



# Funding of health measures at airports

Governments must abide by existing guidance related to health-related infrastructure at airports from the World Health Organization (WHO) and International Civil Aviation Organisation (ICAO)

## SITUATION

Following the 2019-2020 outbreak of COVID-19, several countries or authorities have either introduced or are contemplating additional screening measures at airports. Some measures are also being considered to prevent the spread of communicable diseases.

Without clear guidance for the global industry, there is a risk that a variety of different measures and funding mechanisms are implemented.

## IATA POSITION

IATA encourages governments to coordinate the deployment of health-related infrastructure and measures at airports. This must be done not only nationally but internationally. A patchwork of different frameworks risks confusing travelers, introducing inefficiencies and causing unnecessary additional compliance costs on airports and airlines. Airlines and airport operators should be included in discussions to assess the practicalities of implementing the proposed solutions.

Ultimately, the goal of public health measures is to protect the general population, in many cases beyond passengers and employees working at airports and on aircraft. As such, these measures should be funded by the general public health budget.

Article 40 of the WHO International Health Regulations<sup>1</sup> states that there should not be any charge related to medical examinations, vaccinations, isolation/quarantine, health measures applied to baggage or issuance of health certificates. Accordingly, there should be no charge to passengers for these services, infrastructure and equipment either directly or indirectly through charges to airlines nor through taxes on passengers.

Through its Doc. 8632, ICAO urges Member States to follow the ICAO policies on taxation and to not impose taxes on the sale or use of international air transport. It is noted that anything contrary to this could create impediments to the sound recovery and development of air travel and the State's economy at large.

Additional health-related measures beyond those described above should comply with the principles of the WHO regarding non-discriminatory cost-recovery and ICAO policies. Health-related infrastructure for screening of crew should be adapted to limit the impact on aircraft operation.

The principle of non-discrimination should apply to both operational and financial aspects of health-related measures, while recognizing the need to vary these measures based on risk category. International travelers or airlines should not be asked to subsidize a country's health measures in the same way as domestic passengers or airlines should not subsidize measures for international travelers.

All efforts should be made to accommodate health screening measures within the existing infrastructure. While airlines should not be required to perform tasks on behalf of government authorities or airports, if this is done for practical reasons any associated costs incurred should be covered by the State and reimbursed to airlines.

Operational disruption should be minimized while efficient passenger flows and level of service are maintained. Major infrastructure projects for temporary requirements should be avoided to minimize unnecessary expenditure in infrastructure. To the extent possible, the measures implemented should be temporary in nature and removed once no longer needed.

<sup>1</sup> WHO International Health Regulations 2005, 3<sup>rd</sup> edition

## KEY ELEMENTS TO CONSIDER

- Consistent passenger and crew experiences, based on ICAO CART guidance help to reassure travelers and citizens regarding the consistency, quality and effectiveness of health-related measures
- There should be no charge to international passengers or airlines via charges or taxes for the recovery of health-related measures as described by the WHO. Hence, no such charges or taxes should be levied directly on passengers or indirectly on airlines and where the associated costs of any health-related measures should be covered through existing fiscal/budgetary measures
- Health-related measures requiring equipment and floorspace come at a cost which should not be borne by airport operators or airlines but by the authority requiring the measures
- While governments are responsible for public health policy, consultation with airlines, airports, and industry bodies should take place before decisions are made on implementation of health-related measures
- Health-related measures beyond those outlined by the WHO as being non-chargeable should be temporary, optional, and charged on a non-discriminatory and pure cost-recovery basis
- Where airports intend to implement health measures, particularly when these are not mandated by health authorities, these measures must be consulted with airlines before implementation to ensure alignment, effectiveness and transparency. This also includes a discussion on how non-aeronautical activities financially contribute towards covering the cost of protecting public health.
- Operational solutions should be identified by airports and airlines to use existing airport infrastructure as efficiently as possible.