



**WORKING PAPER**

**ASSEMBLY — 41ST SESSION**

**EXECUTIVE COMMITTEE**

**Agenda Item 13: Facilitation Programmes**

**IMPLEMENTATION OF PANDEMIC RELATED TRAVEL BANS**

(Presented by South Africa)

**EXECUTIVE SUMMARY**

During the COVID-19 pandemic, there was a concern that national governments bypassed World Health Organization (WHO) public health recommendations in a rush to impose travel bans that targeted specific countries in ways that exacerbated political divisions, blocked essential goods and deflected from established mitigation measures — including travel advisories, diagnostic testing and quarantine policies.

This paper aims to address international travel bans observed during the COVID-19 pandemic, which highlighted a need for reforming global health law to reflect evolving public health knowledge, and highlighted the need to base decisions on scientific principles and WHO guidance.

The need for national and international collaboration in the fight against the spread of communicable diseases remains very pertinent. There is a need for increased alignment between International Civil Aviation Organization (ICAO) and WHO at a global level, which will ensure that States are provided with coherent guidance.

**Action:** The Assembly is invited to:

- a) request ICAO to continue developing guidance material to assist States in making risk-based decisions when responding to future pandemics and health emergencies;
- b) request the ICAO Council to consider elevating the Recommended Practice 2.4.1 in Annex 9 to a Standard; and
- c) urge States to ensure that decisions taken during pandemics, including travel bans, are scientifically based and implemented in line with the provisions of Annex 9.

<i>Strategic Objectives:</i>	This working paper relates to Strategic Objectives <i>Safety</i> and <i>Security &amp; Facilitation</i>
<i>Financial implications:</i>	
<i>References:</i>	<i>Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis Annex 9 — Facilitation</i>

## 1. INTRODUCTION

1.1 ICAO has continuously provided guidance in relation to pandemic outbreaks through interventions such as the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA).

1.2 ICAO has also played a prominent role in response to the COVID-19 pandemic through interventions such as the ICAO Implementation Package (iPack) and the ICAO Council Aviation Recovery Task Force (CART) *Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis*. The above is not an exhaustive list of guidance provided by ICAO to assist and guide Member States in dealing with the pandemic outbreaks.

1.3 This paper further acknowledges the unique challenges faced by States in implementing public health mitigation measures in a rapid and complex epidemiological environment, as well as the difficulty of making rapid decisions based on available scientific evidence.

## 2. DISCUSSION

### 2.1 WHO guidelines in dealing with pandemics

2.1.1 WHO does not generally recommend flight bans or other forms of travel embargoes. Instead, WHO advocates for the prioritization of interventions of proven value such as vaccination, hand hygiene, physical distancing, well-fitted masks and good ventilation.

2.1.2 In terms of the WHO International Health Regulations (IHR) (2005), countries are required to prevent, protect against, control and provide a public health response to the international spread of diseases in ways that are commensurate with and restricted to public health risks, whilst avoiding unnecessary interference with international traffic and trade.

2.1.3 Although international travel restrictions are not prohibited by the IHR, any restriction must be based on scientific principles and WHO guidance. IHR assessments require evidence before determining where travel restrictions can be necessary and proportionate.

2.1.4 According to WHO, travel measures that significantly interfere with international traffic may only be justified at the beginning of an outbreak, as they may allow countries to gain time, even if only a few days, to rapidly implement effective preparedness measures. Such restrictions must be based on a careful risk assessment, be proportionate to the public health risk, be short in duration, and be reconsidered regularly as the situation evolves.

2.1.5 In response to variants of concern, WHO called on all countries to enhance surveillance and sequencing, report initial cases or clusters, and undertake investigations to improve understanding of the variant's behaviour.

2.1.6 Available evidence indicates that decisions taken by some States, especially decisions on restricting travel, flouted the above guidelines and did not encourage reporting as encouraged by WHO.

## 2.2 Challenges of travel bans

2.2.1 South Africa has, in accordance with WHO guidelines, implemented surveillance and sequencing that enabled the discovery of the Omicron variant of COVID-19. South Africa was penalized for identifying and reporting the new variant.

2.2.2 Some of those States that imposed travel restrictions on flights from South Africa and the whole Southern Region of Africa argued that such measures were meant to slow down the importation of COVID-19 in specific contexts, in accordance with the precautionary principle, that travel restrictions can be legally justified under certain conditions if based on evolving scientific evidence and if less restrictive alternatives are not feasible.

2.2.3 Others argued that information about the behaviour of the new variant was not clear and governments had a duty to protect their citizens until such time that information became available.

2.2.4 Evidence has shown that whilst a travel ban imposed by some countries may slow the spread and buy limited time, it is unlikely to stop the pandemic, as most of the time the variant would have already taken root in those countries.

2.2.5 Travel bans only serve to attach stigma and exacerbate racism and xenophobia. These restrictive measures around the world sparked outray from some health officials and experts who cautioned that the bans were premature and could set a harmful precedent and were a knee jerk response.

2.2.6 In contrast, evidence shows that restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions.

2.2.7 The concern with these restrictions is that national governments bypassed WHO's public health recommendations in a rush to impose travel bans that targeted specific countries resulting in:

- a) exacerbating political divisions;
- b) blocking the movement of essential goods;
- c) deflection from established mitigation measures such as issuing of travel advisories, diagnostic testing, quarantine policies and clear policies on vaccination;
- d) economic hardships; and
- e) difficulty in transporting humanitarian assistance, health care workers and other resources.

2.2.8 The consequence of these decisions is the negative impact on travel and tourism, which resulted in loss of millions of jobs supported by air travel thereby causing losses of trillions of dollars in economic activities.

## 2.3 Consideration relating to travel bans

2.3.1 The challenge with travel bans is that it is not always clear where the new variant originates from. In most cases it is already in circulation when the ban is imposed, even though in some

cases the new variant may also be circulating but not yet identified and reported in regions not included in the travel bans.

2.3.2 A perfect example is where a number of countries decided to penalize South Africa for being diligent in reporting new strains/variants of the COVID-19 virus even though it was a known fact that the variant did not originate in South Africa and there was evidence that the variant was already prevailing in other parts of the world on individuals who had no contact or history of travel in Southern Africa, suggesting community spread was already taking place in those countries. There is evidence that clearly indicates that by the time these variants are identified, they have already spread globally.

2.3.3 Rather than impose travel bans, the global community must actively encourage scientists and public health authorities to timely and in a transparent manner share data to alert the international community of the evolution of the virus. This must be done in alignment with IHR 2005. The international community must show commitment and real support to countries that do the right thing by promptly and transparently sharing information.

2.3.4 Travel bans on countries detecting new variants, and the subsequent economic impact, may act as a disincentive for countries to reveal variants of concern in future.

2.3.5 The detrimental effects of pandemics on aviation as well as on national economies would be lessened if all decisions were to be based on scientific principles as well as scientific evidence, as well as sound risk assessment.

## 2.4 **Annex 9 requirements**

2.4.1 Even where risk assessments require that a ban be placed on flights operated on certain routes, the provisions of Recommended Practice 2.4.1 of Annex 9 should be seriously considered. Recommended Practice 2.4.1 states:

*“In cases where, in exceptional circumstances, air transport service suspensions on public health grounds are under consideration, Contracting States should first consult with the World Health Organization and the health authority of the State of occurrence of the disease before taking any decision as to the suspension of air transport services.”*

2.4.2 This recommended practice was clearly ignored in the case of the travel ban placed on flights originating from the Southern African Region.

2.4.3 Considering the damaging effects of travel bans as outlined in this working paper, the Assembly is urged to request ICAO to consider elevating Recommended Practice 2.4.1 to a Standard.

## 3. **CONCLUSION**

3.1 The need for national and international collaboration in the fight against the spread of communicable diseases remains very pertinent.

3.2 There is a need for increased alignment between ICAO and WHO at a global level, which will ensure that States are provided with coherent guidance.

3.3 The detrimental effects of pandemics on aviation as well as on national economies would be lessened if all decisions were to be based on scientific principles as well as scientific evidence, as well as sound risk assessment.

3.4 Elevation of Recommended Practice 2.4.1 to a Standard will ensure that where risk assessments require that a ban be placed on flights operated on certain routes, consultation will be made with WHO and the affected States.

#### 4. ACTION

4.1 The Assembly is invited to take action as proposed in the Executive Summary.

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