

# Considerations to relax border restrictions in the Western Pacific Region

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## 1. Introduction

### 1.1 Background

Countries and areas in the World Health Organization (WHO) Western Pacific Region implemented strict border controls early in the coronavirus disease 2019 (COVID-19) pandemic, limiting inbound international travel to reduce the risk of possible transmission from people entering the country and allow time to optimize emergency preparedness and health systems capacity.

As COVID-19 case numbers in many countries in the Region are falling, countries and areas have started relaxing non-pharmaceutical interventions and considering removing restrictions on people's movement, including at international borders.

This guidance document sets out key considerations for policy-makers to evaluate the possibility of reopening their country borders while minimizing the risk of COVID-19 importation and transmission. It builds on existing WHO guidance, including *Considerations in Adjusting Public Health and Social Measures in the Context of COVID-19 (1)*, the *WHO Western Pacific Regional Action Plan for Response to Large-Scale Community Outbreaks of COVID-19 (2)* and *Calibrating Long-term Non-pharmaceutical Interventions for COVID-19 (3)*. The same approach might apply when thinking about lifting travel restrictions within countries.

### 1.2 Target audience

This guidance is intended to assist government officials in the Western Pacific Region with responsibility for advising on policy measures for responding to the COVID-19 pandemic at national and subnational levels.

## 2. Goal and overall approach

### 2.1 Goal

The overriding goal is for countries to devise border measures that minimize the risk of importation of COVID-19 and an increase in local cases.

### 2.2 Overall approach

The proposed approach aims to support countries in the Western Pacific Region that are considering relaxing border restrictions to ensure minimal risk of importation, onward transmission and exportation of COVID-19. Guided by available data and scientific evidence and the principles of solidarity and human rights (4), the proposed approach will consider several factors:

- limiting the chances of importation of COVID-19 by carefully assessing the origin and groups of people allowed to enter the country;
- minimizing the remaining risk of importation before, during and after travel;
- strengthening in-country capacity for detecting and responding to COVID-19 cases; and
- monitoring the impact of changes in border restrictions and continuously calibrating the restrictions.

### 3. Limiting the chances of importation of COVID-19

A country may develop different policy options and assess them based on their risks and benefits, taking social acceptance into consideration.

#### 3.1 From which origin and transit countries can people enter?

The decision on the origin and transit countries from which entry is allowed involves bilateral or multilateral agreement, based on transparency and trust between countries. Decision-making is facilitated by detailed information exchange between countries on their epidemiological data as well as the strength of surveillance systems and exit controls.

Options may include:

- countries with no local transmission (for example, direct flights between COVID-19-free countries); or
- countries with lower or equivalent risk of COVID-19 (for example, through bilateral or multilateral agreement).

**Risk equalization approach:** Some countries are considering setting up so-called COVID-19 “travel bubbles”. For example, Australia and New Zealand are considering a trans-Tasman COVID-safe travel zone, which would ease travel restrictions between the two countries once the risk of transmission reaches a mutually acceptable level (risk equalization) and necessary health, transport and other protocols are implemented.

#### 3.2 Which groups of people can enter?

Countries may specify groups of people who are permitted entry, such as:

- citizens and residents;
- family members of citizens and residents;
- essential workers (for example, aid workers, humanitarian response teams);
- diplomats;
- business travellers;
- international students;
- tourists; and
- migrants.

**Selective approach:** Countries may consider a selective approach based on risks and benefits. For example, China and the Republic of Korea have a reciprocal agreement to waive the 14-day requirement for self-isolation if a business traveller from either country goes to the other (to any of 10 prespecified cities and provinces if travelling to China). Such travellers will be required to be negative for COVID-19 based on polymerase chain reaction (PCR) tests performed in the country of origin within 72 hours of departure and after arrival at the destination airport. They are only allowed to visit predetermined venues and residences. China has developed a similar arrangement with Singapore for business travellers.

Priority should be given for essential travel, such as for humanitarian relief purposes, repatriation of citizens and permanent residents, emergency medical flights, medical evacuation, and delivery of essential items including medical supplies, food and energy.

Any reopening of international borders will likely generate public anxiety and concern regarding potential importation of COVID-19. When international travel is approved, the decision should be communicated widely with the public, detailing the rationale for opening international borders and the risk mitigation measures put in place to manage potential cases. This will provide reassurance and prepare the public for potential new cases being detected. It is important to maintain the public’s trust in the government’s health response and to reduce the risk of stigma and discrimination directed at travellers.

### 4. Minimizing the risk of importation

Policy-makers should consider risk mitigation measures for international travelers at each point of travel to prevent importation.

#### 4.1 Pre-border measures

Some receiving countries are requesting evidence of COVID-19 testing before departure from the originating country. A negative COVID-19 test, however, has limited public health value as passengers may still be exposed between testing

and arrival, and pre-departure testing is not currently recommended by WHO.

Some countries are considering so-called immunity passports, which certify the presence of antibody for COVID-19, as a condition for entry. At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of such immunity passports or risk-free certificates. WHO does not currently recommend their use to declare travellers as free from COVID-19 (5). The use of immunity passports also raises ethical issues, which need to be considered and carefully managed.

#### 4.2 In-transit measures

Countries should consider in-transit measures including boarding processes, on-board arrangements and baggage-handling processes as per International Civil Aviation Organization (ICAO) recommendations to minimize exposure to virus during transit (6).<sup>1</sup>

#### 4.3 At-border measures

Some countries are conducting temperature and/or COVID-19 testing during exit and entry screening, but temperature screening alone is not an effective way to stop the international spread of COVID-19, since infected individuals may not have symptoms or may have taken antipyretics. It is more effective to provide prevention messages to travellers and to collect health declarations at arrival, with travellers' contact details, to allow for a proper risk assessment and possible contact tracing of incoming travellers. Key to at-border measures is strong capacity at points of entry (POEs), including transit zones, to detect and respond to COVID-19. Such capacities include command and control, coordination and information exchange between national health focal points at POEs and relevant response agencies. WHO has produced guidance for preparedness at POEs (7,8,9) as well as for the management of ill travellers (10).

#### 4.4 Post-border measures

Travellers should self-monitor for the potential onset of symptoms upon arrival for 14 days, report symptoms and travel history to local health facilities, and follow national protocols. If, based on a risk assessment and consideration of local circumstances, countries choose to implement quarantine measures upon arrival, quarantine should not impede essential travel. Please see WHO guidance on quarantine of contacts in the context of COVID-19 (11).

### 5. Strengthening in-country capacity to detect and respond to COVID-19 cases

The potential for importation of cases will increase once border measures are relaxed. The increased risk of onward transmission can be mitigated by strengthening in-country capacity to rapidly detect and manage cases.

Available evidence from studies of influenza (12) and COVID-19 (13) suggests that the effectiveness of border closures in delaying epidemics is unclear, except for strict border closures within small island nations. Therefore, key in-country measures to minimize the risk of onward transmission associated with imported cases of COVID-19 are:

- behaviour changes (“new normal”);
- non-pharmaceutical interventions (NPIs);
- strengthened surveillance and response capacities; and
- adequate health-care capacity.

Experience in the Western Pacific Region and modelling data (14) suggest that countries may successfully manage the risk of COVID-19 without resorting to severe movement restrictions, including border measures, if there is strong contact tracing capacity and widespread, effective behaviour change to reduce the risk of community transmission.

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<sup>1</sup> The ICAO recommendations additionally include seat assignment processes, interaction on board, environmental control systems, food and beverage service, lavatory access, crew protection, management of sick passengers or crew members, and cleaning and disinfection of the flight deck, cabin and cargo compartment.

## 5.1 New normal

Determined by local context, countries need to define a new normal, with individuals, communities and businesses taking voluntary action and adopting new behaviours and ways of working that reduce the risk of transmission, balanced against social and economic costs. The success of the chosen new normal depends on everyone's willingness and ability to maintain practices that protect not only their health but also that of their families, friends, colleagues, communities and health-care workers. These practices will form the basis of long-term strengthening of healthy behaviours and environments.

## 5.2 Non-pharmaceutical interventions

In addition to measures under the new normal, countries should consider whether NPIs will be needed. Each country should assess the effectiveness, socioeconomic cost and public acceptance of different interventions and align them with the various alert levels of the national emergency response. Some countries are using epidemiological modelling to forecast trends in the number of cases and assess the impact of different options to inform decisions on NPIs. For more information, see *Calibrating Long-term Non-Pharmaceutical Interventions for COVID-19 (3)*.

## 5.3 Surveillance and response capacity

Countries should expand their surveillance and response capacity before opening borders.

- **Information from multiple sources:** Countries are encouraged to select indicators appropriate to their context and establish mechanisms to analyse data and inform decision-making in order to maximize the likelihood of detection of early signs of an increase in COVID-19 cases. These include:
  - **indicator-based surveillance** such as the number of COVID-19 cases, information from syndromic and virologic surveillance of influenza-like illness (ILI), and surveillance of severe acute respiratory infection (SARI).;
  - **event-based surveillance** such as information captured through traditional and social media, blogs, hotlines,

population mobility measurements using big data, reports to local health officials and other community-based messaging systems; and

- **laboratory information** such as the number of samples processed and average number of days needed for processing samples, as well as other sources.

WHO is preparing more detailed guidance on multisource surveillance of COVID-19.

- **Response capacity:** Efforts should be made to strengthen capacity for case detection, isolation, contact tracing and quarantine to minimize the risk of onward transmission if importation of COVID-19 cases occurs.

WHO is preparing a detailed document on adapting contact tracing in the Western Pacific Region in preparation for large-scale community transmission of COVID-19.

## 5.4 Health-care capacity

Lastly, countries should assess their health system capacity for managing COVID-19 cases.

**Supply side:** Countries should initially determine the capacity of health systems to absorb COVID-19 patients. They should use a set of parameters that may include the number of acute and critical care beds available for COVID-19 cases, based on space (for example, hospital bed capacity), staff (for example, health-care worker requirements) and supplies (for example, ventilators, personal protective equipment). Once key parameters are agreed, a process for determining and tracking the saturation rate can be designed, such as regular reporting of critical care bed occupancy rates.

**Demand side:** Whether the current capacity is adequate can be compared against projected needs for acute and/or critical care based on the risk of importation and possible community transmission, the percentage of patients requiring acute and critical care, and the average duration of hospital stays.

For more details, refer to the guidance material prepared for the WHO European Region (15).

## 6. Monitoring and calibrating the measures taken

### 6.1 Assessing and monitoring the effectiveness of measures

Countries should continuously monitor the impact of changes in their border control policies, for example by tracking the number of imported cases, number of arrivals and utilization of quarantine facilities at borders. They can then use this information to periodically adjust border control measures. In order to monitor the impact, countries need to establish routines and mechanisms to collect, clean, enter and analyse data to inform decisions. It is particularly important to monitor early indicators to detect any sign of imported cases.

### 6.2 Sharing information

Countries should share information beyond the number of positive COVID-19 cases to facilitate bilateral and multilateral discussions on reopening borders between countries and across the Region, including:

- laboratory capacity, policies for testing and contract tracing, hospital and intensive care admissions and other information, much of which is not publicly available;
- the nature of in-country outbreaks, including the number of cases by importation versus local transmission, and the proportion of cases without a known epidemiological link.

To facilitate discussions between Member States, WHO has been working with countries to assess transmission stages following a standardized approach, encouraging them to share the outcomes of assessments and the information used, along with their limitations and caveats. WHO has set up a dashboard to share these assessments, as well as the epidemiology, information on NPIs (including travel restrictions), public health actions and surveillance indicators.

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