

83. This policy and framework are ambitious and will need to go through several stages to become a reality. The table below is an example of a roadmap that can deliver on the expected outcomes of the policy.

Table 4 – Example of a High-Level Implementation Roadmap

| | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| March + April 2022 | <ul style="list-style-type: none"> - Initial articulation of White Paper for a universally recognized and harmonized international health requirement framework for air passengers - Further elaboration of the policy in coordination with key stakeholders (e.g., ICAO, WHO, and others). |
| May 2022 | <ul style="list-style-type: none"> - Presentation at the Future Aviation Forum |
| Sep-Oct 2022 | <ul style="list-style-type: none"> - Presentation at ICAO International Conference on Aviation Operations |
| Nov + Dec 2022 | <ul style="list-style-type: none"> - Refinement of policy |
| 2023 and 2024 | <ul style="list-style-type: none"> - Agreement from key stakeholders and finalization of final policy - Formal adoption of policy and signature of MoUs - Preparation of a detailed Implementation Plan - Establishment of Governance, Coordination and Technical Committees - Development of standardized reporting systems, including training and technical assistance - Development / enhancement of communication systems, including training and technical assistance - Initial work on compliance mechanisms and tools |
| 2024 | <ul style="list-style-type: none"> - Go-Live for standardized reporting systems - Go-Live for communication systems - Continued work (and possible roll-out) of compliance mechanisms and tools |
| 2025 | <ul style="list-style-type: none"> - Ongoing review of the policy and framework. - Functioning of the framework and systems with regular updating being undertaken by implementation bodies. |

Appendix A: Covid-related travel restrictions for fully vaccinated travelers to enter a country/region (14 April 2022)

| | | Destination Country or Region | | | | | | | | | |
|----------------------------------|--------------|-------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------|-----------------|-----------------|-----------------|------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| | | US | China | EU | GCC | UK | Mexico | Saudi Arabia | Australia | South Africa | Brazil |
| Country / Region of Origin | US | | Visa, health declaration form, negative tests, health checks and quarantine | Variable - Negative tests and health forms | Variable - Negative tests, health insurance and health forms | No Restrictions | No Restrictions | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | No Restrictions | No Restrictions |
| | China | Negative COVID-19 viral test | | Variable – Entry bans, negative tests and health forms | Variable - Negative tests and health forms | No Restrictions | No Restrictions | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | No Restrictions | No Restrictions |
| | EU | Negative COVID-19 viral test | Visa, health declaration form, negative tests, health checks and quarantine | | Variable - Negative tests and health forms | No Restrictions | No Restrictions | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | No Restrictions | No Restrictions |
| | GCC | Negative COVID-19 viral test | Visa, health declaration form, negative tests, health checks and quarantine | Variable – Entry bans, negative tests and health forms | | No Restrictions | No Restrictions | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | No Restrictions | No Restrictions |
| | UK | Negative COVID-19 viral test | Visa, health declaration form, negative tests, health checks and quarantine | Variable - Negative tests and health forms | Variable - Negative tests and health forms | | No Restrictions | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | No Restrictions | No Restrictions |
| | Mexico | Negative COVID-19 viral test | Visa, health declaration form, negative tests, health checks and quarantine | Variable - Negative tests and health forms | Variable - Negative tests and health forms | No Restrictions | | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | No Restrictions | No Restrictions |
| | Saudi Arabia | Negative COVID- | Visa, health declaration form, negative tests, | Variable – Entry bans, | Variable - Negative | No Restrictions | No Restrictions | | Negative PCR test, passenger declaration form, quarantine | No Restrictions | No Restrictions |

| | 19 viral test | health checks and quarantine | negative tests and health forms | tests and health forms | | | | requirements dependent on individual state | | |
|---------------------|------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|-----------------|-----------------|-----------------|------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| Australia | Negative COVID-19 viral test | Visa, health declaration form, negative tests, health checks and quarantine | Variable - Negative tests and health forms | Variable - Negative tests and health forms | No Restrictions | No Restrictions | No Restrictions | | No Restrictions | No Restrictions |
| South Africa | Negative COVID-19 viral test | Visa, health declaration form, negative tests, health checks and quarantine | Variable - Negative tests and health forms | Variable - Negative tests and health forms | No Restrictions | No Restrictions | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | | No Restrictions |
| Brazil | Negative COVID-19 viral test | Visa, health declaration form, negative tests, health checks and quarantine | Variable - Negative tests and health forms | Variable - Negative tests and health forms | No Restrictions | No Restrictions | No Restrictions | Negative PCR test, passenger declaration form, quarantine requirements dependent on individual state | No Restrictions | |

Sources: Consulum Aviation from 14 April 2022 with the aid of the following links:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html>

<https://www.gov.uk/foreign-travel-advice/china/entry-requirements>

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/china-travel-advisory.html>

<https://www.interieur.gouv.fr/covid-19-international-travel>

https://www.auswaertiges-amt.de/en/coronavirus/2317268#content_2

<https://www.visitsaudi.com/en/health-regulations>

<https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/travelling-amid-covid-19/travelling-to-the-uae>

<https://www.homeaffairs.gov.au/covid19/vaccinated-travellers>

<https://www.gov.za/covid-19/individuals-and-households/travel-coronavirus-covid-19>

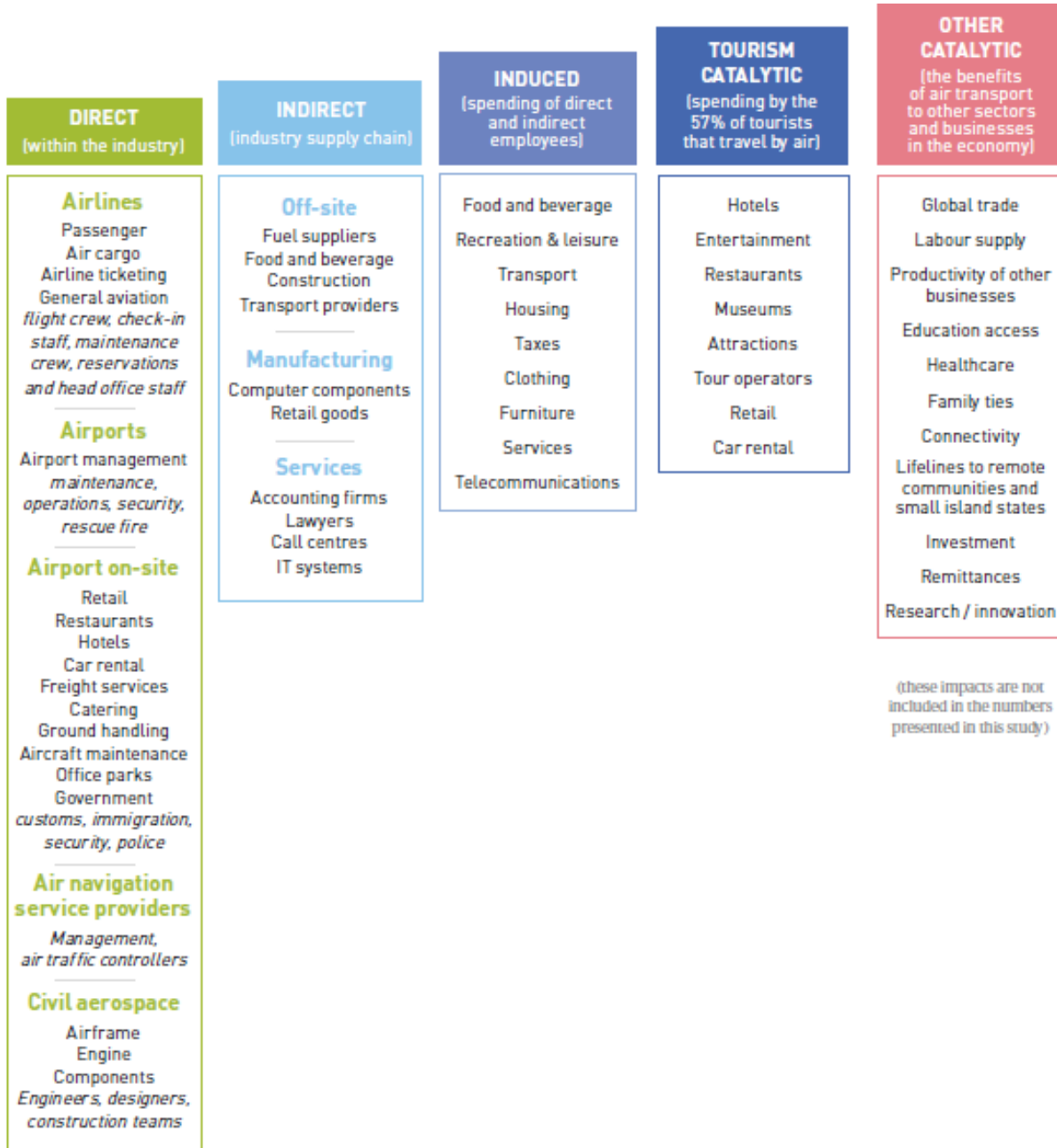
<https://visitbrasil.com/en/covid/>

Appendix B: HLCC Recommendations to ICAO

- Multi-sector communication, coordination and collaboration between all relevant stakeholders including industry in the development of an aviation pandemic response plan (HLCC Recommendation 6/1 c)
- Coordination and harmonization between the various State actors responsible for management of pandemics and disaster, including strengthening collaboration and consultations between health, aviation and other authorities (HLCC Recommendation 6/1 f).
- Implement, to the extent practicable, globally and regionally-harmonized, collaborative, and mutually accepted measures that take into consideration different national circumstances and policies, without creating undue economic burdens or compromising the safety and facilitation of civil aviation, while being in line with Annex 9 provisions and related guidance material, towards widespread adoption of practical, flexible processes and solutions for travel acceptance to facilitate the recovery of international passenger travel (HLCC Recommendation 6/1 h).
- Communicate health-related entry requirements to the travelling public and all stakeholders in the aviation community in a timely manner in order to build resilience and regularly assess the possibility of eminent public health threats and promptly apply contingency measures (HLCC Recommendation 6/1 k).
- High-level of engagement and coordination between civil aviation and public health authorities and close cooperation with international and regional organizations, and all involved stakeholders (HLCC Recommendation 6/1 n).
- Adoption and acceptance of digital health certificates for testing and vaccination to facilitate international air travel and, if issuing health certificates, consider adopting the ICAO specifications for Visible Digital Seals for non-constrained environments or including other interoperable formats such as from regional or global intergovernmental bodies, or internationally recognized organizations. Emphasis should be put on also accepting non-digital certificates taking into account the importance of No Country Left Behind (NCLB) initiative (HLCC Recommendation 6/1 q).
- ICAO to work towards interoperable long-term solutions that use digital travel documents and health-related credentials established by States, taking into account existing solutions and global limitations (HLCC Recommendation 6/1 v).
- Designate an appropriate authority for the air transport facilitation as States deem appropriate and allocate necessary resources (HLCC Recommendation 7/1 f).
- ICAO to develop a unified framework to improve the effectiveness of global management of public health risk in aviation together with relevant stakeholders (HLCC Recommendation 7/1 q).

- ICAO to develop a shorter procedure for decision-making to be implemented during public health emergencies, in collaboration with the WHO, to enable a more rapid response to these events in the future (HLCC Recommendation 7/1 v).
- Appropriate regulatory framework that considers all data protection and privacy requirements for use of health proofs for travel and incorporates appropriate safeguards (HLCC Recommendation 8/1 c).
- ICAO to continue to monitor new developments and collaborate with relevant stakeholders to further develop the guidance material supporting the implementation of the health-related provisions of Annex 9 (HLCC Recommendation 9/1 j).
- ICAO to support the strengthening of facilitation capabilities through establishment of sustainable funding mechanisms and resources (HLCC Recommendation 9/1 k).

Appendix C: Economic Impacts of Aviation²²



²² ATAG (2020), Aviation Benefits Beyond Borders

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