
Updates from WHO

Fourteenth Meeting of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation - Asia Pacific (CAPSCA-AP/14)

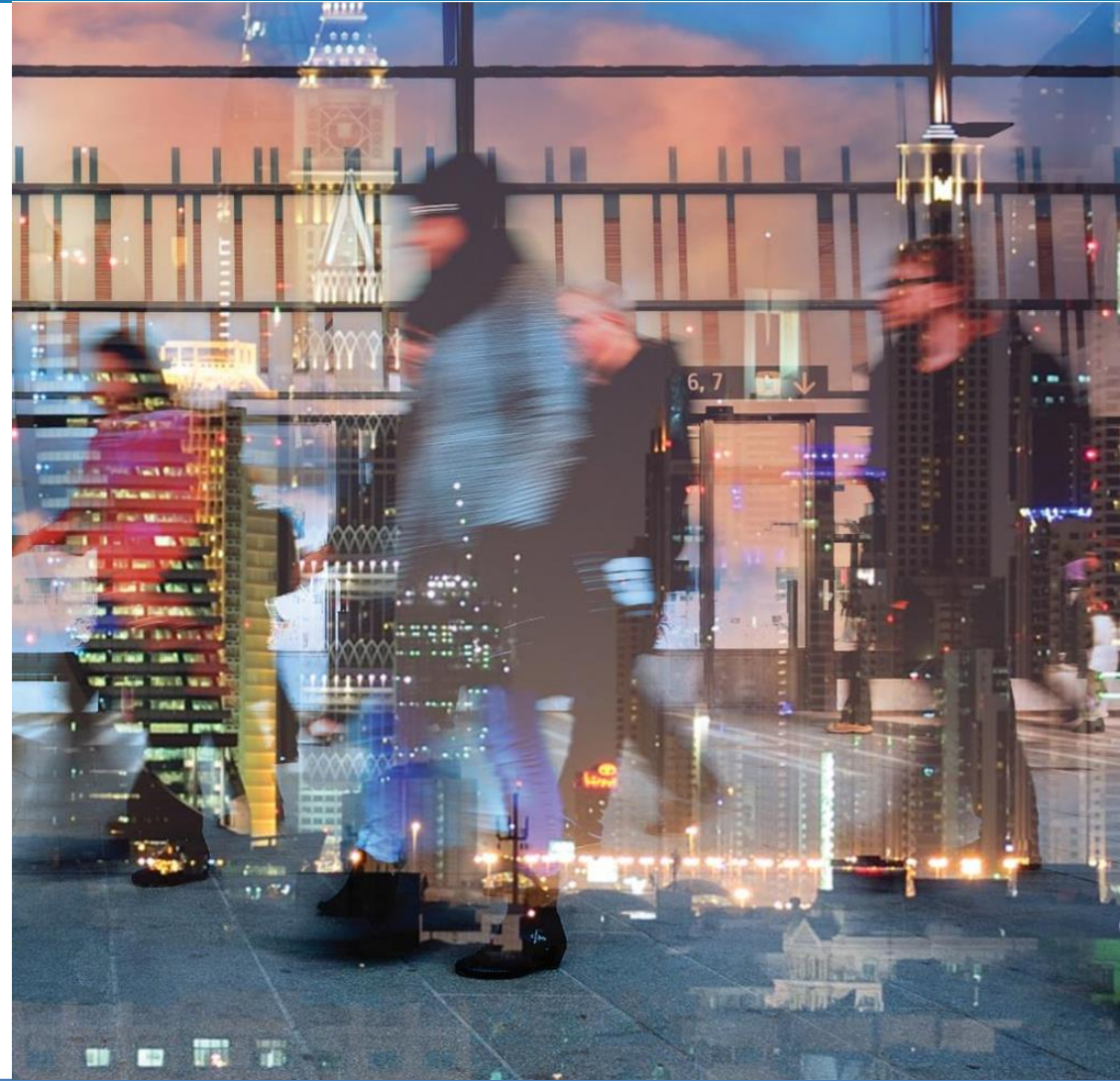
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Outline

- 1. The Seventy-fourth World Health Assembly – Key updates**
- 2. WHO guidance on risk-based approach for international travel**
- 3. Digital Documentation of COVID-19 Certificates**

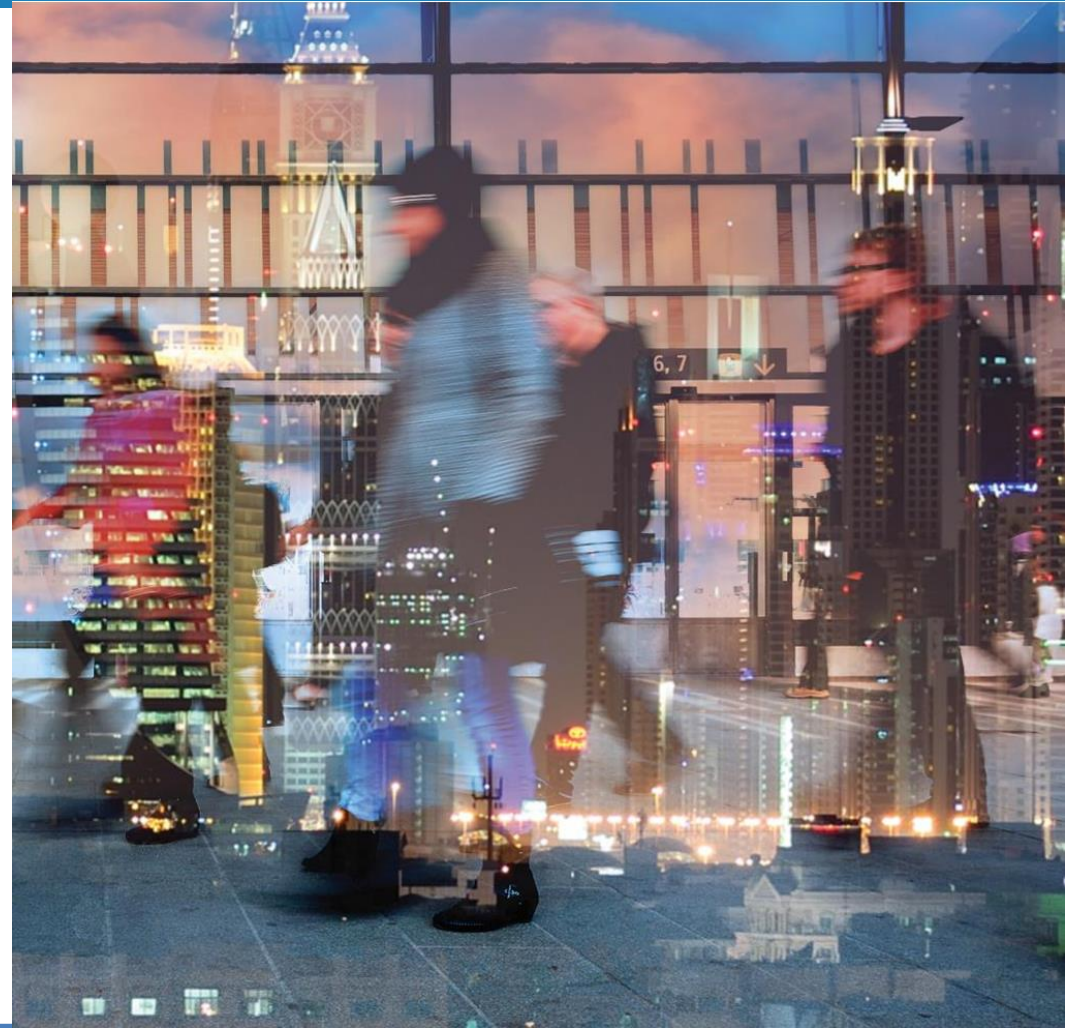


1. 74TH WORLD HEALTH ASSEMBLY – KEY UPDATES

2. WHO GUIDANCE ON RISK-BASED APPROACH FOR INTERNATIONAL TRAVEL

Overview

- Risk-based approach to international travel in the context of COVID-19 – Dec 2020 interim guidance
- **Key updates ongoing:**
 - 1) Inclusion of variants in risk assessment
 - 2) Proof of COVID-19 vaccination and recovery
 - 3) Updated evidence-based recommendations on travel-related measures



Risk-based approach to international travel in the context of COVID-19

Interim guidance Considerations for implementing a risk-based approach to international travel in the context of COVID-19

Considerations for implementing a risk-based approach to international travel in the context of COVID-19

Interim guidance
16 December 2020



Key points

- During the COVID-19 pandemic, international travel should always be prioritized for emergencies and humanitarian actions; travel of essential personnel, repatriations, and cargo transport for essential supplies such as food, medicines, and fuel.
- As countries gradually resume international travel, introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2, should not unnecessarily interfere with international traffic and should be based on a thorough risk assessment that is conducted systematically and routinely.
- Decision makers in Member States can conduct risk assessments through a mixed-methods approach (explained in this document and an accompanying risk assessment tool) to calculate the additional burden presented by possible importations of COVID-19 cases and decide policies on that basis of whether they have the capacity to cope with this burden.
- International travellers should not be considered by nature as suspected COVID-19 cases or contacts. Therefore, WHO does not recommend travellers as a priority group for testing.
- The use of "immunity certificates" for international travel in the context of COVID-19 is not currently supported by scientific evidence and is therefore not recommended by WHO.
- The overall health and well-being of communities should be at the forefront of considerations when deciding on and implementing international travel-related measures.

Background

As the COVID-19 pandemic continues, Member States should take appropriate measures to reduce transmission of SARS-CoV-2, the virus that causes COVID-19, during international travel, recognizing that comprehensive public health measures adapted to the local epidemiologic context and capacities can mitigate the risk substantially but cannot achieve "zero risk". Therefore, a risk-based approach to international travel is needed.

The World Health Organization (WHO) advises that international travel should always prioritize emergencies and humanitarian actions (such as emergency medical flights and medical evacuations); travel of essential personnel (such as emergency responders, providers of public health technical support, and critical personnel in the transport and security sectors such as seafarers); repatriations; and cargo transport for essential supplies such as food, medicines, and fuel.

This interim guidance document provides national authorities with a step-by-step approach to decision-making for calibrating risk mitigation measures and establishing policies for international travel. It is divided into three main sections: risk assessment, risk mitigation and risk communication. The risk-based approach and related considerations apply to international travel via air, sea¹ or land between countries, territories or sub-national areas². The document aims to support countries in the gradual resumption of international travel with the main objective of reducing travel-associated exportation, importation and onward transmission of SARS-CoV-2 while avoiding unnecessary interference with international traffic.

The document builds on earlier WHO interim guidance documents on surveillance, public health and social measures, infection prevention and control and risk communications and community engagement, adapting their recommendations to the specific context of international travel and within a risk management framework. It is the result of extensive consultations across all relevant departments and Regional Offices of WHO, as well as with the members of the Strategic and Technical Advisory Group for

¹ For the purpose of this document, sea travel relates to international voyages via sea or an inland body of water. Nonetheless, cruise ships are out of the scope of this guidance given the many specificities of this type of conveyance.

² To facilitate the reading of this guidance document, the formulae "countries, territories or sub-national areas" will hereinafter be referred to as "countries" or "country".

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- **Currently being updated.**
- Same structure and key components of the risk-based approach:
 - 1) risk assessment
 - 2) risk mitigation
 - 3) risk communication

Related documents already published:

- Scientific brief on COVID-19 natural immunity (available [here](#))
- Updated interim guidance on considerations for implementing and adjusting public health and social measures (available [here](#))

Risk assessment

Same assessment criteria:

- The **local epidemiology** in departure and destination countries
- **Travel volumes** between countries
- The **public health and health services** capacity and performance in destination countries
- **Public health and social measures** in departure and destination countries
- **Contextual factors**, including economic impact, human rights and feasibility of applying measures, among others

Refined assessment questions to account for impact of newly detected variants:

- There will likely continue to be elevated **risks of exportation and importation** of cases between countries via international travel, including of **new VOIs and VOCs**.
- The **impact on countries** will depend on multiple factors: countries with already **overwhelmed or weak health system and public health capacities** may find the risk of importation and potential related onwards transmission too high.
- Any measures imposed must be **time-limited; not prejudiced towards countries sequencing and sharing findings**; based on **thorough assessments** of risk; and continuously **adapted to emerging information**.



Risk mitigation (1/3)

Same recommendations on risk mitigation measures, **backed up by updated scientific evidence on their public health effectiveness and broader impact:**

At population level

Basic risk mitigation measures	Supplementary risk mitigation measures
<ul style="list-style-type: none">• Travel advice• Self-monitoring for international travelers<ul style="list-style-type: none">○ 14 days on arrival, and report symptoms and travel history to local health authorities• Multisectoral coordination and planning for disease prevention and control, surveillance, and case management• International contact tracing<ul style="list-style-type: none">○ Through rapid information sharing through national IHR focal points• Environmental controls & PHSM at points of entry and on board conveyances<ul style="list-style-type: none">○ Crowd Control○ Engineering Modification○ Enhanced compliance	<ul style="list-style-type: none">• Exit and entry screening for signs and symptoms• SARS-CoV-2 testing for international travelers<ul style="list-style-type: none">○ When resources are limited, avoid significantly diverting resources from settings and patients where testing can have a higher public health impact• Quarantine for international travelers<ul style="list-style-type: none">○ If a country implement quarantine, a thorough risk assessment needed; respect of travellers' dignity, human rights and fundamental freedoms



Risk mitigation (2/3)

- International travelers are not suspect cases or contacts of COVID-19 by default.

Testing for SARS-CoV-2 among international travellers

- Healthy travellers should not be a priority group for testing, particularly where resources are limited, to avoid diverting resources from high-risk settings and groups
- If a country has sufficient testing capacity for all high-risk settings and groups, and decides to implement testing for international travellers, it should do so based on a risk assessment and use appropriate types of assays.
- If antigen-based RDTs are used, ensure that they are of good quality and that confirmatory testing by NAAT is readily available for any potential false positive results

Quarantine of international travellers

- If quarantine for international travellers is implemented, ensure a risk-based approach is used, and that their dignity, human rights and fundamental freedoms are protected as outlined in the IHR (2005)



Risk mitigation (3/3)

At individual level

- **Vaccination:**
 - Proof of vaccination against COVID-19 should not be used as a condition for exit into or exit from a country.
 - Countries may consider exempting from SARS-CoV-2 testing and/or quarantine requirements to incoming international travellers who are considered “lower-risk” (this option is under review).
 - Travellers who are fully vaccinated at least two weeks prior to travelling, with COVID-19 vaccines listed by WHO for emergency use or approved by a stringent regulatory authority
 - Travellers who have proof of previous SARS-CoV-2 infection confirmed by RT-PCR received within the past 6 months and are no longer infectious.
 - Regardless of the above, any testing/quarantine measures in place should continue to be guided by a risk assessment.
 - Countries with a low risk tolerance may prefer not to implement this individualized approach
 - Concerns about possible transmission of immune-escape variants.
 - National authorities may record proof of COVID-19 vaccination in the WHO-issued “yellow booklet”, under the section “other vaccinations”



3. DIGITAL DOCUMENTATION OF COVID-19 CERTIFICATES

7th meeting of the International Health Regulations (2005) Emergency Committee on COVID-19 pandemic

Advice to WHO

Health Measures in Relation to International Traffic

14. Continue to update the WHO interim position on the considerations regarding requirements of proof of vaccination and to produce **interim guidance and tools related to standardization of paper and digital documentation of COVID-19 travel-related risk reduction measures** (vaccination status, SARS-COV-2 testing and COVID-19 recovery status) in the context of international travel.

Recommendations to State Parties

Health Measures in Relation to International Traffic

10. Do **not require proof of vaccination as a condition of entry**, given the limited (although growing) evidence about the performance of vaccines in reducing transmission and the persistent inequity in the global vaccine distribution. States Parties are strongly encouraged to acknowledge the potential for requirements of proof of vaccination to deepen inequities and promote differential freedom of movement.

Revised Expected outputs for WHO

SPECIFICATIONS & GUIDANCE DOCUMENTATION

1. Specifications document for a **Digital Documentation for COVID-19 Certificates: Vaccination Status** for national level adoption
2. Specifications document for a **Digital Documentation for COVID-19 Certificates: SARS-CoV-2 tests** for national level adoption
3. Specifications document for a **Digital Documentation for COVID-19 Certificates: COVID-19 recovery status** for national level adoption
4. High level implementation guidance for establishing **national trust frameworks** for issuing and validating trusted DDCCs

COUNTRY SUPPORT

5. **Example implementations** for a digital vaccination certificate
6. **Technical support to LMICs** at varying levels of immunization information system maturity through WHO, expert roster, and multi-agency support mechanisms
7. **Financing** to country-level implementation from COVAX mechanism

GLOBAL DIGITAL SERVICES

8. **Global vaccine product registry** to provide a canonical list of all known and coded vaccines

Key updates to scope

The SVC work was re-scoped in line with mandate and recognized global priorities; mandate and resources were constrained

- **WHO will no longer be establishing specifications for an international trust framework** to validate COVID-19 certificates issued in different countries & **WHO will no longer be creating a public key directory (PKD) to host public keys** Member States will use to sign COVID-19 certificates
- Smart Vaccination Certificate (SVC) guidance will now be referred to as “**Digital Documentation of COVID-19 Certificates (DDCC)**” and will also include digital certificates for SARS-CoV-2 testing and Recovery Status
 - This will remain guidance on digital documentation only, use of that digital document shall be guided by other guidance e.g. recommendations from the IHR Emergency Committee or the guidance on Public Health and Social Measures
 - There will be **three documents** published:
 1. DDCC: Vaccination Status
 2. DDCC: SARS-CoV-2 Testing
 3. DDCC: Recovery Status

What is in the guidance/specifications document?

Requirements and specifications for technology implementers

- ❑ Business processes, workflows & use cases
- ❑ Core data elements mapped to standard terminology code sets (including an annexed spreadsheet)
- ❑ Functional and non-functional requirements
- ❑ Overview of signing a digital certificate with public key infrastructure (PKI)
- ❑ HL7 FHIR (Fast Healthcare Interoperability Resources) Implementation Guide (linked website) detailing relevant standards for consistent representation and interoperability

Implementation considerations

- ❑ Data protection principles
- ❑ Ethical considerations
- ❑ National governance considerations

Roles of WHO and Member States

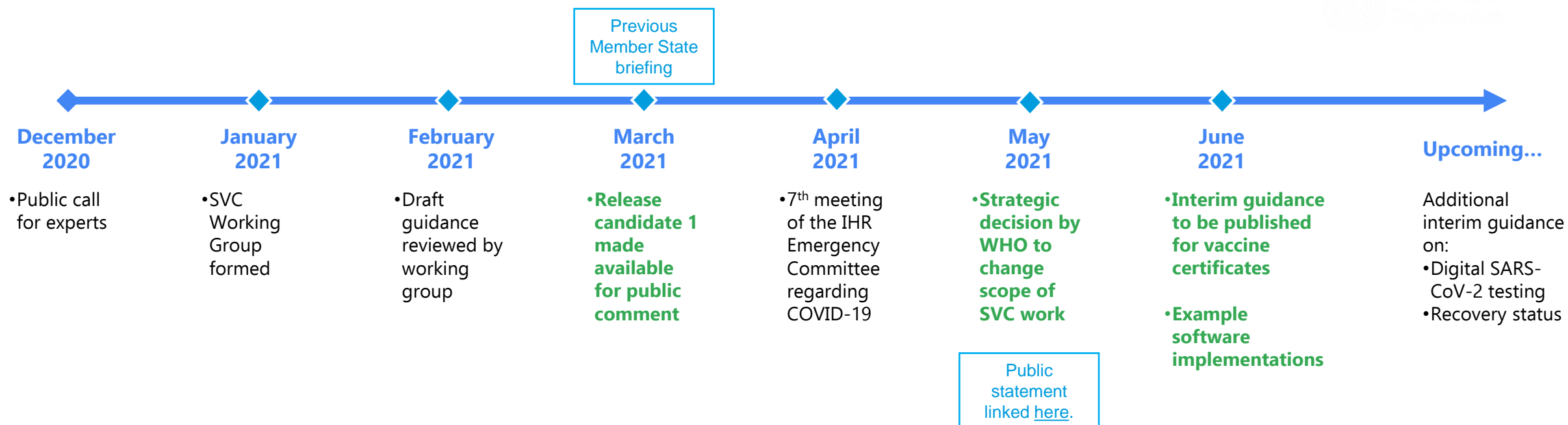
Assumptions for WHO

1. WHO will recommend the **minimum dataset, interoperability standards, core functionalities, and implementation guidance**
2. WHO will have an **example implementation** based on guidance
3. WHO will **not ever** have access to any **identifiable, personal data** and no personally identifiable data will pass through WHO

Assumptions for member states

1. Member states will choose the **modalit(ies)** they want to implement the COVID-19 vaccine certificate (e.g. paper, smart phone application, etc.)
2. There can be multiple point of service solutions based on **what member states want** to implement
3. Member states will be responsible for implementing the necessary **policies to support** the issuance and verification workflow
4. Member states will determine **which trust frameworks** they want to use for validation of COVID-19 certificates & establish bilateral or regional agreements that outline the governance process for establishing trust accordingly
5. Member states will **determine the mechanism for unique identification** (e.g. health ID, national ID number, passport number, etc.)

Smart Vaccination Certificate work up until now



THANK YOU

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