Unravelling the Tangle of Global Travel

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Overview

The global travel system is in a tangled mess. As this paper shows, there are significant differences between countries on what vaccines they have validated, whether they require proof of vaccination and even on rules regarding travel testing. The Oxford University/AstraZeneca vaccine, for example, is broadly approved across Europe and in the UK but not in the US. The situation with AstraZeneca is further complicated by the fact that there is confusion over whether the EU will recognise AstraZeneca vaccine batches produced by the Serum Institute of India as valid for travel. In practice, this could mean that UK travellers vaccinated with these batches of AstraZeneca could face travel restrictions within the EU, even though UK authorities have checked the batches and are confident of their efficacy.

As a result, there is tremendous confusion, which is impacting travel and holding back the global economy.

As the world makes significant progress in tackling Covid-19 and learning to live alongside it, we are in danger of making much slower progress with international travel. What is urgently needed is a common approach, with common rules. We believe the World Health Organisation (WHO) should play an enhanced role in authorising vaccines for international travel, and setting standards for Covid travel passes and testing regimes. It would do so by establishing an expert panel, bringing together key figures from across these three policy areas, and working in partnership with the G20 to ensure these new common rules are adopted.

The State of Play on Vaccine Approval

Currently, Moderna, Pfizer/BioNTech and Janssen's Johnson & Johnson (J&J) vaccine are the only three vaccines approved by all three of the following agencies: the European Medicines Agency (EMA), the US Food and Drug Administration (FDA) and the UK's Medicines & Healthcare products Regulatory Agency (MHRA). The AstraZeneca vaccine is currently not approved by the FDA, and the Indian-produced Covishield version of the AstraZeneca vaccine has not yet been approved by the EMA, but several EU countries (Germany, Austria, Ireland, Slovenia, Greece, Spain) have approved the vaccine for arriving travellers.

All four vaccines listed previously have been approved by Health Canada, whereas Australia's Therapeutic Goods Administration (TGA) is yet to approve the Moderna vaccine. In China, the two main vaccines administered are Sinovac-CoronaVac and Sinopharm.

The situation became more confusing on 1 July, when the EU launched its EU Digital COVID Certificate, designed to revive travel in Europe. The pass will use QR codes to securely verify that travellers have received the vaccine or tested negative for Covid-19. Currently, the vaccines approved by the EU Digital COVID Certificate are Moderna, Pfizer/BioNTech, J&J and AstraZeneca with the exception of Covishield.

Member states are also able to unilaterally approve vaccines, as demonstrated by the decision by six countries to approve the Covishield version of the vaccine for travellers. A notable example is Greece, which currently accepts Novavax, Cansino Biologies, Sinovac, Sinopharm and Gamaleya (formerly Sputnik V), which are currently not approved by the EMA, on top of the four vaccines approved by the EMA. While this system does allow tourists with certain vaccines to travel to certain countries, it creates a confusing level of inconsistencies for people looking to travel to and within Europe.

Proof of Vaccination

Demonstrating vaccination status is currently being used as an alternative to presenting a negative test result or proof of previous infection to allow an individual to travel. Based on our research, it does not appear that any country has designated vaccination status as the sole option for being allowed to enter. Instead, the ability to provide proof of vaccination while travelling either reduces strict travel measures or eliminates them entirely for fully vaccinated individuals in some countries. For example, fully vaccinated travellers entering France, Spain, Switzerland, Portugal, Greece, Croatia and Cyprus do not need to take any additional tests or quarantine upon arrival.

In other cases, being fully vaccinated simply reduces the requirements for travel. For example, in Gibraltar, proof of full vaccination will allow UK travellers to skip taking a test before travel. But travellers will still need to take a lateral-flow test 24 hours after arrival and potentially on day five depending on the length of the stay. [1]

Below are some examples of countries requiring proof of vaccination (as part of wider guidance), which shows just how much this varies:

- **Austria:** Travellers must present either a negative test, proof of vaccination or proof of previous Covid-19 infection to enter. Fully vaccinated travellers do not need to quarantine in most cases; a person is considered vaccinated by the Austrian government 22 days after the first dose, for three months from the vaccination date. After the second dose, the validity of the certificate extends for another six months.

- **Bulgaria:** Anyone can enter Bulgaria if they can show they are fully vaccinated or have had Covid-19, regardless of nationality.

- **Denmark:** Anyone who can show proof of vaccination from an EMA-approved vaccine or proof of having had Covid-19 can bypass all testing and quarantine requirements, unless they are coming from an EU red-list country. (This is in line with the EU Digital COVID Certificate requirements put in place by every EU country.)

- **Iceland:** Iceland has relaxed its travel guidance as of 1 July, and vaccinated people do not need to test upon arrival. Children under 16 and travellers who can prove they have had Covid-19 do not need to show a negative test result upon arrival.

- **Norway:** Norway opened its borders to vaccinated travellers from around the world on 11 June and does not require those travellers to test at the border.

- **Spain**: Anyone who has been vaccinated can now enter the country, irrespective of their point of origin. Travellers must show proof of having received the full regimen of a Covid-19 vaccine

approved by either the WHO or the EMA, more than 14 days prior to arrival, or a recovery
certificate, which are valid for up to 180 days.

Existing Initiatives on Vaccine Status

A number of initiatives exist around the world to bring clarity to how vaccine status is displayed. These
efforts are driven by the growing international need for people to be able to prove they are vaccinated in
order to travel. We list a number of these initiatives below.

CommonPass

Recognising that not every government will agree on a common set of entry-rule requirements,
CommonPass is a solution built on the CommonTrust Network and is designed for flexibility and
interoperability. Countries would implement their own border-entry and health-screening requirements,
including whether and what type of lab tests or vaccinations are required. CommonPass then verifies
that incoming travellers' health data satisfies the destination country's entry requirements and generates
a travel certificate that airlines and countries can rely on to allow someone to board a flight or enter a
country.

More specifically, the CommonPass platform lets individuals present the health information they have
accessed from government-approved laboratories and vaccination sites at their point of origin to
demonstrate that they meet the health entry requirements of their destination. If they meet the
requirements, the platform generates a simple yes/no CommonPass certificate that they can use to
demonstrate their compliance without revealing any personal health information.

Good Health Pass Collaborative (GHPC)

The GHPC is a cross-sector initiative that has more than 125 members globally from the health, travel
and technology sectors. Through an open and inclusive process involving more than 120 expert
volunteers, the GHPC has published a Good Health Pass Interoperability Blueprint; the blueprint
defines a new standard for digital health passes that, if broadly adopted, would enable global
interoperability among digital health passes and ensure that core principles – such as privacy, user
control and equity – are firmly embedded as airlines and governments adopt systems to safely restore
international travel.

International Air Transport Association (IATA)

The IATA Travel Pass is a global and standardised solution for regulations regarding Covid-19 passenger travel requirements. Where no travel pass exists, these modules can work together as one complete end-to-end solution. For countries or airlines that have partial systems of their own, the modules can be used separately to complement systems that are others are building or currently use.

IATA is well positioned to support an initiative like this; the entry requirements will use IATA's Timatic database, which has been used by the industry for decades and is easily integrated with airline and airport IT systems. The Timatic database contains documentation requirements for passengers travelling internationally via air – for example, health, passport and visa requirements. In addition, the basic features of the Travel Pass are being built to comply with defined global standards, where they exist.

The EU's Digital COVID Certificate

The EU's Digital COVID Certificate is being rolled out across all 27 member nations, plus Switzerland, Iceland, Norway and Liechtenstein, as of 1 July. The app (or printed paper version for those without access to smartphones) allows EU travellers to show that they have been vaccinated against Covid-19, recently received a negative PCR test result or recently recovered from Covid-19.

However, whether someone has been vaccinated against Covid-19 is only half of the question, as the system only recognises someone as "fully vaccinated" if they have received an EMA-approved vaccine. However, individual EU member states may decide to extend this to travellers from outside the bloc who received another vaccine. [2]

The EU has said that it's working to ensure its digital certificate is compatible with similar products in non-EU countries given it is satisfied that the non-EU certificate complies with EU "standards and systems". [3]

Why a Common Approach to Travel Is Needed

Given the current state of confusion, clarity is required. Although certain countries are putting in place effective frameworks for travel, this isn't a situation that can be resolved without international cooperation and supranational coordination.

It is clear that Covid-19 will be with us for the foreseeable future. Until the whole world is fully vaccinated, no single country is fully safe. A fully vaccinated world is at least a year away. To get back to normal, people need to live alongside the virus safely, including as they travel around the world.

We therefore call for a common global approach to:

Vaccine Recognition

Following the proposals of COVAX, [4] we recommend that all governments recognise as "fully vaccinated" anyone who has received the recommended dosage of Covid-19 vaccines that have been authorised for emergency use by the WHO, and/or by one of the 11 Stringent Regulatory Authorities (SRAs) [5] approved for Covid-19 vaccines, when making decisions on who is able to travel.

Such an approach would not supersede domestic regulators' authority to approve vaccine use for their domestic populations. Rather, adopting this approach would help speed international recognition for vaccination status, thus allowing travel – and ultimately economies – to begin to open up again.

Any measure that only allows people protected by a *subset* of WHO-approved vaccines to benefit from the reopening of travel into and within that region would effectively create a two-tier system, further widening the global vaccine divide and exacerbating the inequities we have already seen in the distribution of Covid-19 vaccines. It would negatively impact the growth of economies that are already suffering the most.

Great care should be taken to avoid any moves that undermine confidence in life-saving vaccines that have been shown to be safe and effective. We have already seen a number of examples globally of where this has happened and it has affected the uptake of vaccines, potentially putting billions of people at risk. At a time when the world is trying to resume trade, commerce and travel, not making the fullest use of viable vaccines is counter-effective, both in spirit and outcome.

Testing Approval

As well as vaccine validation, global coordination is needed to set out clearly which tests can and should be used internationally to facilitate travel. This would involve a clear list of rapid antigen and PCR tests that should be accepted as proof of testing status around the world. This would include guidance on when they should be used pre- and post-travel.

Serology Testing

As this paper shows, certain countries are accepting proof of a recent Covid-19 infection as a valid criterion to enter a country. The EU, for instance, includes this as one of the main criteria in its travel system. This approach, while welcome, is not robust in the long term. To augment it, we believe there is a growing role for serology testing. Such testing would track the levels of antibodies a person has and their likely level of immunity. Serology testing is underdeveloped at present, but we believe it will come to play an important role. We will be publishing more on this form of testing in the coming weeks. Global coordination and leadership will be needed in due course on this issue as well, to fully and correctly harness the potential of serology testing.

A Global Digital Health Pass

Untangling the current travel confusion would be a fundamental step towards opening up travel. However, further advancements would need to take place to ensure a seamless and secured travel experience. A number of initiatives exist to attempt to create a common approach to travel, for instance CommonPass and the EU Digital COVID Certificate. These are welcome but, again, a globally interoperable solution is much needed.

The GHPC highlighted the critical distinction between "digital certificates" – such as those being proposed by the WHO, the EU and the International Civil Aviation Organization (ICAO) – and "digital health passes".

The Good Health Pass Interoperability Blueprint that was launched in June 2021 pointed out that "digital health certificates" are digitally signed copies of an individual's entire vaccination or testing record (e.g., where an individual was vaccinated or tested, which vaccine or test they received, and the batch number); even when data-minimisation principles have been applied, such a certificate may still reveal more personal information than is needed for border-control agencies and airlines to perform their checks. And under certain circumstances, this information can expose travellers to a variety of risks. By comparison, "digital health passes" should be designed to only show the data fields that relevant

personnel would need to see at a given time, and the passes would significantly reduce the amount of personally identifiable and private health information being transmitted and shared. To achieve a seamless travel experience, travellers should also, with the help of the health pass, be able to perform self check-ins prior to arrival at the airport. This will not only reduce any anxiety from not knowing whether they have complied with travel requirements, but it will also eliminate the need for manual checks and queues at check-in counters and immigration checkpoints.

Collaboration and coordination are needed at a supranational level to promote common standards and requirements for digital health passes. Where a pass meets these standards and draws upon a recognised test or vaccine, it would allow a passenger to travel freely and in a privacy-preserving manner.

Global Leadership for a Global Problem

To bring leadership and clarity to the above issues, we believe the WHO should take on an expanded and empowered role. This would allow it to set out a clear framework with which to guide countries around the world.

Building on the GHPC's work and the WHO's convening of the Smart Vaccine Certificate Working Group – and its support on the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (a cross-sectoral programme managed by the International Civil Aviation Organization) – we believe there is scope to advance the multi-stakeholder effort and for the WHO to throw its weight behind a globally recognised framework for health passes.

We recommend that the WHO establish an expert panel, bringing together key figures from around the world and across relevant sectors.

What

This expert group would assess and bring clarity to the following areas:

- **A clear list of globally approved vaccines** that are effective enough for travel. As we have set out, this would not require individual countries to approve the list of vaccines for domestic use; rather, they would be deemed safe enough to allow international travel.

- **A list of tests and accompanying guidance** to form the basis for a clear framework on which tests can be used as part of a safe travel regime, linked to guidance on how these tests should be used (for instance, when to test and how they should be linked to what quarantine measures).

- **A framework to allow the creation of a global digital health pass.** The expert panel, working with industry, would establish the right parameters to coordinate the emergence of digital health passes compatible with travel systems and recognised around the world.

Who

The WHO should establish and oversee an expert panel that establishes global principles on the points set out above. To ensure these principles are supported around the world, the right mixture of participants is needed. We envisage that rapid decisions could be taken by a selection of experts chosen from the wider steering group, which would be made up of the following:

- Representatives from the key regulatory authorities, in particular the UK's MHRA, Europe's EMA and the USA's FDA

- Vaccine experts

- Travel industry bodies such as the IATA

- Testing experts

- Representatives from key initiatives on digital health passes, such as the GHPC and CommonPass

When

Phase 1: The need for global leadership on this issue is urgent. The WHO should set up this expert panel as soon as possible. Its establishment should be supported by the G20.

Phase 2: The working group would publish interim findings across the three key policy areas – vaccines, testing and digital health ID – over the summer. Countries would be given an opportunity over this time to be early adopters of the framework, as well as to provide detailed feedback.

Phase 3: The working group would publish its final framework in conjunction with the G20 this autumn. It would be adopted by, and at, the G20 meeting.

Recommendations

As we have set out, untangling the mess of travel requires common action. The following steps are needed to get the world moving again:

1. Global governments, particularly the G20, should empower the WHO to take a lead on establishing a new framework for facilitating travel. This role would be supported by key governments, in particular by the G20.

2. The WHO should establish an expert panel to investigate and agree global standards on vaccinations, testing and digital ID for travel purposes.

3. This expert panel would set out interim findings over the summer, with government able to be early adopters and/or provide detailed feedback.

4. The working group would publish a final report in conjunction with the G20 this autumn. The report would be adopted by the G20, setting a global standard for other countries to follow.

It is quickly becoming clear that the global aim for Covid-19 policy is to learn to live alongside the virus, accepting some health risks as we do with the flu, but with clear protocols to prevent transmission as far as possible. This latter point is vital particularly in the context of a partially vaccinated world, where the danger of new and more dangerous variants of the virus emerging is real. The world cannot begin to properly recover economically or socially until travel policy is sorted. This paper sets out a framework to make that possible.

Footnotes

1. ^ https://www.telegraph.co.uk/travel/advice/double-vaccine-travel-guide-where-jab-get-you-holidays-quarantine/

2. ^ https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate_en

3. ^ https://www.bbc.co.uk/news/explainers-57665765

4. ^ https://www.who.int/news/item/01-07-2021-joint-covax-statement-on-the-equal-recognition-of-vaccines

5. ^ The 11 Stringent Regulatory Authorities (SRAs) are: Australia (TGA); Belgium (FAMHP); Canada (Health Canada); EU (EMA); France (ANSM); Germany (PEI); Italy (AIFA); Netherlands (MEB); Switzerland (Swissmedic); United Kingdom (MHRA); United States of America (FDA), although for the EU27 countries this is functionally the EMA.

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