Tony Blair Institute for Global Change

Keeping Travel Open: A Vaccine Anywhere, A Vaccine Everywhere

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Overview

The latest changes to the UK's travel policy are a welcome step forward in a number of areas. The traffic-light system has been scrapped in favour of a simple red list of countries and the rest of the world. There is also now important consistency for incoming travellers who are fully inoculated with a vaccine recognised by the UK authorities. But while these steps should be applauded, there is still a way to go.

Working towards an inclusive, science-based and common-sense approach will be key to fully reopening travel and tourism, a crucial sector that directly employed 1.7 million people prior to the pandemic.

Few sectors have been hit as hard by the pandemic as travel. Passenger numbers remain at a fraction of pre-pandemic levels, while Heathrow has fallen from the busiest airport in Europe to the tenth – as the EU outpaces the UK in relaxing restrictions. In other words, reopening travel to as many as possible isn't just a matter of fairness – it's an economic imperative.

Current UK regulations prevent hundreds of millions of fully vaccinated people around the world from having their vaccine status recognised, effectively cutting off quarantine-free travel for millions and putting the full recovery of our tourism industry in jeopardy. But it wouldn't take much for the UK to move from sluggish to world-leading. A clear, confident and coherent travel policy would not just benefit the British economy, it could also serve as a blueprint to advocate for change at the G7, the G20 and beyond.

To this end, we call on the UK government to adopt a common-sense approach that:

- Recognises all WHO-approved vaccines for travel purposes

- Doesn't discriminate based on where a vaccine was administered

- Brings much-needed clarity to red-list criteria and requirements for vaccination certification

- Sets out a plan to safely phase out the red list by focusing on boosting genomic sequencing and surveillance and vaccination campaigns abroad

Building on our previous work, we observe that the key to keeping travel open will be focusing on the vaccination status of an individual. Anyone who has been fully vaccinated with a WHO-approved vaccine – regardless of their country of origin – should be free from restrictions. A vaccine anywhere should be a vaccine everywhere.

As we make clear, recognising a vaccine for travel purposes is different from approving it for domestic use and does not require the weight of domestic regulatory bodies. To get the world moving again, all viable vaccines should be recognised for travel.

There is understandable political debate about reopening travel. After all, the biggest threat on the pandemic horizon is a new variant emerging, most likely from a country with a high prevalence of the virus and low vaccination rates. But this only makes it more important that the UK plays a leading role in efforts to return to normalcy: working to vaccinate the world, sharing our expertise in genomic sequencing, and ultimately reclaiming our place as a global hub for travel and tourism.

The UK's New Travel System

As of 4 October, the UK's new streamlined travel policy separates countries into one of just two categories: the red list and the rest of the world. A traveller's entry requirements now depend on two factors: their country of departure and their individual vaccination status.

This is good news for fully vaccinated travellers returning from a non-red-list country. Pre-departure testing and quarantine requirements have been scrapped, with travellers only required to take a day two PCR test. Ministers have even announced plans to replace PCR tests with cheaper lateral-flow tests from late October in a bid to reduce travel costs.

For those not categorised as fully vaccinated, however, the process remains far more onerous. Travellers are required to take a pre-departure test and complete ten days of home quarantine, with PCR tests on day two and day eight.

Vaccination status will make no difference to the red-list restrictions. Only British and Irish nationals, or those with UK residency rights, are allowed to return from red-list countries, and are subject to a ten-day hotel quarantine – irrelevant of vaccination status.

Figure 1 – Summary of requirements for international travel from 4 October

	Fully vaccinated	Not fully vaccinated
Safe to travel country	Take a PCR test on or before day two after arriving in the UK, and complete a passenger-locator form. **No pre-departure test or quarantine necessary**.	Take a **pre-departure test** within three days of return, **quarantine at home** for ten days upon return, take PCR test on day two and day eight of return.
Red-list country (British nationals only)	Take a pre-departure test within three days of return, **quarantine in hotel for ten days** upon return, PCR tests on day two and day eight of return.	Take a pre-departure test within three days of return, **quarantine in hotel for ten days** upon return, PCR tests on day two and day eight of return.

Determining Status: Who Counts as Fully Vaccinated?

The UK's new rules make a traveller's vaccination status more important than ever. Yet under current regulations, only travellers from a select group of countries can be categorised as fully vaccinated, excluding hundreds of millions of fully vaccinated people around the world from the UK's newly relaxed entry requirements.

Location, Location, Location: The UK's Selective Vaccine Policy

Before 4 October, only travellers who had been vaccinated at least 14 days prior to departure, under an approved programme in the UK, Europe or US, could be considered fully vaccinated. As early as July 2021, the government claimed that extending quarantine-free entry to vaccinated travellers from other countries was a priority. Since then, however, restrictions have only been eased for a small group of 18 countries and territories on 4 October and a slightly larger group of 37 from 11 October.

The UK's current policy has left many countries out in the cold. In India, for example, authorities had spoken out against the UK's refusal to recognise vaccines administered in their country. More than half of India's eligible population – some 594 million people – have received at least one dose, the vast majority of which has been an Indian-produced version of AstraZeneca made at the country's Serum Institute.

Covishield, as these Indian-produced doses are known, has been used widely in many approved countries – including the UK itself, which received 5 million doses. But while the UK was quick to clarify that it would accept travellers from approved countries vaccinated with Covishield, it was only following fierce diplomatic criticism that the UK has expanded quarantine-free access to Indian citizens themselves from 11 October.

Which Vaccines Make the Cut?

It's not just a question of where a vaccine has been administered, but also which vaccine. No progress has been made on the promise given in July to work towards recognising all WHO-approved vaccines for entry into the UK.

Even within the select group of countries approved as vaccine providers, the UK still only recognises four vaccines – AstraZeneca, Pfizer, Moderna and Johnson & Johnson's Janssen – two short of the six vaccines currently approved by the WHO.

The UK's continuing refusal to recognise Sinopharm and Sinovac poses a significant challenge to reopening travel. The ban effectively prevents all Chinese travellers from quarantine-free travel to the UK, despite China having fully vaccinated hundreds of millions of its citizens with one of two WHO-approved vaccines. The same is true for fully vaccinated travellers from the 65 countries that have approved Sinopharm and the 40 that have approved Sinovac.

Transparency Is Key: How to Solve the Vaccine Issue

The criteria by which countries are approved as recognised vaccine providers remains notoriously unclear. Minsters claim that certification – not administration of the vaccines themselves – is the primary obstacle to expanding recognition. Under the current system, travellers must be able to produce an approved physical or digital vaccination certificate from a national or state-level public-health body.

But certification is just one piece of the puzzle. It could well be that the government is quietly sceptical of certain countries' abilities to properly administer and track vaccines or, in the case of Sinopharm and Sinovac, of the vaccines themselves. Even the term "certification" itself can be applied broadly; in many cases, it's unclear whether "certification issues" start when an individual is vaccinated or as early as when vaccines arrive for distribution in a country.

In any case, a lack of clear guidance on how the UK reaches its decisions is doing more harm than good. Without transparent criteria on what constitutes acceptable certification and administration, other countries are being left in the dark about what the UK expects them to improve.

Specifying any technical, metadata, audit, data-protection or data-format requirements (such as SMART Health Cards or Fast Healthcare Interoperability Resources), as well as providing feasible routes to certification for travellers without access to smartphones, would go a long way towards clearing up the UK's opaque certification policy.

This lack of clarity is more than just a problem for international travel – the UK's conflicting messaging also threatens to derail domestic vaccination drives in developing countries. The choice initially not to recognise vaccines administered in any African country, for example, has been criticised by the African Union as contradictory.

According to John Nkengasong, director of the Africa Centres for Disease Control and Prevention: "If [the UK] sends us vaccines and we use those vaccines and they say they don't recognise people that have been immunised with those vaccines … it sends a very challenging message for us." And while the latest round of newly approved countries may have included six African nations, there's been no further clarity on when the remaining 48 might be recognised.

So while the processes behind vaccine certification may be complex, the UK's priorities on this issue should be simple. Make decision-making transparent, adopt the core requirements of the WHO's guidance on interoperable Covid certification, and work towards a travel policy that recognises and welcomes any WHO-approved vaccine from any country. This win-win approach would provide much-needed clarity abroad and a vital boost for the UK's beleaguered travel industry.

What Gets a Country Red Listed?

The UK's standards for vaccine certification aren't the only issue causing headaches for governments abroad. The decision-making behind which countries make it onto the UK's red list is also proving similarly opaque.

At present, there are no clear criteria or hard thresholds for what constitutes a red-list country. The Joint Biosecurity Centre (JBC) carries out a rigorous risk assessment of each country or territory, but the decision is ultimately left to the discretion of ministers.

This flexibility is partly a strategic necessity. Purely quantitative assessment is complicated by incomparable and inconsistent data across different countries. Rather than using strict thresholds, the JBC has instead developed a framework that brings together a range of qualitative and quantitative indicators.

These include test-positivity rates, evidence of variants, number of exported cases, genomic-sequencing capability and travel links both with the UK and other countries. These assessments are reviewed once every three months, at a minimum.

Ministers are then presented with an overall risk assessment and an accompanying statement of confidence, both presented on a five-point scale. According to the JBC, ministers are asked to focus on three main areas of concern:

- A country's genomic-sequencing capacity
- The overall Covid-19 transmission risk (including infection and vaccination rates)
- The transmission of variants of concern

A holistic approach to risk assessment is necessary, and while vaccination rates and genomic-sequencing capacity remain low in many places around the world, some form of restrictions based on country of departure may well be unavoidable for the time being.

But moving countries off the red list as soon as possible must be a priority – and the recent cut from 54 to seven countries is a very welcome step in that direction. The current system is highly restrictive, with only British nationals or those wealthy enough to circumvent restrictions by spending ten days pre-

arrival in a "red-list-laundrette" country permitted to return to the UK. It is also unfair: red-list countries are given little clarity on which of the many factors assessed by the JBC ultimately leads to their exclusion.

We must have an end in sight for the red list – and this will require greater effort from the UK government. Working with countries to improve their genomic-sequencing capacity and speed up their vaccination efforts will be far more effective than the red list in protecting the UK from variants of concern. And in the meantime, providing greater clarity on how decisions are made could ensure a fairer, less frustrating process for all involved.

What Approach Are Other Countries Taking?

The UK is not alone in its efforts to strike the right balance in its travel restrictions. But lessons from both the US and the EU suggest there is a way forward for a more inclusive, more confident travel policy.

Figure 2 – Comparing the approaches in the EU and the US

	Is travel permitted from all countries?	Which vaccines are recognised?	Does country of vaccination matter?
EU	Yes (in principle). Individual member states can impose travel bans, but are advised not to.	AstraZeneca Pfizer Moderna Janssen (J&J) Sinopharm (at member states' discretion) Sinovac (at member states' discretion)	No.

US	Yes.	AstraZeneca	No.
		Pfizer	
	Fully vaccinated travellers to be permitted from any country from early November.	Moderna	
		Janssen (J&J)	
		Sinovac	
		Sinopharm	

UK	No (seven countries on the red list).	AstraZeneca	Yes.
		Pfizer	(Only UK, EU, US + 55 other countries and territories accepted)
		Moderna	
		Janssen (J&J)	

Unlike the UK, the EU has no rule about only recognising vaccines administered in certain countries. Under current regulations, anyone fully vaccinated with any of four authorised vaccines (the same ones recognised by the UK) should be able to travel to the EU for any purpose. Member states are also able to extend this policy to any vaccines approved by the WHO, with seven and eight EU countries recognising Sinovac and Sinopharm respectively.

When its travel restrictions relax in early November, the US will take an even more inclusive stance. The Centres for Disease Control and Prevention has announced it will recognise any FDA or WHO-authorised vaccines – including Sinopharm and Sinovac. Both the EU and the US require proof of vaccination on entry.

The US is also planning to open travel to all countries worldwide. Currently, 33 countries – including the UK, Schengen countries and India – are banned from entry due to the prevalence of variants of concern. From early November onwards, there will be no restrictions on country of origin, with entry requirements determined almost entirely by vaccination status.

At a bloc level, the EU recommends allowing fully vaccinated travellers from any country quarantine-free entry. There is also an EU-wide safe list, which identifies countries that member states should work towards removing entry restrictions for – including scrapping the need to prove vaccination status. This list is reviewed every two weeks, with clear criteria provided on acceptable levels of infection as well as vaccination rates.

Clarity Will Keep Travel Open

If there's a lesson to be learned from the EU and US approaches, it's that clarity is key. From November, the US will provide certainty by accepting any fully vaccinated traveller from any country worldwide. The EU provides its own certainty too, in the form of explicit certification requirements and clear standards on what it takes to make it onto the privileged safe list.

This is not to say the UK's red list should be immediately scrapped – at least not until we're better equipped to handle variants of concern – rather that our absolute clarity on which countries have been relegated to the red list must be matched with absolute clarity on how those countries can make their way off it.

Recommendations

The UK should adopt a common-sense approach, in line with the EU and the US, which accepts that when it comes to travel, a vaccine anywhere should be a vaccine everywhere. But we shouldn't be content just to match other countries. Instead, we should work to develop a tech-driven certification system that can make the UK a world leader, both in reopening our borders and helping to strengthen vaccination drives in developing countries. This paper calls on the government to:

- **Align with international best practice and recognise, for the purposes of travel, all WHO-approved vaccines administered in any country.** The red list should be a temporary measure as we move towards an EU- or US-style travel policy where entry is based primarily on vaccination status, not country of origin.

- **Improve certification and provide other countries with a fair and transparent set of criteria on what constitutes acceptable certification,** if this really is the main stumbling block to recognising more countries as approved vaccine providers. By developing a standardised, tech-driven model for certification, the UK could quickly become a global leader in travel policy.

- **Distinguish between administration and certification issues.** In some cases, the UK may well have doubts over the quality of vaccine administration and tracking itself – not just the certification process. This should be sensitively acknowledged, rather than unduly conflated with certification issues. Countries should also be provided with a transparent assessment of exactly what needs to be improved for them to be recognised as an approved provider.

- **Address the UK's mixed messaging.** The UK's refusal to recognise vaccines it has designed (as initially with Covishield) or distributed (as part of COVAX) in India and large parts of Africa has caused reputational damage – not to mention unfairly restricting thousands of travellers. To avoid accusations of hypocrisy, the UK should work with these countries to develop mutually approved certification schemes as soon as possible.

- **Make decision-making transparent.** The JBC is right that inconsistent data and interlocking factors mean hard-and-fast thresholds for red-list countries should be avoided. But making the data on which they base their assessments available for all countries – rather than just those moving between lists, like at present – would help demystify an opaque process and ensure that ministers can be held to account.

- **Tackle certification fraud.** Any move to expand vaccine recognition should be accompanied by enhanced measures to prevent fraud. Pushing for a common certification policy, perhaps within the G20, could help standardise procedures and limit the scope for forged documentation.

- **Give countries benchmarks on how to get out of the red.** We cannot have a "forever red list" – more frequent reviews teamed with clear benchmarks, like those of the EU's safe list, could free the remaining countries from red-list limbo. The UK must recognise that the red list alone will never

stamp out variants of concern, and it must act decisively to promote genomic-sequencing efforts and help vaccination campaigns abroad.

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