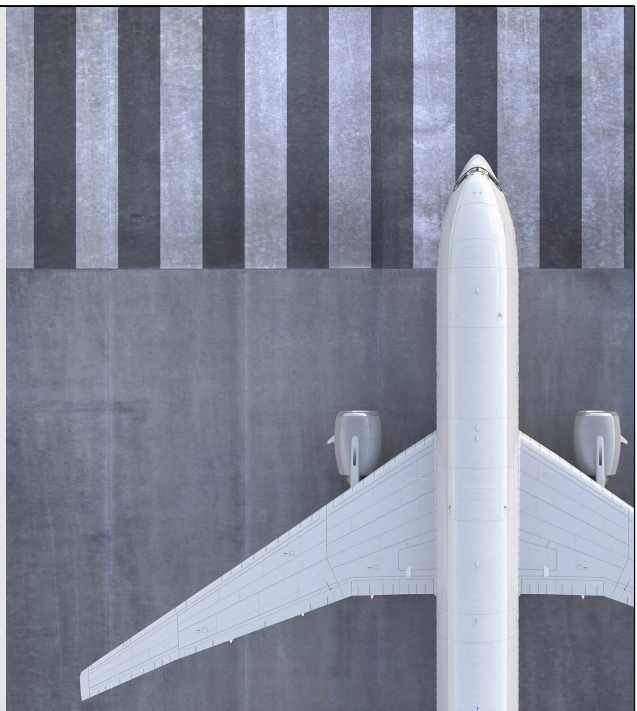


# COVID-19: Will we be better prepared next time?

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Thanks Chris.

I've been working on COVID-19 - alongside IATA's Medical Adviser - since the very beginning of the outbreak, so for almost 3 years.

In particular, I was at the heart of IATA's industry restart effort and have also been heavily involved in work at ICAO. Today's presentation draws on my experiences of the global response to COVID to highlight the importance of preparing for future health emergencies.

To help illustrate this, we have set up a fictional scenario of a future pandemic which we call COVID-2030. This is absolutely not a prediction - we don't know when the next health emergency will be and we hope that it won't be for many, many years. But there is a widespread view that public health emergencies may be more frequent in the future.

The critical point, and the central message of this presentation, is that the actions that governments take now to incorporate the lessons learned from this health emergency will determine our ability to respond to the next one.

## **"COVID-2030": Applying lessons learned**

1. Proportionate, risk-based and time-limited health measures
2. Mutual-recognition of health credentials
3. Clear and timely communication from governments
4. Economic and social cost of travel restrictions recognized



Let's start by looking a few years into the future. The year is 2030:

- International air connectivity is fully restored and aviation demand has finally recovered beyond 2019 levels around the world;
- After a couple of tough years due to the situation in Ukraine and the struggle with inflation, the global economy is growing again;
- In short, passengers demand is booming and airline financial performance is strong.

All of a sudden the calm is disturbed as reports start circulating of a new and mysterious virus that has been detected and is starting to spread.

The parallels with the start of the COVID-19 pandemic are clear and the initial reaction is anxiety.

But unlike 2020, air travel isn't grounded because governments have done their homework and are better prepared.

In particular, they took action after the pandemic subsided, in 2023 and 2024 to learn the lessons of COVID and get their houses in order.

In today's presentation, I am going to focus on 4 main elements that were different with COVID-2030:

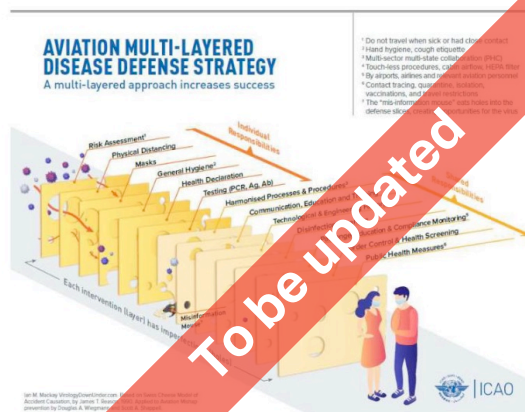
1. Governments moved quickly to implement a set of proportionate, risk-based and time-limited health measures
2. Where passengers had to demonstrate their health status, this was done via government portal and using one of the major digital health credential standards which were all mutually recognized
3. Governments did an effective job of communicating response measures directly with both consumers and industry, so that everyone understood the measures in place and the underlying rationale for them
4. Governments recognized that border measures that restrict travel and trade come at a huge economic and social cost for at best a marginal and temporary health benefit.

In the next slides, I'll set out each of these elements in turn and discuss the actions needed to make them a reality.

## Proportionate, risk-based & time-limited health measures

Fragmented response and lack of coordination has delayed recovery of air travel

- Science-based review of multilayered COVID risk measures
- “Pathogen neutral” framework for responding to future health emergencies
- Transparency around risk assessments
- Air crew prioritized as essential workers



Let's start by looking at the first pillar: development of a set of proportionate, risk-based and time-limited health measures.

The ICAO Council's Aviation Recovery Task Force put together its Take-Off Guidelines, based on a set of multilayered protection measures in about one month in Q2 2020. This was important in facilitating the initial phase of industry restart.

But at that time, we did not know half of what we know now about the virus or about what was effective in limiting its spread and impact. Therefore it made sense to throw all available tools at the problem on the basis that at least some of them were likely to be useful. The chart gives an illustration of the “Swiss Cheese” model that underpins this logic.

We now know that some of those multilayered measures were very ineffective yet led to considerable disruption:

- temperature screening was almost useless;
- additional cleaning and disinfection protocols were time-consuming and costly but had limited impact over and above standard cleaning practices.

We need to learn lessons like these so that we do not dedicate time and resources to measures that simply don't work.

That was one of IATA's key asks of ICAO at the 41<sup>st</sup> Assembly earlier this year and, following strong endorsement from the Assembly, we will be supporting ICAO in delivering a science-based review of the multilayered measures.

The next step will be to use these findings to prepare a framework that can be rapidly deployed in future health emergencies – whatever the specifics of the virus or pathogen that we are facing (that is what I mean by pathogen neutral) – rather than building the plane in mid-flight as we had to do during COVID.

Another key element is for governments to be much more open about their risk assessments and decision-making criteria. It is important for industry and consumers alike to understand the basis of government decisions in order to plan schedules or prepare travel with confidence and certainty.

Lastly, I would like to make special reference to the treatments of air crew. Many of you will be familiar with the statistic that Cathay Pacific air crew spent over 73,000 nights in managed quarantine in Hong Kong during 2021 alone – the equivalent of 200 years. Many carriers suspended service to Hong Kong, not because through a lack of custom – air cargo demand in particular was high – but because of the strict rules applying to air crew. Keeping air links open is vital to the shipment of medicines, PPE and vaccines to affected areas as well as for keeping supply chains moving. That requires air crew and for future pandemics their importance should be more fully recognized.

## Mutual recognition of digital health credentials

EU DCC and other digital certificate platforms were a COVID success story

- Capabilities developed during COVID-19 maintained and enhanced
- Mutual recognition between 4 main health credential standards
- WHO “Yellow Card”
- Government Portals in place for the collection of traveler information



Moving to digital health credentials, these were a COVID success story. Now is the time to build on that success to create a solid platform for the future.

The first part of that is to maintain and enhance the capabilities developed during the pandemic. IATA is concerned at the possibility that the legal basis underpinning the EU-DCC could be dropped next year. The DCC is not needed given now. But it should be mothballed not dismantled

Next, the four main certificate standards that have emerged should work to ensure mutual recognition between themselves and the WHO should continue its work on a digital International Certificate of Vaccination of Prophylaxis – the so called “Yellow Card” - to provide a universal and global document

And where governments determine that they require traveler health information in advance of travel, this information should be collected directly from travelers through dedicated web portals. There are many positive examples from the pandemic and Governments should learn from these. Using portals avoids the need for airlines to handle and interpret sensitive health information – avoiding data privacy and protection issues and taking the airlines out of the role of being de facto health inspectors that they were forced into during COVID.

## Clear and timely communication from governments

Frequent, short-notice rule changes caused confusion and undermined confidence

- Governments communicate response measures directly with consumers and industry
- Coordination between States in terms of measures applied
- Effective collaboration and engagement between travel and health sectors
- ICAO and WHO as global data repositories of measures in force



A critical point is communication. Governments need to do a much better job in terms of communication with both consumers and industry. This is another area where our experience was that governments relied on industry to communicate with the public. But in many instances, airlines were as confused as travelers as to what the rules were and how they were being implemented.

Of course, better coordination and consistency across States in terms of what measures were being applied would make the communication task much simpler.

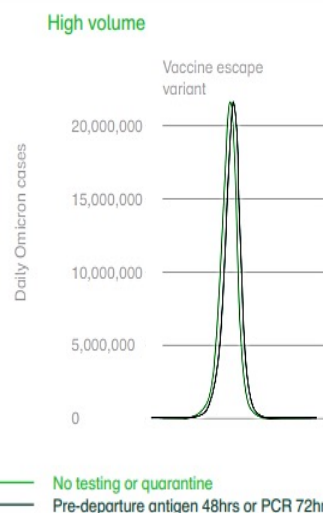
And much better collaboration and engagement between aviation and health sectors would not only enhance understanding on the industry side of what governments were doing and why, but it would also give industry stakeholders a chance to ensure that measures are applied in a user-friendly way and empower industry to explain the role to our customers.

Lastly, ICAO and WHO have a role to play in terms of providing a single global repository of information on health measures.

## Economic & social cost of travel restrictions recognized

Impacts on wider economy and society could take years to become apparent

- COVID border measures put \$1.7 trillion of economic activity and 44.6 million jobs at risk in 2020\*
- 85% of businesses surveyed reported the negative impact of COVID measures on their businesses
- Keeping aviation operating critical to supply of vaccines, medicines and PPE
- Border measures had only marginal impact vs Omicron despite huge cost of testing and quarantine regimes



\*ATAG figures

Source: OXERA

— No testing or quarantine  
— Pre-departure antigen 48hrs or PCR 72hrs



The final pillar of our enhanced pandemic response framework is a greater understanding of the economic and social disruption that COVID travel restrictions caused – not just to the aviation industry but to those sectors that depend on air travel to do business – whether that be meeting clients, winning contracts, providing services

Our partner organization ATAG estimated that in 2020 alone, COVID put \$1.7trn of economic activity and 44.6m jobs at risk

In our recent survey of European businesses in 5 key European markets, 85% of businesses surveyed reported that COVID measures had a negative impact on their ability to do business

And of course, I have already mentioned the importance of keeping aviation moving to pandemic response itself.

Against these very severe negative consequences, COVID has largely confirmed the received wisdom before the pandemic that border measures offer only a temporary benefit in delaying the spread of a pandemic.

- Modelling carried by OXERA found that with the Omicron benefit, additional measures such as testing or quarantine bought at most 2 days' time in terms of delaying the peak of infections. And had virtually no impact at all on the scale of the peak.
- Similar evidence is starting to emerge around the world and it is vitally important that governments carry out such review exercises and learn the lessons so that the instinct in future is not to simply close borders.

## **“COVID 2030” Pandemic Preparedness Priorities**

1. Proportionate risk-based and time-limited health measures
2. Mutual-recognition of health credentials
3. Clear and timely communication from governments
4. Recognition of Economic and social cost of travel restrictions



**So, to summarize, by focusing on these 4 priorities, governments managed to minimize the impact of COVID-2030 on travel and their economies and societies.**

**But that was only possible because they took the time after the pandemic to learn the lessons and prepare for next time.**

**With that, I conclude my remarks and am happy to take questions**

Thank you

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