

High-level meeting on safe international travel

Implementing a risk-based approach to international travel

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Outline

- WHO-commissioned systematic reviews of evidence on the effectiveness of international travel-related measures
- WHO's interim policy and technical guidance on implementing a risk-based approach to international travel during the COVID-19 pandemic
- Latest recommendations on international traffic from the IHR Emergency Committee on the COVID-19 pandemic
- Key updates from the 75th session of the World Health Assembly on health emergency preparedness and response
- Lessons learnt on international travel responses during the COVID-19 pandemic



WHO guideline development process

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**

WHO-commissioned reviews on international travel in the COVID-19 pandemic



WHO-commissioned reviews of evidence and methodological guidance:

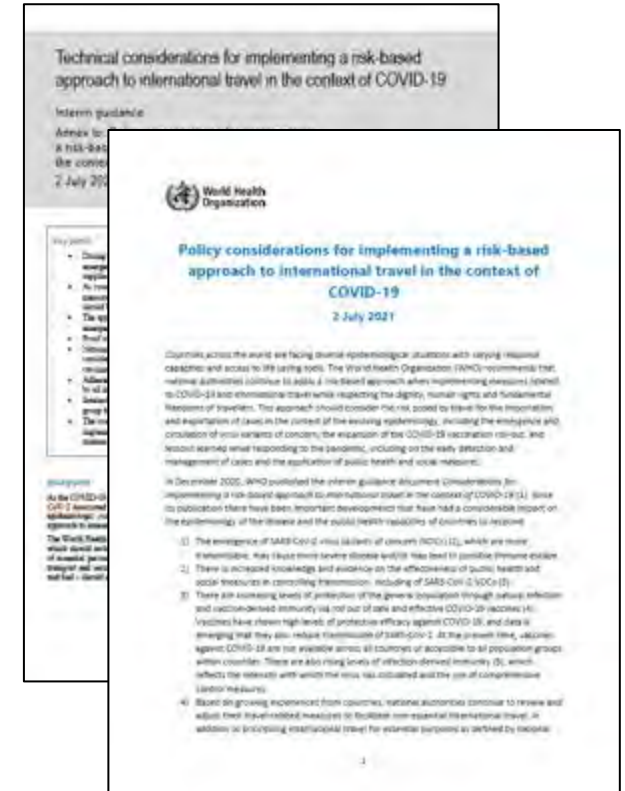
- [International travel-related control measures to contain the COVID-19 pandemic: a rapid review \(25 March 2021\). Cochrane Database of Systematic Reviews](#)
 - [Border closure and travel restrictions to control the spread of COVID-19: an update to a Cochrane review \(25 January 2022\)](#)
 - [Evidence 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](#)
- Ongoing GDG reviewing the effectiveness of syndromic screening for COVID-19 of travellers via international land and river borders

WHO's interim policy and technical guidance on
implementing a risk-based approach to international travel
during the COVID-19 pandemic

WHO interim policy and technical guidance on a risk-based approach to international travel (1/2)

[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
- When necessary, 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 a 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, as long as they are justified on public health grounds



➤ [Link to guidance](#)

WHO interim policy and technical guidance on a risk-based approach to international travel (2/2)

- 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 always be prioritized**
- **When necessary, 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 the recommended personal protective measures and Public Health and Social Measures (PHSMs)** throughout the travel journey

Latest recommendations on international traffic from the IHR Emergency Committee on the COVID-19 pandemic

11 April 2022

COVID-19 IHR Emergency Committee recommendations on international traffic – 11 April 2022



- [COVID-19 IHR Emergency Committee](#)
- [Statement on the 11th meeting of the COVID-19 IHR EC](#)

- **Lift international traffic bans and continue to adjust travel measures, based on risk assessments**
 - The failure of travel bans introduced after the detection and reporting of Omicron variant to limit international spread of Omicron demonstrates the ineffectiveness of such measures over time
 - The implementation of travel measures (such as vaccination, screening, including via testing, isolation/quarantine of travelers) should be based on risk assessments and should avoid placing the financial burden on international travelers, in accordance with Article 40 of the IHR
- **Do NOT require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel**

Next IHR Emergency Committee COVID-19 taking place on **8 July 2022**

Key updates from the 75th session of the World Health Assembly on global health emergency preparedness and response

75th session of the World Health Assembly (WHA75)

- WHA is the **main decision-making body** of WHO, comprised of 194 Member States, who meet yearly to agree on the **Organization's priorities and policies**
- **WHA75** took place on **22-28 May 2022** in **Geneva**
 - Documentation and recordings ([LINK](#))
- Health emergencies featured prominently in the agenda, including several proposals to **strengthen WHO and the global architecture of preparedness for and response to health emergencies**



Working Group on Preparedness and Response (WGPR) (1/2)



- Established by the WHA74 in May 2021 – as per resolution WHA74.7 – to **consider the findings and recommendations** of:
 1. Independent Panel for Pandemic Preparedness and Response (IPPPR)
 2. IHR Review Committee
 3. Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
 4. Global Preparedness Monitoring Board
- **Report to WHASS (SSA2/3)** ([LINK](#)), prioritizing the assessment of the benefits of developing a WHO convention, agreement, or instrument on PPR
- **Final report (A75/17)** ([LINK](#)) submitted to and noted by **WHA75**, and its related **decision adopted** in order to:

Working Group on Preparedness and Response (WGPR) (2/2)

- a. Continue the WGPR with a revised mandate, including, as appropriate and if agreed within each region, the rotation of the Bureau, and name (“**Working Group on IHR amendments**” (**WGIHR**)), to work exclusively on consideration of **proposed IHR targeted amendments**, in accordance with decision EB150(3), with a view to their adoption by consensus at the **77th session of the WHA**:
 - MS should submit proposed amendments by 30 September 2022
 - WGIHR’s 1st meeting should be convened no later than 15 November 2022, and should coordinate with the INB process

- b. Invite the DG to convene an **IHR Review Committee** to make **technical recommendations on the proposed amendments** referred to in subparagraph (b) below, with a view to informing the work of the WGIHR:
 - Should be established no later than 1 October 2022
 - Its final report should be submitted no later than 15 January 2023

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** [[LINK](#)]
- 24 February 2022: **first meeting** held, and resumed on 14-15 March 2022
 - Elected Bureau, including co-Chairs
 - Discussed and agreed on the methods of work
- March – April 2022: **Member States' and stakeholders' inputs on substantive elements of the instrument**
- 12-13 April 2022: **1st public hearings** on the new instrument
- 14-17 June 2022: **Subgroup meetings** to discuss the outline of substantive elements
- Week of 18 July 2022: second meeting of INB to discuss a working draft based on the outline of substantive elements and agree on the constitutional provision
- **Final outcome** will be submitted to the **77th session** of the **WHA** in **May 2024**

Lessons learnt on international travel responses during the COVID-19 pandemic

Lessons learnt

- **Regular systematic reviews of evidence** need to continue being produced to gather emerging evidence on the effectiveness and impact of international travel-measures during health emergencies.
- Countries should continue applying a **risk-based approach to international travel** during any health emergency, in a manner that is evidence-informed, context-specific and adapted to the epidemiological risk, the health system and public health capacities, and the socioeconomic characteristics.
- **Essential travel** should always be prioritized to ensure that key operations (i.e. transport of essential personnel and goods, repatriations) are not disrupted during health emergencies.
- **Coordination** should continue to be enhanced both at **national and international** level, between **public and private sectors**, to leverage from the experience of all stakeholders and promote joint implementation of agreed measures.

Thank you!