

CAPSCA Symposium

WHO policy and technical guidance and key operational actions

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Dr Ninglan Wang

Unit Head

Border Health and Mass Gatherings
Country Readiness Strengthening Department
WHO Health Emergencies Programme

Temporary recommendations in relation to international traffic following the 10th meeting of the IHR Emergency Committee on COVID-19



- [COVID-19 IHR Emergency Committee](#)
- [Statement on the 10th meeting of the COVID-19 IHR EC](#)

- **Lift or ease international traffic bans as they do not provide added value and continue to contribute to the economic and social stress experienced by States Parties.** [Link to WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant](#)
- **Do NOT require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel** given limited global access and inequitable distribution of COVID-19 vaccines. [Link to WHO interim position paper](#) and [to WHO guidance](#)
- **Recognize all vaccines that have received WHO Emergency Use Listing and all heterologous vaccine combinations as per SAGE recommendations**, including in the context of international travel. [Link to interim recommendations for heterologous COVID-19 vaccine schedules](#) and [Link to WHO Emergency Use Listing](#)

Next IHR Emergency Committee COVID-19 will take place on **11 April 2022**

WHO guideline development process

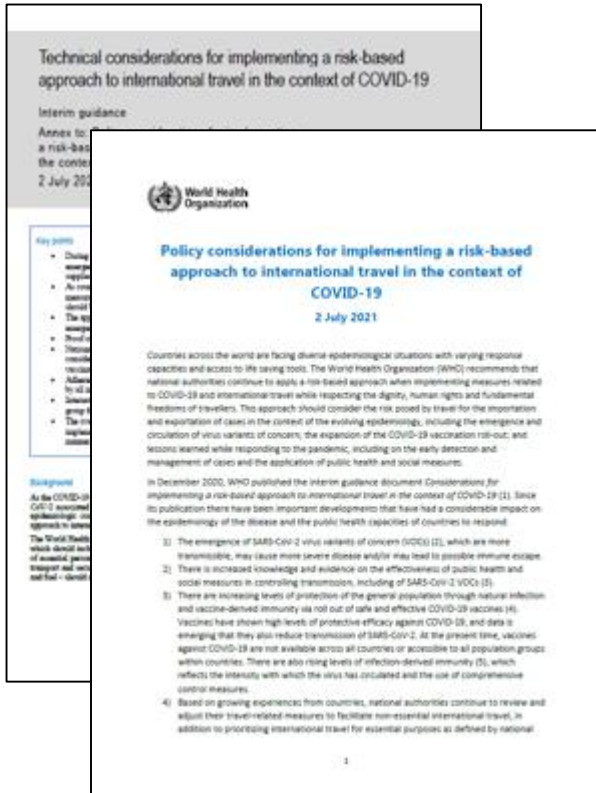
- **Guideline Development Groups** – external groups of independent experts (act in individual capacity) convened to finalize scope and key questions for guidance, review available evidence and finally agree on recommendations.
- **Systematic reviews** – “a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to extract and analyse data from the studies that are included in the review” ([WHO Guideline Development Handbook](#)).
 - **Defined search and analysis strategy** to find available research and data, i.e. not cherry-picked.
 - **Rapid reviews** can omit or modify some steps (i.e. scope of questions, study designs, databases searched, languages included, search dates) and permit study designs to lower down the evidence hierarchy (e.g. expert evidence but not just “expert opinions”).
- **Conflicts of interest** must be declared and the **search strategy** must be **transparent**.

Relevant WHO policy and technical guidance

WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant (B.1.1.529) (November 2021)

Policy and technical considerations for a risk-based approach to international travel in the context of COVID-19 (July 2021):

- Continue to apply a **risk-based approach to international travel**, accounting for the evolving epidemiological context; increase of vaccine-induced and infection-induced immunity; and lessons learnt on Public Health and Social Measures (PHSMs), infection prevention and control (IPC), early detection and management of cases
- National authorities in countries of departure, transit and arrival may apply a **multi-layered risk mitigation approach** to potentially delay and/or reduce the exportation or importation of the new variant, **using risk assessment process.**
- Risk mitigation measures may include entry or exit **screening of passengers, SARS-CoV-2 testing**, and application of **quarantine** to international travellers.



➤ [Link to guidance](#)

Policy and technical considerations for a risk-based approach to international travel in the context of COVID-19 (July 2021)

- All measures should be **commensurate with the risk, time-limited** and applied with respect to travellers' dignity, human rights and fundamental freedoms, as outlined in the IHR (2005).
- **Travel for essential purposes should continue to be prioritized.**
- **Proof of COVID-19 vaccination should not be required as a condition** for entry or exit.
- **Exemptions to testing and/or quarantine requirements** may be provided to travellers who:
 - a. were **fully vaccinated**, at least 2 weeks prior to travelling, with COVID-19 vaccines that are WHO EUL-listed or approved by a stringent regulatory authority;
 - a. had **previous SARS-CoV-2 infection** confirmed by rRT-PCR within 6 months prior to travelling and are no longer infectious.
- **Alternatives should be offered** for travellers who are unvaccinated or do not have proof of previous infection.
- All travellers should continue **adhering to personal protective measures and Public Health and Social Measures (PHSMs)** throughout the travel journey.

WHO-commissioned reviews on international travel in the COVID-19 pandemic and advocacy statements with partners



WHO-commissioned reviews of evidence and methodological guidance:

- [International travel-related control measures to contain the COVID-19 pandemic: a rapid review \(25 March 2021\). Cochrane Database of Systematic Reviews](#)
- [Border closure and travel restrictions to control the spread of COVID-19: an update to a Cochrane review \(25 January 2022\)](#)
- [Evidence review - Public health measures in the aviation sector in the context of COVID-19: quarantine and isolation - 21 May 2021](#)
- [Evidence to recommendations: methods used for assessing health equity and human rights considerations in COVID-19 and aviation](#)
- [Evidence to recommendations: COVID-19 mitigation in the aviation sector](#)

WHO joint statements:

- [ICAO-WHO joint statement on COVID-19 – 6 Mar 2020](#)
- [Joint Statement on prioritization of COVID-19 vaccination for seafarers and aircrew – 25 March 2021](#)

WHO Strategic Advisory Group of Experts on Immunization (SAGE)

- Advises WHO on immunization **global policies and strategies**.
- **SAGE Working Group on COVID-19 Vaccines** was established in June 2020 to provide:
 - Ongoing evidence review of progress of candidate vaccines
 - Guidance to determine vaccine target populations
 - Policy advice on accelerated use of vaccines, including vaccine allocation recommendations when vaccine supply is still limited
 - Equitable access and vaccine safety guidance

Priority-use groups	Subpopulations
<i>Highest</i>	<ul style="list-style-type: none">• Older adults defined on the basis of age-based risk specific to country/region; specific age cut-off to be decided at the country level.• Health workers.[†]• Moderately and severely immunocompromised persons.*
<i>High</i>	<ul style="list-style-type: none">• Adults with comorbidities or health states (such as pregnancy) that put them at increased risk of severe disease.• Teachers and school staff.• Other essential workers outside health and education sectors (examples include police officers, municipal service workers, child-care providers, agriculture and food workers, transportation workers, seafarers and air crews, government workers essential to the critical functioning of the state and not covered by other categories).• Disadvantaged sociodemographic subpopulations at increased risk of severe disease and death because of higher burden of poor health, inadequate access to health services, underdiagnosis of comorbidities, and/or crowded living and working conditions. Efforts should be made to ensure that these groups are equitably included in this high priority-use category.
<i>Medium</i>	<ul style="list-style-type: none">• All remaining adults in neither high nor highest priority-use groups.• Children and adolescents with underlying medical conditions that put them at increased risk of severe COVID-19.
<i>Lowest</i>	<ul style="list-style-type: none">• Healthy adolescents and children.

[WHO SAGE roadmap for prioritizing use of COVID-19 vaccines \(update 21 January 2022\)](#)

Digital documentation of COVID-19 certificates

- **Context:** The use of digital documentation for health certificates increased during the COVID-19 pandemic to prove vaccination status and test results.
- **Key challenges:** incompatibility of different solutions; lack of interoperability between countries/regions leading to challenges in validation/verification; data privacy and protection; lack of access to public key gateway software to issue or verify certificates.
- **WHO actions:**
 - a. **Digital Documentation of COVID-19 Certificates (DDCC)** – [Link to technical guidance for DDCC of vaccination status](#) published in August 2021; similar guidance for test results certificates (negative results and previous infection) expected to be published in March 2022.
 - b. **Reference software** – WHO is supporting the creation of open-source software tools for countries to adapt and use on their own.
 - c. **Yellow booklet** – WHO is currently reviewing the paper-based yellow booklet containing the International Certificate for Vaccination and Prophylaxis (ICVP) to include an additional section on COVID-19 laboratory results and, after that, to work towards a digital format of the booklet.

Key challenges for implementation of public health capacities in the context of international travel during public health emergencies



- **Lack of evidence** or high uncertainty for **new variants of concern/new pathogens** → complexities in producing risk-based and evidence-informed guidance
- **Varying levels of risk tolerance** between countries → difficulty synchronizing international travel-related measures
- Operationalizing the “**precautionary approach**” → use of travel bans and border closures
- **No international definition for essential travel** → disruptions in international traffic for essential purposes
- No **global trust architecture for digital COVID-19 certificates** → challenges of compatibility, validation, verification.
- **Highly multisectoral area; overlapping mandates and programmes of work** across IOs → need for constant close collaboration

Working Group on Preparedness and Response (WGPR)

- Established by the WHA in May 2021, as stated in resolution WHA74.7.
- To **consider the findings and recommendations** of:
 - Independent Panel for Pandemic Preparedness and Response (IPPPR)
 - IHR Review Committee
 - Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
- To submit a **report with proposed actions** for consideration by the **WHA in 2022**.
- Intersessional discussions are currently ongoing on: **equity; leadership and governance; systems and tools; and finance**.

Intergovernmental Negotiating Body (INB)

- Established by the special session of the WHA in December 2021, as per decision SSA2(5).
- To draft and negotiate a **WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.**
- 1st meeting held on 24 February 2022 (session resumed on 14-15 March 2022):
 - Elected Bureau, including co-Chairs.
 - Discussed and agreed on the methods of work.
- The INB will identify **substantive elements of the instrument** and develop a **working draft** for consideration at its **2nd meeting** to be held **no later than 1 August 2022.**
- **Public hearings** on the new instrument to be held **between the 1st and 2nd meetings of the INB.**
- **Progress report** will be presented to WHA in **May 2023**, and the **final outcome** in **May 2024.**

Thank you!

