

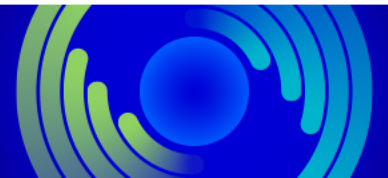
TACKLING CORONAVIRUS (COVID-19)
CONTRIBUTING TO A GLOBAL EFFORT

INITIATIVE FOR SAFE INTERNATIONAL MOBILITY DURING THE COVID-19 PANDEMIC: THE OECD BLUEPRINT

20 July 2021

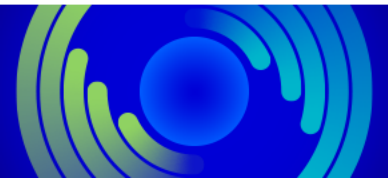
OECD initiative for safe international mobility endorsed by ministers at MCM meeting on 31 May

WHY -	<ul style="list-style-type: none">• Large economic and social impacts of restricting international mobility• Need for certainty in international travel on reopening, without compromising on health security or on privacy
WHO -	<ul style="list-style-type: none">• Extensive consultation with countries and committees (100+ meetings; 9 OECD bodies)• Co-ordination and alignment with ICAO; WHO; UNWTO; IMO• Consistency with other international (especially EU) and national arrangements
WHAT -	<ul style="list-style-type: none">• A flexible, voluntary, temporary blueprint with policy guidance on measures for safe international travel with recommendations on vaccines, tests, certification, data exchange• A temporary forum for knowledge sharing
WHEN -	<ul style="list-style-type: none">• For when countries are ready, and aimed at a window between: (1) sustained reduction of cases and (2) until wide vaccination coverage is achieved



Travel requirements

- **Vaccinated and recovered travellers** exempted from further requirements (must have received full number of doses)
 - **Vaccines:** recommended by WHO Emergency Use Listing, or approved by a Stringent Regulatory Authority
- Other travellers subject to **testing and quarantine** schemes based on epidemiological criteria (traffic light system)
 - **Tests:** RT-PCR and antigen (sensitivity \geq 80%; specificity \geq 97% ideally \geq 99%)
- **Public health measures maintained** at all times (facemasks, distancing, hand washing)
- **Traveller locator form** prior to travel



EU traffic light system + 25% warnings

GREEN	positivity < 4% & cases < 25
ORANGE	positivity \geq 4% & cases < 50 or positivity < 4% & cases from 25 to 150
RED	positivity \geq 4% & cases \geq 50 or cases > 150
DARK RED	cases \geq 500 or high prevalence of NVoC
GREY	not sufficient information is available or testing rate \leq 300

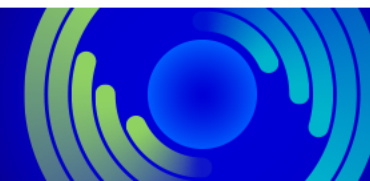
Orange warning, cases from 18.75 to 25

Red warning, positivity 3% to 4% & cases 37.50 to 50 or positivity < 3% & cases 112.50 to 150

Dark red warning, cases 375 to 500

Positivity: percentage of positive tests among all tests for COVID-19 infections carried out during the previous week

Case notification: total number of newly notified COVID-19 cases per 100 000 population in the previous 14 days (at national or sub-national levels)



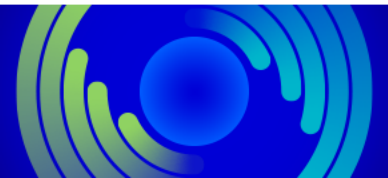
Testing, quarantine for the non-vaccinated according to risk

Protocol	Risk levels	Testing required		Length of required quarantine
		Pre-departure	Post-entry	
A (High potential health impact from importation)	1	Antigen or RT-PCR, 72 hrs before travel	Not required	None
	2	RT-PCR, 72 hrs before travel	RT-PCR on or after day 2 from arrival. Traveller may leave quarantine starting from day 2 if post-entry test is negative.	5 days
	3	RT-PCR, 72 hrs before travel	RT-PCR on or after day 7 from arrival. Traveller may leave quarantine starting from day 7 if post-entry test is negative.	10 days
	4	Essential travel, same as level 3.		
B (Low to moderate potential health impact from importation)	1	Not required	Not required	None
	2	Antigen or RT-PCR, 72 hrs before travel	Not required	None
	3	Antigen or RT-PCR, 72 hrs before travel	Antigen or RT-PCR on or after day 2 from arrival.	None
	4	Essential travel, same as level 3.		



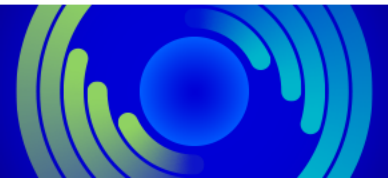
Information requirements and mechanisms for proof

- Common set of information for certificates
 - Three certificates: i) vaccination; ii) recovery; and iii) testing
 - Based on existing initiatives (ICAO, EU etc.)
- Data protection and mechanisms of proof:
 - Limit collection of information (data minimisation) and transfer across borders and abide by the principle of privacy by design
 - Favours decentralised mechanisms for proof relying on QR/bar codes carried by travellers and which can be printed
 - Rely on existing and interoperable mechanisms for verification of authenticity (unique and interoperable identifier or public key)



Some points for continuing discussion

- On the **health** side:
 - monitoring spread and implications of variants of concern (VoCs)
- On the **information and proof** side:
 - conversion of existing backlog of paper-based certificates
 - achieving interoperability of different solutions
- On aims:
 - Is this a health certificate or a travel certificate?



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Download the blueprint
<https://oe.cd/blueprint>

THANK YOU

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