



ASSEMBLY — 41ST SESSION

EXECUTIVE COMMITTEE

Agenda Item 12: Outcomes of High-level Conference on COVID-19

RECOGNITION OF A COMMON HEALTH CORRIDOR IN PANDEMIC READINESS

(Presented by Colombia, Peru and Uruguay,
and supported by Bolivia (Plurinational State of), Guatemala, Panama, Paraguay
and Venezuela (Bolivarian Republic of))

EXECUTIVE SUMMARY

According to the Office of the United Nations High Commissioner for Refugees (UNHCR), the novel coronavirus pandemic is the greatest public health crisis faced by the world in more than a century.

The COVID-19 pandemic has significantly stressed public health systems around the world and has exposed gaps in health care for underserved and vulnerable population groups. In the context of the social determinants of health, focusing on health system preparedness is paramount for protecting the health of all of society. The current pandemic, climate change, the politicization of information and health misinformation — our health systems must be robust and resilient. Current World Health Organization priorities call for infrastructure capable of detecting, monitoring and responding to health emergencies, such as COVID-19, and the health impacts of climate change in the context of health for all. Health care infrastructure can be better prepared and more equitable if systems are strengthened by building on core competencies and following recommendations made for leadership, stakeholder involvement, accreditation, data collection and funding resources. Ensuring health equity in a pandemic requires robust and resilient public health infrastructure during normal times.²

According to *The Conversation*, a journal, it seems that the SARS-CoV-2 pandemic environment is coming to an end. Now is the time to begin to prepare for the next one which will occur, with the statistical regularity of this type of event, within a time frame of 10 to 15 years.³

The world situation caused by the coronavirus has sparked many reactions in various fields. Nevertheless, although the supporting science suggests that the end of this period is in sight, there is a widespread impression that everything necessary has not been done as and when it should have been done.

¹ Spanish version provided by Colombia

² <https://www.paho.org/journal/es/articulos/asegurar-equidad-salud-durante-pandemia-covid-19-papel-infraestructura-salud-publica>

³ <https://theconversation.com/pandemia-la-formacion-en-salud-publica-una-necesidad-cada-vez-mas-evidente-163118>

<p>Action: The Assembly is invited to:</p> <ul style="list-style-type: none"> a) promote the benefits accruing to States from having in place “Recognition of a common health corridor in pandemic readiness”; b) foster the signing of general regional bilateral and/or multilateral agreements with a view to the facilitation of processes, procedures and measures, to which specialized topics are attached as Technical Annexes; and c) stress that the greatest advantage of implementing “Recognition of a common health corridor in pandemic readiness” is to ensure continuity of civil aviation operations, related activities of the aeronautical industry in general and economic activities among signatory States. 	
<i>Strategic Objectives:</i>	This working paper relates to the <i>Safety, Security and Facilitation</i> Strategic Objectives
<i>Financial implications:</i>	N/A
<i>References:</i>	Annex 9 – <i>Facilitation</i>

1. INTRODUCTION

1.1 At the outbreak of a pandemic, there are cascading consequences that affect various areas of daily life: contagion numbers rise; health systems collapse; economic activity stops; the movement of persons and goods slows down or halts; information – in the social-media age – suffers; and propaganda and fear mingle with scientific data and ethical and political considerations.

1.2 Resources run out and decisions taken seem in many cases to be the fruit of improvisation. Society tends to distrust its authorities, which makes it difficult to control the pandemic. A joint strategy comprising medical, health, economic, political and information measures, among others, is required in order to address all of these facets.

1.3 The foregoing covers perforce international civil aviation and, in this regard, Member States in the region are making interlinked facilitation efforts in pursuit of One-Stop Security (see WP presented by Colombia and Peru), as well as “Recognition of a common health corridor in pandemic readiness”.

1.4 ICAO issued guidance documents such as CART’s “Take-off” and various related documents, and it established CRRIC, thus enabling aeronautical authorities in several States to draw up and maintain their protocols. It subsequently placed iPacks at States’ disposal for the establishment of public health corridors (PHC).

1.5 “Recognition of a common health corridor in pandemic readiness” is intended to harmonize a series of measures to be taken by NAM/CAR/SAM Region States in the event of pandemics in order to ensure continuity and sustainability of civil aviation operations, as the public health measures adopted will be validated by the States that have signed a memorandum of understanding or a bilateral or multilateral agreement.

1.6 In that connection, Article 37 of the International Civil Aviation Convention (quoted in the working paper on One-Stop Security) provides that “[e]ach contracting State undertakes to collaborate in securing the highest practicable degree of uniformity in regulations, standards, procedures and

organization in relation to aircraft, personnel, airways and auxiliary services in all matters in which such uniformity will facilitate and improve air navigation.”

1.7 Common public health measures foster air transport facilitation by allowing passengers to move freely among signatory States, thus keeping borders open and the air industry in operation.

1.8 Colombia, Peru and Uruguay, under the auspices of the ICAO Regional Office, are currently implementing a health corridor. Although said implementation is at the initial stages of design and comparison of measures and policies, there is great uncertainty in replying fully to requests for information, owing to the lack of standardization among the measures taken by each State. One characteristic observed in the case in point is that pandemic-related health measures have been managed by the health ministries and the presidencies, without timely advice from the specialized agencies during the initial approach stages and, as a result, measures are not being taken efficiently and expeditiously.

1.9 It is considered that the guidelines that must be followed in order to devise applicable and long-lasting measures must be consistent with World Health Organization (WHO) provisions, holistic in approach and international in scope. The best means of achieving such interaction is therefore provided by ICAO through CAPSCA.

1.10

2. **BENEFITS OF “RECOGNITION OF A COMMON HEALTH CORRIDOR IN PANDEMIC READINESS”**

2.1 The benefits to States and the industry from “Recognition of a common health corridor in pandemic readiness” have been identified as follows:

- action taken on ICAO’s invitation to strengthen cooperation among States;
- zero resource investment by signatory States in rescreening the travelling public for health checks;
- avoidance of duplication of controls owing to the validation of procedures;
- public health benefits from measures common to the signatory States in the event of a pandemic;
- sharing of each State’s best practices; and
- Inter-State borders kept open in the event of a pandemic.

3. **ACTION**

3.1 The Assembly is invited to:

- a) take note of the content of this working paper;
- b) promote the benefits accruing to States from having in place “Recognition of a common health corridor in pandemic readiness”;
- c) foster the signing of general regional bilateral and/or multilateral agreements with a view to the facilitation of processes, procedures and measures, to which specialized topics are attached as Technical Annexes;
- d) stress that the greatest advantage of implementing “Recognition of a common health corridor in pandemic readiness” is to ensure continuity of civil aviation operations, related activities of the aeronautical industry in general and economic activities among signatory States;

- e) provide complementary technical assistance for the implementation of “Recognition of a common health corridor in pandemic readiness”; and
- f) strengthen the CAPSCA Project by incorporating therein the necessary mechanisms for the establishment of health corridors

— **END** —