



This assessment describes the developing global conversation on COVID-19 vaccine passports for international travel, in support of New Zealand's Travel Health Pass work.

COVID-19 Vaccines: Managing the Borders

Vaccines will almost certainly change the face of COVID-19 border management. With widespread vaccine coverage likely more than a year away for most countries, vaccine passports to enable international travel are increasingly being considered by countries, companies, and organisations. (R)

WHO and the International Civil Aviation Organisation currently advise against the use of COVID-19 vaccine passports for international travel. They are joined in this position by other bodies of experts that have raised scientific, technological, privacy, and equity concerns. (R)

The first movers – including from the private sector – will likely set precedents and establish the shape of the vaccine passport landscape well before WHO has finalised its guidelines on the matter and before key scientific unknowns are resolved. A universal approach to vaccine passports is probably a long way off. (R)

As country positions on vaccine passports crystallise and private sector solutions continue to be developed and trialled, New Zealand can expect increasing interest from domestic and international stakeholders in our position on vaccine and health passports for outgoing and incoming travel. (R)

1. The COVID-19 pandemic has caused all countries to make unprecedented changes to their border management approaches (see sidebar overleaf). But border postures have been far from constant throughout the pandemic or uniform between countries. Border settings have varied based on pandemic management tools and capacity, the epidemiological situation domestically and abroad, emerging virus variants, political and geographic conditions, and risk tolerance, among other factors. (R)
2. Vaccines will almost certainly change the face of COVID-19 border management. The ideal end state for most countries is to achieve widespread vaccine coverage at home so they can fully open their borders with minimal risk of sparking community transmission. But widespread vaccine coverage is likely to be more than a year off for most countries, and significantly more distant for developing countries. (R)
3. To plug the gap, countries, companies, and organisations are considering the use of vaccine and health passports to facilitate international travel (see sidebar for key terms). Scientific, technological, privacy, and equity questions have been raised by experts, causing WHO to currently recommend against the use of COVID-19 vaccine passports to facilitate travel. (R)

A range of approaches

4. Countries are taking a wide range of approaches to COVID-19 documentation, sitting at varying positions on the spectrum between certificates that simply provide health details or proof of vaccination and passports that confer authorisations on people according to their health or vaccination status (see sidebar). For example: (R)
 - **Australia** and the **UK** have deployed vaccine certificates but have not yet attached any domestic or travel authorisations to these certificates. (R)
 - The **US** has a vaccine passport that confers limited domestic authorisations on passport holders but currently has no bearing on international travel. (R)
 - **Israel** has a vaccine and health passport that provides domestic authorisations – people who have been vaccinated or previously infected have access to gyms, swimming pools, restaurants, stadiums, cinemas, and attractions. And according to media reporting, Greece and Israel have signed an agreement that will allow vaccinated people to move freely between the two countries. (R)
 - **China** has used health passports for domestic pandemic management since February 2020, and now requires incoming international travellers to carry health certificates. These certificates don't exempt travellers from quarantine. China has also introduced health certificates for Chinese people travelling overseas. And now China's health documentation systems also

KEY TERMS (R)

Several terms that are being used in the developing global conversation on COVID-19 passports are described below.

- **Certificate vs passport** – A certificate is a digital or physical document that provides proof, while a passport (or pass) attaches authorisations to that proof.
- **Health vs vaccination** – A certificate or passport can relate to a person's COVID-19 health status (eg, past infection, RNA test results, antibody test results, epidemiological history) or vaccination status (eg, date and type of vaccine). In some instances, health certificates/passports also include vaccination status (including in the New Zealand policy context, where the Travel Health Pass work deals with both testing and vaccination). In this paper a distinction between health and vaccine certificates/passports is maintained for clarity.
- **Domestic vs international passport** – A passport can be used to authorise domestic activities (eg, going to restaurants and events) or international travel with reduced or lifted quarantine and screening requirements.

This assessment focuses on COVID-19 vaccine passports for international travel – with vaccine passports being the focus of emerging global conversations – but other forms of COVID-19 documentation are mentioned where relevant.

carry COVID-19 vaccination details, although there are no authorisations attached yet. (R)

- On 17 March, the **EU** agreed to progress work on a “Digital Green Certificate” which “can serve as proof of vaccination, testing and recovery [from COVID-19 infection] in order to waive restrictions to free movement” in the EU and other Western European states – and possibly beyond. The certificate will not be a pre-condition of travel, but “will make it easier to exercise that right.” (R)
- **Iceland** exempts incoming travellers from screening and quarantine if they have documentation that proves they have received a vaccine that has been endorsed by the European Medicines Agency or WHO, have antibodies against the virus, or have previously been infected. (R)

Experts have concerns

5. WHO and the International Civil Aviation Organisation currently advise against the use of COVID-19 vaccine passports for international travel. They are joined by other bodies of experts that have raised scientific, technological, privacy, and equity concerns, (many of which apply to health passports and passports for domestic use as well). Experts also note a need to ensure any vaccine passport system is consistent with domestic, regional, and international laws and standards. (R)
6. The primary **scientific concerns** follow: (R)
 - While vaccine trials have shown that vaccination protects individuals against symptomatic disease, the degree to which COVID-19 vaccines prevent transmission is not settled. (R)
 - All vaccines have different levels of efficacy (both for protection against disease and prevention of transmission). And each vaccine’s efficacy varies depending on the virus variant in question (with more variants almost certain to emerge as the pandemic progresses). A passporting system would have to consider this variation. (R)
 - Depending on risk tolerance, different countries will probably be comfortable with different levels of efficacy. Some vaccines may be deemed insufficient for passporting purposes, which could spark diplomatic tensions and retaliatory action. (R)
 - Researchers are still working out how long the protective effects of COVID-19 vaccines last. As the science evolves, authorities may decide to change the length of time for which a vaccine passport is valid, which could strand or confuse travellers. (R)
 - People who have been infected or have antibodies against the virus are likely to seek similar travel freedoms as people with vaccine passports. Questions of duration of protection and

BORDER MANAGEMENT BEFORE VACCINES (R)

In January and February 2020, travel restrictions were limited in number and scope, predominantly targeting travellers from China and “high risk” countries.

The number of countries with travel bans ballooned after WHO declared a pandemic on 11 March 2020. All countries had some form of travel restrictions in place by mid-April and by mid-May, 76% had total bans on tourists.

Since then, there has been a gradual nuancing of border measures, facilitated by quarantine facilities and protocols, contact tracing, and viral RNA testing – although other (less common) approaches exist as well, including antibody testing and proof of past infection.

In early 2021 there was a slight reversal of overall trends toward softening border postures, primarily driven by the detection of concerning virus variants in late 2020.

Two-way travel bubbles have proven sensitive to changes in the epidemiological situation of countries in the bubble, scuttling many attempts to establish stable bubbles. But one-way travel bubbles (typically from lower risk countries to higher risk countries) have been more successful.

In early March 2021, 98% of countries had some form of travel restrictions in place.

protection against new variants exist here too, as well as challenges associated with verification. (R)

7. The primary **technological concerns** follow: (R)
- Vaccine passports would need to be interoperable and mutually recognised. The health and vaccine passport space is crowded, with countries, companies, and organisations developing and trialling different systems that may not be technologically compatible or carry the same types or quality of information. The International Air Transport Association is progressing work on a health and vaccine passport, which it plans to trial with Air New Zealand next month. (R)
 - The introduction of vaccine passports will introduce a market for fake documentation, as was seen when pre-departure testing was introduced. Vaccine passports would have to be resistant to fraud. (R)
 - Non-digital passport options may need to be considered for people with limited access to technology. (R)
8. The primary **privacy and data protection concerns** follow:
- People's health and identity data – which is considered valuable by companies, criminals, and probably some governments – would need to be held securely and shared for clearly defined uses. A *New York Times* analysis of one of China's COVID-19 health monitoring apps found evidence that the app covertly shared personal information with the police. (R)
 - COVID-19 vaccine passports could contribute to the normalisation of health surveillance, beyond COVID-19. (R)
9. The primary **equity concerns** follow:
- People living in countries with limited access to approved vaccines would be hard-pressed to get a vaccine passport, restricting their ability to travel compared with people from other countries. (R)
 - People outside a country's priority groups, those who can't be vaccinated for health reasons (eg, allergies), and people for whom vaccines aren't approved (eg, children) would struggle to get vaccine passports. (R)
 - Introducing vaccine passports may cause countries to skew their rollout priority groups to preferentially vaccinate people for travel, diverting doses away from high-risk populations. (R)
 - Low income individuals living in countries that don't offer COVID-19 vaccines for free will likely be disadvantaged, as will the one billion people without official proof of identity. (R)
 - Vaccine passports could undermine the rights of people who, for historical, cultural, personal, or religious reasons, don't want to get vaccinated, either compelling them to get vaccinated or restricting their ability to travel if they don't. (R)

WHO'S VACCINE PASSPORT WORK (R)

Although currently recommending against the use of COVID-19 vaccine passports for international travel, WHO has formed an experts' working group focused on establishing standards for a common architecture for a digital smart vaccination certificate, which could be used to monitor vaccine rollouts and facilitate international travel.

Among other objectives, the working group aims to establish recommended standards for security, authentication, privacy, and data exchange for vaccine certificates, and develop appropriate guidance detailing use cases, standards, and best practices.

The WHO International Health Regulations Emergency Committee will review its position on vaccine passports for international travel on 14 April.

But vaccine passports will continue to be developed by countries, companies, and organisations before WHO has finalised this work, and before key scientific unknowns are resolved. A universal approach to vaccine passports is probably a long way off.

There is a precedent for a WHO-led international vaccine passport system. In the past, vaccine passports for international travel have existed for cholera, smallpox, and yellow fever. Today, travellers can still be required by the destination country to demonstrate proof of yellow fever vaccination using a physical document displaying a stamp and the signature of an authorised vaccinator.

Implications for Aotearoa

10. The first movers on vaccine passports – including from the private sector – have scope to set precedents and establish the shape of the vaccine passport landscape, well before key scientific, technological, privacy, and equity concerns have been resolved and WHO has formed its guidelines on the matter (see sidebar). As country positions on vaccine passports crystallise and private sector solutions continue to be developed and trialled, New Zealand can expect increasing interest from domestic and international stakeholders in our position on vaccine and health passports for outgoing and incoming travel. (R)

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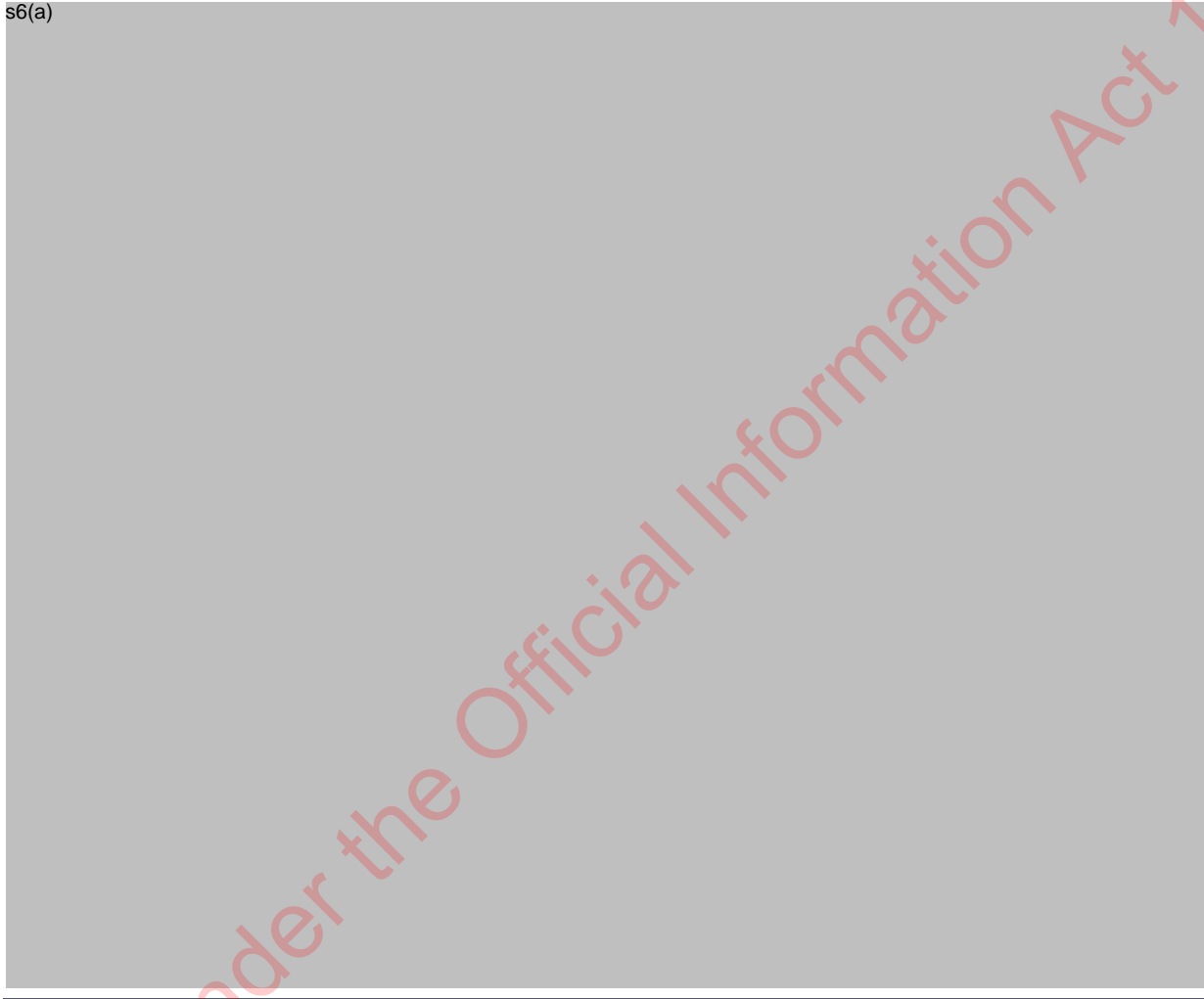
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