# HIGH-LEVEL CONFERENCE ON COVID-19

## Montréal, 12 to 22 October 2021

## DRAFT REPORT OF THE FACILITATION STREAM
## ON AGENDA ITEM 7

The attached draft report on Agenda Item 7 is presented for approval by the Facilitation Stream for submission to the Plenary.

**Agenda Item 7: Enhancing National Coordination and International Cooperation**

1.1        The Conference considered WP/18 presented by the Secretariat which addressed the improvement of global management of public health risk in aviation by developing a unified framework that will enhance national coordination and international cooperation across multiple sectors in a multi-disciplinary manner to improve the effectiveness of global management of public health risk in aviation within wider disaster risk reduction frameworks. It highlighted the role of national aviation plans to manage public health emergencies in a multi-disciplinary fashion, including through the implementation of provisions in several of the ICAO Annexes, aligned to the Council Aviation Recovery Task Force (CART) recommendations and guidance material for the COVID-19 pandemic. The Conference recognized the efforts of ICAO and the relevant international organizations during the pandemic crisis in support of States and agreed with the recommendations presented in the working paper.

1.2        The Conference considered WP/19 (Revision No. 1) presented by the Secretariat, which noted that enhanced collaboration between public health and civil aviation authorities could be strengthened to facilitate effective air transport operations during the COVID-19 pandemic. Progress in air transport facilitation hinges on the effective coordination of diverse interests and the cooperation on the part of the various government agencies and departments and other concerned stakeholders. The implementation of the National Air Transport Facilitation Programme (NATFP), establishment and active operation of National Air Transport Facilitation Committee (NATFC) or its equivalent, is a proven means of effecting needed improvements in clearance control formalities and coordinated approach between all involved stakeholders in responding to a pandemic. States were also encouraged to use the ICAO Electronic Filling of Differences (EFOD) System, to notify differences and compliance with Annex 9 provisions. The Conference agreed with the recommendations in the paper, highlighting that recommendations a), b), c) and e) are already aligned with existing legislation. The Conference further noted that ICAO is in a process of identifying a pool of Instructors to be certified for delivery of the Annex 9 – *Facilitation* Course. It urged States to ensure effective implementation of Annex 9 – *Facilitation* provisions. With regard to coordination amongst State bodies, including public health authorities, it was noted that NATFCs can play this role albeit the Conference noted that similar arrangements may also facilitate the necessary collaboration. Generally, it was encouraged that States focus on outcomes rather than the specific coordinating body.

1.3        The Conference considered WP/20 presented by the Secretariat which described the complexity of implementing Public Health Corridors (PHC) during a rapidly evolving pandemic situation. It highlighted the enabling role the PHC have played in sustaining vital air transport services through the COVID-19 pandemic. It also highlighted the main challenges in making multifaceted multi-stakeholder decisions during a rapidly evolving situation and discussed the resources made available by ICAO to States to establish PHCs.  PHCs support the aviation community's response to emergencies, and there is the need for the development of a comprehensive multi-scenario framework for implementing PHCs during public health emergencies in a more harmonized and timely manner in the future. The Conference agreed with the recommendations in the paper and noted that the PHC concept is a valid tool to mitigate the negative effects of public health emergencies. As such, ICAO should develop a multi-scenario framework for implementing PHCs during public health emergencies. It emphasized that PHC arrangements must be temporary in nature and should not undermine existing Air Service Agreements.

1.4        The Conference considered WP/21 presented by the Secretariat which outlined the current framework, elements and limitations of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme and proposed additional technical activities to improve the development of guidance material and methodologies supporting implementation. In addition to the technical activities, strategies are proposed to review the CAPSCA framework and governance, and to strengthen the existing CAPSCA framework to enhance both preparedness and response to all types of public health

emergencies, irrespective of the cause of the event. The Conference supported the recommendations in the paper. However, it stressed that proposals to enhance CAPSCA and establishing sustainable funding mechanisms is needed, taking into account the resources available in States during the current circumstances. Additionally, any enhancement of structure should build on the existing collaborative framework across all sectors and stakeholders. It also suggested that ICAO should update and improve its crisis management capabilities through the adoption of best practices and, in particular, the establishment of a more streamlined decision-making process during the initial assessment and response phase of public health and other critical incidents. Mechanisms for quicker decision-making would be needed, including to involve the World Health Organization (WHO) and public health authorities. The Conference recognized the importance of the CAPSCA programme but at the same time, concern was expressed with reference to points 4.1 c) and 4.1 d) of the working paper as the management of public health emergencies and relating decision-making processes are under the responsibility of national Health Public Authorities.

1.5        The Conference considered WP/42 presented by IATA which recognized the work undertaken by ICAO and CAPSCA in responding to the challenges of the COVID-19 pandemic. IATA noted that the global response to COVID-19 has shown the limitations of the current International Health Regulations (IHR) framework. The paper called for reinforcement of the CAPSCA framework to provide for enhanced preparation for future health-related emergencies and more rapid responses to such emergencies. The Conference noted the information in the paper, and supported strengthening the role of CAPSCA as a platform for effective cooperation between aviation and public health authorities. It called for more cooperation between CAPSCA and the WHO and indicated that both organizations should collaborate on health-related matters to develop relevant guidelines, as necessary, in order that aviation be better prepared to respond to future pandemics. It was noted that the WHO remains the lead on issues of science and public health, including vaccination certificate usage and standards and assurance that health credentials must be globally interoperable, secure and trustworthy, and respect privacy requirements while leaving no country behind.

1.6        The Conference considered WP/60 presented by Australia on behalf of the ICAO Asia/Pacific COVID-19 Contingency and Recovery Planning Group (ACCRPG), which noted the work of the ACCRPG to assist Asia Pacific Region (APAC) Directors General of Civil Aviation in ensuring coordination and cooperation of all relevant agencies in the Region for the implementation of CART Recommendations and associated matters. The Conference supported the recommendations in the paper and acknowledged the importance of regional support to national aviation activities.

1.7        The Conference considered WP/63 presented by the African Civil Aviation Commission (AFCAC)[1], which presented the important role of the National Aviation Plan, National Air Transportation Facilitation Programmes and Committees in the cross-sectorial collaboration in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern. The critical role of the CAPSCA also requires active participation by the States. The CAPSCA recommendation for the establishment of Public Health Corridors contributes immensely to the international coordination and cooperation. The Conference agreed with the recommendations in paragraph 3.1 of the working paper, while noting that implementation of recommendation c) regarding Public Health Corridors is at the discretion of States. Beyond the development of plans, it was also suggested that efforts be made to develop relationships between health and

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[1] Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Togo, Tunisia, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

aviation communities and to raise awareness in the health communities of the significant experience of the aviation community in dealing with health-related matters.

1.8        The Conference considered WP/108 presented by the People's Republic of China which highlighted the benefits of strengthening information exchange and sharing as an important measure for National Air Transport Facilitation Committees to promote safe, stable and sustainable restart and recovery of international air transport. The paper also introduced the content, channels, form and principles for such information-sharing mechanisms. The Conference expressed agreement that NATFCs and NATFPs are important mechanisms for dealing with pandemics. With regard to the introduction of new reporting mechanisms, it considered that any proposal for new information exchange tools should be fully examined and the involvement of existing networks, working groups and structures for exchange of information should be prioritized. No new and mandatory mechanisms should be introduced that would add obligations to ICAO and/or its Member States without due consideration of the benefits.

1.9        The Conference considered WP/134 presented by Spain on behalf of the European Union[2] and its Member States, the other Member States of the European Civil Aviation Conference[3], and by EUROCONTROL, which presented recommendations to improve the crisis response capacity of the aviation sector at the global level, to address safety and operational risks resulting from a global health crisis and to create a blueprint for dealing with future crises affecting aviation. The Conference supported the establishment of a more structured cross-sectoral framework for a coordinated and integrated approach with other sectors at national and regional levels. With regard to health certificates, it was emphasized that issuance and use of digital certificates should not be mandatory and that paper certificates should be accepted.

1.10        The Conference considered WP/138 presented by the Bolivarian Republic of Venezuela, which proposed to create mechanisms for international communication and exchange of information concerning the laboratories authorized or certified by States to conduct PCR COVID-19 diagnostic tests that passengers must present upon entry to or departure from a State, in compliance with the requirements of the State health authorities, in order to help unify efforts and criteria for effective border health risk management. The Conference agreed that the work proposed was outside the competence of ICAO but suggested that it could be brought to the attention of the WHO for consideration.

1.11        The Conference considered WP/156 presented by Bangladesh which highlighted the need for collaboration between industry, civil aviation and public health authorities to facilitate effective air transport operations. The Conference supported that States should enhance national coordination and international cooperation in managing risks related to public health during a pandemic, the strengthening of CAPSCA, and the strengthening of the implementation of Annex 9 - *Facilitation* provisions and related activities through the establishment of sustainable funding mechanisms and corresponding human resources.

1.12        The Conference considered WP/157 presented by the People's Republic of China that highlighted the importance of personal protection of flight crew members in preventing COVID-19 from spreading through air transport and discussed how to better carry out protection of flight crew members on the basis of risk assessment of flights, and establish a more scientific and standardized framework for public health emergencies. The Conference acknowledged the importance of personal protection of flight crew members in preventing the spread of COVID-19 by air transport. However, it noted that measures must be evidence-based and guided by a holistic risk management

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[2] Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.
[3] Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Iceland, Republic of Moldova, Monaco, Montenegro, North Macedonia, Norway, San Marino, Serbia, Switzerland, Turkey, Ukraine and United Kingdom.

approach, as advocated by CART. It acknowledged that some measures mentioned went beyond those recommended by CAPSCA and CART and that CAPSCA would engage in further discussion with the People's Republic of China.

1.13        The Conference considered WP/172 presented by the Russian Federation that presented information on the application of innovative technologies and equipment in the Russian Federation for the detection of biological threats associated with the spread of a new infection, which in the future may be used for aviation security purposes. The Conference noted the information in the paper. While it supported innovation in aviation security, it was of the view that there needed to be clear differentiation between health issues and biosecurity threats and that the latter would be better addressed by the Aviation Security Panel or relevant working groups such as the Working Group on Threat and Risk (WGTR).

1.14        The Conference considered WP/179 presented by Saudi Arabia on behalf of the Arab Civil Aviation Organization (ACAO), which reminded the Conference of the Articles of the Chicago Convention relating to Facilitation requiring Contracting States to collaborate in securing the highest practicable degree of uniformity to facilitate and improve air navigation. The paper noted that Annex 9 does not include any specific Standards and Recommended Practices (SARPs) for effectively dealing with pandemic situations in a globally coordinated manner. In the absence of clear guidance and standard procedures available from ICAO, Member States have adopted their own COVID-19 travel protocols, criteria and standards which were often inconsistent with the standards/practices adopted by other States. The Conference noted the information presented in the paper and acknowledged the work already done by ICAO through the CART, the Task Force on Health Issues Outbreaks in Aviation, and the Facilitation Panel. It expressed its support for the ongoing health-related work being done by ICAO to include under Annex 9, a specific chapter relating to health-related provisions. It also stressed the importance of ICAO working within its mandate and not pursuing activities under the competence of other authorities such as WHO and national health authorities.

1.15        The Conference considered WP/182 presented by Paraguay that focused on actions taken by Paraguay to mitigate the risk of the spread of COVID-19 related to the recommendations of the CART. It also highlighted the important role played by the NATFC in all coordination measures and decisions taken in the field of national and international air transport. The Conference agreed that States should give greater importance to the role of NATFCs in ensuring the implementation of Annex 9 SARPs and promote a culture of facilitation.

1.16        The Conference considered WP/186 presented by Chile which highlighted the need for flexibility in the sets of regulations covering facilitation, and also for the participation of health authorities in the elaboration of these regulations. The Conference agreed with the recommendations in the paper and particularly the need for States to invest in greater integration between public health authorities and civil aviation authorities so that effective and proactive responses can be delivered in future public health crises.

1.17        The Conference considered WP/187 presented by Chile that identified key factors to ensure better operational planning, including through the collection of Advance Passenger Information (API) system to help make possible anticipatory adjustments to the health-screening process and the reduction or even elimination of face-to-face screening and facilitate "traveller tracking" systems. The Conference noted the information presented in the paper and recognized the possibility to use advance passenger information for the collection of health-related information in air travel. However, it stressed that data contained in API messages is strictly defined, while issues of confidentiality and privacy must be considered. Therefore, the use of API information and/or government portals for collecting relevant information can be considered, where feasible.

1.18          Information Papers provided by the United Arab Emirates (WP/110), Chile (WP/158), Spain (WP/213), Qatar (WP/191), the Dominican Republic (WP/194), Greece (WP/205), and the Republic of Korea (WP/215) were noted.

1.19          As a result of the discussion, the Facilitation Stream agreed on the following recommendations:

**Recommendation 7/1 –    Enhancing National Coordination and International Cooperation**

That States should:

a)   conduct comprehensive risk assessments considering their contextual factors, risk tolerance and the practical application of public health risk mitigation measures in aviation;

b)   implement national and international cooperation across multiple sectors in a multi-disciplinary manner;

c)   recognize the importance of the establishment of a unified framework;

d)   take necessary measures to ensure a systematic development of NATFP;

e)   ensure effective implementation of Annex 9 provisions, and coordination amongst all relevant agencies, departments of the State, including public health authorities and relevant stakeholders through the implementation of NATFCs;

f)   consider designating an appropriate authority for the Air Transport Facilitation, and allocate necessary resources;

g)   note that additional Instructors are being identified to be certified, in order to establish a pool of trainers for delivery of the Annex 9 - *Facilitation* Course, and consider nominating facilitation experts from their State, to become Instructors;

h)   request the relevant authorities within their State to use the ICAO EFOD System, to notify differences and compliance with Annex 9 provisions, and that appropriate access is granted to those persons responsible for the implementation of Annex 9 provisions;

i)   ensure that those measures mandated by the health authority that have an impact on the aviation industry are understood, evaluated and, if necessary, supplemented by aviation stakeholders prior to their enactment, in particular by the entity in charge of facilitation;

j)   in conjunction with the participation of the health authority in the formal facilitation bodies, promote the collaborative implementation of any operational adjustment in the aviation industry pursuant upon the health regulations, through tactical task forces in which the impacts of these measures are presented and evaluated so that they can be appropriately applied in accordance with the operational context;

k) ensure a better and more fluid flow of information to the health authority, so that its management of airport processes, traveller tracking, or any other process directly or indirectly related to the airline industry, is more efficient. To this end, the controlled use of operational information, API and passenger information provided to government portals can be useful. Accordingly, consideration might be given to possible agreements between public and private bodies to provide the health authority with such information to meet the urgent needs for the information necessary for efficient and effective health monitoring;

l) recognize the importance of the development of a multi-scenario framework for implementing PHCs safely during public health emergencies taking into account that PHCs are temporary arrangements that must not undermine existing Air Service Agreements;

m) continue to provide support to ICAO in progressing the work on PHCs, including providing information and lessons learned on PHC that has been established, amended, paused or suspended;

n) use the PHC Application to facilitate discussions for bilateral and multilateral agreements to open air routes between States and regions;

o) recognize the importance of CAPSCA and become members of CAPSCA, and ensure that the relevant national agencies participate within their CAPSCA membership; and

p) to the extent feasible, make available financial and human resources to participate in CAPSCA activities.


That ICAO should:

a) develop a unified framework to improve the effectiveness of global management of public health risk in aviation together with relevant stakeholders;

b) ensure alignment of this unified framework with other United Nations organizations policies, principles, and disaster risk reduction frameworks;

c) recognize the potential for disease transmission associated with air travel (on aircraft, in airports, and ground transportation);

d) work in conjunction with WHO to develop and promote a harmonized response for mitigating disease transmission associated with air travel;

e) develop a multi-scenario framework for implementing PHCs during public health emergencies in close coordination with relevant stakeholders;

f) review the CAPSCA framework and governance to optimize preparedness planning and response to public health emergencies;

g) support the strengthening of the CAPSCA framework; and

h) 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.


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