

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

2 July 2021

Countries across the world are facing diverse epidemiological situations with varying response capacities and access to life saving tools. The World Health Organization (WHO) recommends that national authorities continue to apply a risk-based approach when implementing measures related to COVID-19 and international travel while respecting the dignity, human rights and fundamental freedoms of travellers. This approach should consider the risk posed by travel for the importation and exportation of cases in the context of the evolving epidemiology, including the emergence and circulation of virus variants of concern; the expansion of the COVID-19 vaccination roll-out; and lessons learned while responding to the pandemic, including on the early detection and management of cases and the application of public health and social measures.

In December 2020, WHO published the interim guidance document *Considerations for implementing a risk-based approach to international travel in the context of COVID-19* (1). Since its publication there have been important developments that have had a considerable impact on the epidemiology of the disease and the public health capacities of countries to respond.

- 1) The emergence of SARS-CoV-2 virus variants of concern (VOCs) (2), which are more transmissible, may cause more severe disease and/or may lead to possible immune escape.
- 2) There is increased knowledge and evidence on the effectiveness of public health and social measures in controlling transmission, including of SARS-CoV-2 VOCs (3).
- 3) There are increasing levels of protection of the general population through natural infection and vaccine-derived immunity via roll out of safe and effective COVID-19 vaccines (4). Vaccines have shown high levels of protective efficacy against COVID-19, and data is emerging that they also reduce transmission of SARS-CoV-2. At the present time, vaccines against COVID-19 are not available across all countries or accessible to all population groups within countries. There are also rising levels of infection-derived immunity (5), which reflects the intensity with which the virus has circulated and the use of comprehensive control measures.
- 4) Based on growing experiences from countries, national authorities continue to review and adjust their travel-related measures to facilitate non-essential international travel, in addition to prioritizing international travel for essential purposes as defined by national

authorities (1), often applying measures that take into account individual travellers' transmission risk, depending on their infection status, vaccination status and/or recovery status.

- 5) An increasing number of regional and sub-regional intergovernmental initiatives have been established to enable the partial or total lifting of international travel-related restrictions in a coordinated manner across participating countries. The scope and extent of such initiatives vary and are based on risk-benefit trade-offs that take into account several criteria, including geographical proximity, epidemiological factors, response capacities and socio-economic factors. They aim to facilitate international travel in a harmonized manner, often via the mutual recognition of certificates of "COVID-19 status".

This document summarizes WHO policy considerations for national authorities to continue the adjustment of international travel in the context of the COVID-19 pandemic. It should be read in conjunction with its annex, the updated WHO interim guidance *Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19* (6). WHO encourages countries to continue analysing the public health effectiveness and broader impact of all public health and social measures, including international travel-related ones, to inform their response to the unfolding COVID-19 pandemic.

Proof of COVID-19 vaccination or recovery in the context of international travel

WHO recommends that Member States:

- not require proof of COVID-19 vaccination as a mandatory condition for entry to or exit from a country (7).
- consider a risk-based approach to the facilitation of international travel by lifting measures, such as testing and/or quarantine requirements, to individual travellers who:
 - 1) were fully vaccinated, at least two weeks prior to travelling, with COVID-19 vaccines listed by WHO for emergency use (8) or approved by a stringent regulatory authority (9) or
 - 2) have had previous SARS-CoV-2 infection as confirmed by real time RT-PCR (rRT-PCR) within the 6 months prior to travelling and are no longer infectious as per WHO's criteria for releasing COVID-19 patients from isolation (10). The use of serologic assays is not recommended to prove recovery status given the limitations that are outlined in the scientific brief "COVID-19 natural immunity" (5).
- if testing and/or quarantine requirements are lifted for travellers who meet the above-mentioned criteria, offer alternatives to travel for individuals who are unvaccinated or do not have proof of past infection, such as through the use of negative rRT-PCR tests, or

antigen detection rapid diagnostic tests (Ag-RDTs) that are listed by WHO for emergency use or approved by other stringent regulatory authorities

- consider recording proof of COVID-19 vaccination in the International Certificate of Vaccination or Prophylaxis (ICVP), as stated in the WHO *interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers* (11). National authorities may also use other certificates of COVID-19 health status, some in digital format, as recommended by regional or global intergovernmental bodies. Where digital certificates of “COVID-19 status” are used, interoperable solutions should be sought to allow for cross-border verification.

Testing and quarantine of international travellers

WHO recommends that Member States:

- Do not treat international travellers as a priority group for SARS-CoV-2 testing, as they are not suspected COVID-19 cases by default. In resource-limited contexts, avoid diverting testing resources from settings where testing can have a higher public health impact.
- Only implement testing and/or quarantine measures to international travellers on a risk-based manner, taking into account the above-mentioned considerations, including those for exemption for individuals with vaccine-induced or natural immunity, as defined above. Policies for testing and quarantine should be regularly reviewed to ensure they are lifted when they are no longer necessary.
- If quarantine of international travellers is implemented in the arrival country, ensure that a risk-based approach is used in decision-making, and that the dignity, human rights and fundamental freedoms of travellers are respected and any discomfort or distress minimized, as per the provisions of the International Health Regulations (IHR) (2005) (12).

Other key considerations for travel-related measures

WHO recommends that Member States:

- Ensure essential international travel is prioritized at all times during the COVID-19 pandemic, including travel for emergency and humanitarian missions, travel of essential personnel, repatriations and cargo transport of essential supplies.
- Continue conducting regular and thorough risk assessments to update international travel-related measures as the situation evolves, particularly when variants of interest (VOIs) and variants of concern (VOCs) emerge. Countries that either do not have adequate capacities to respond to this potential additional burden or are concerned that virus variants might pose a risk to others through exportation should adopt a precautionary approach and implement time-limited, more stringent travel restrictions. However, such measures should be subject to the principle of proportionality (12).

- Publicly communicate in a timely and adequate manner any changes to international travel-related measures and requirements to promote and enable adherence to them by travellers.
- Continue to communicate to international travellers the importance of adherence to personal protective measures throughout the duration of the journey when travelling internationally; including hand hygiene, use of masks, respect for physical distancing, maintenance of respiratory etiquette, and following local guidance in the destination country.
- Explore bilateral, multilateral and regional agreements across countries, particularly with neighbouring countries and others of socioeconomic importance, with the aim of facilitating the recovery of key socioeconomic activities for which international travel plays an important role, such as tourism or the movement of a cross-border workforce.

These policy considerations are in line with the current temporary recommendation to States Parties issued by the WHO Director-General following the advice of the IHR Emergency Committee regarding the COVID-19 pandemic (7), and are subject to modifications as the COVID-19 pandemic evolves.

Technical background information underpinning these policy considerations is available in the annex updated interim guidance document *Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19* (6), the interim guidance document *Considerations for implementing and adjusting public health and social measures in the context of COVID-19* (3), the scientific brief *COVID-19 natural immunity* (5), the interim position paper *Considerations regarding proof of COVID-19 vaccination for international travellers* (11), and the *WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply* (13). The following relevant WHO publication will be available shortly: *Digital documentation of COVID-19 certificates: vaccination status*.

References

1. Considerations for implementing a risk-based approach to international travel in the context of COVID-19: interim guidance. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/337858>, accessed 24 June 2021).
2. World Health Organization. Coronavirus disease (COVID-19) Weekly Epidemiological Update and Weekly Operational Update (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>, accessed 24 June 2021).
3. Considerations for implementing and adjusting public health and social measures in the context of COVID-19: interim guidance. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/341811>, accessed 24 June 2021).
4. World Health Organization. COVID-19 vaccines (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>, accessed 24 June 2021).
5. COVID-19 natural immunity: scientific brief. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/341241>, accessed 24 June 2021).
6. Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19: interim guidance. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/bitstream/handle/10665/342212/WHO-019-nCoV-Risk-based-international-travel-2021.1-eng.pdf>, accessed 1 July 2021).
7. World Health Organization. Statement on the seventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic ([https://www.who.int/news/item/19-04-2021-statement-on-the-seventh-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/19-04-2021-statement-on-the-seventh-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic), accessed 24 June 2021).
8. World Health Organization. Regulation and prequalification (<https://www.who.int/teams/regulation-prequalification/eul>, accessed 24 June 2021).
9. World Health Organization. List of Stringent Regulatory Authorities (SRAs) (<https://www.who.int/initiatives/who-listed-authority-reg-authorities/SRAs>, accessed 24 June 2021).
10. World Health Organization. Criteria for releasing COVID-19 patients from isolation (<https://www.who.int/news-room/commentaries/detail/criteria-for-releasing-covid-19-patients-from-isolation>, accessed 24 June 2021).
11. World Health Organization. Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers (<https://www.who.int/news-room/articles-detail/interim-position-paper-considerations-regarding-proof-of-covid-19-vaccination-for-international-travellers>, accessed 24 June 2021).
12. International Health Regulations (2005), 3rd ed. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/246107>, accessed 24 June 2021).
13. WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/341445>, accessed 24 June 2021).

WHO continues to monitor the situation closely for any changes that may affect this policy brief. Should any factors change, WHO will issue a further update. Otherwise, this policy brief will expire 2 years after the date of publication.

© World Health Organization 2021. Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](#) licence.

WHO reference number: [WHO/2019-nCoV/Policy_Brief/Risk-based_international_travel/2021.1](#)