IPCR Working-level Roundtable
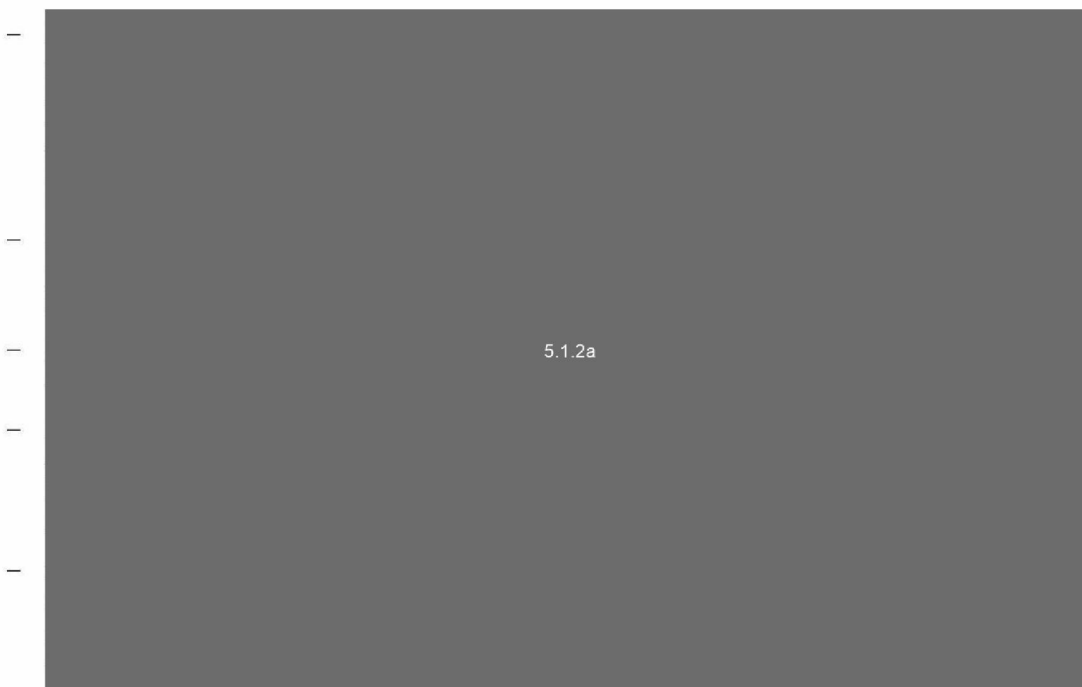*Coronavirus Outbreak (COVID-19)*

Updates from the Commission

Civil Protection and Humanitarian Aid

Union Civil Protection Mechanism: Request and offers of assistance

As of 05 February, there are **16** active requests related to Covid-19: a request from the Netherlands, three from Participating States [5.1.2a]) and **12** from third countries [5.1.2a] . New or updated request are outlined below.
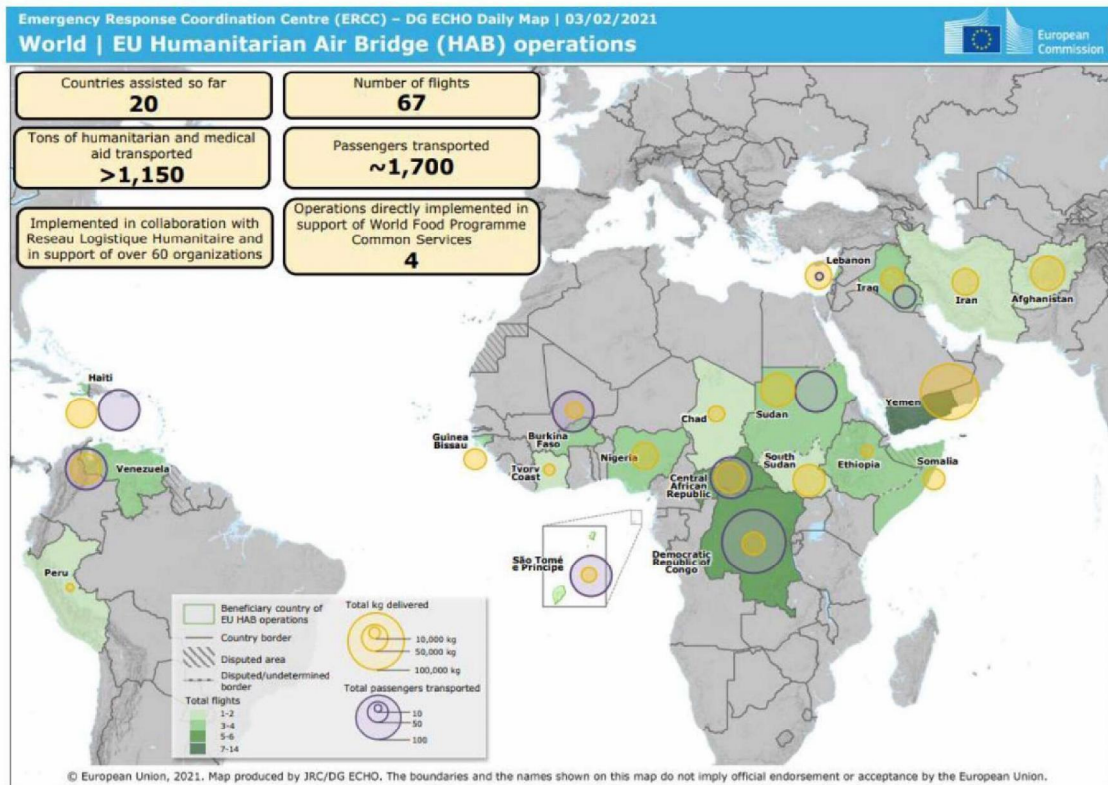
[5.1.2a]

COVID-19 EMERGENCY SUPPORT INSTRUMENT (ESI) MOBILITY PACKAGE

- The Commission is continuing to process final payments for the 48 cargo actions agreed with 18 Member States and [5.1.2a]

- The Commission has signed six grant agreements for the transport of medical personnel and transfer of patients. The Commission has received and started reviewing the final report of
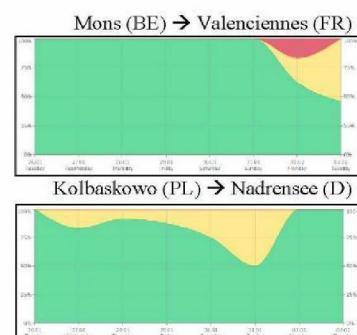
two of these grants. Through these projects, 283 medical personnel and 34 patients were transported. Funding for these two strands continues to be available.

- DG ECHO has published a Q&A and additional information regarding the ESI Mobility Package on the DG ECHO website.

Green Lanes – Border monitoring and developments in freight transport[1]
Weekly overview – 28 January - 02 February 2021

While several Member States have announced stricter containment measures for border crossing, no new measures have been announced for transport workers this week. This means that the exemptions already existed last week remain valid. However these restrictions impact general passengers, several Member States require now negative PCR test from passengers, which caused sporadic queue at certain borders, but no new major traffic jams at EU internal borders. We notably saw queues accumulation at the Polish-German border towards Germany over the weekend and at the French-Belgian border towards France.

Mons (BE) → Valenciennes (FR)

Kolbaskowo (PL) → Nadrensee (D)

CONGESTIONS AT INTERNAL EU BORDERS

The traffic situation remains stable at most Schengen borders with either no waiting times or waiting times which meet the objective of the Green Lanes communication of maximum 15 minutes.

Mean border crossing time	Mean green lane compliance	Borders with data
14 min	81%	113

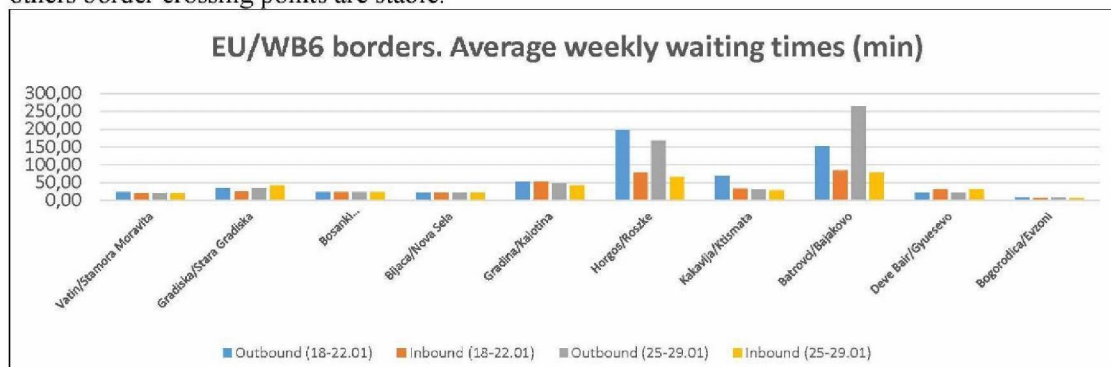● <15 minutes ● 15-60 minutes ● 60+ minutes

5.1.2a

CONGESTIONS AT EXTERNAL EU BORDERS

Eurotunnel traffic is stable, no disruption reported. 1-2 hours waiting time at Polish-Belarus borders outbound. Average waiting times at border crossing points from EU to Switzerland is ~60 minutes.

EU-WESTERN BALKANS[2]

[1] Source: GSA Green Lane application. Galileogreenlane.eu

Horgos and Batrovci (particularly high average waiting time over 4hrs) remain worst-performers, others border crossing points are stable.

EU/WB6 borders. Average weekly waiting times (min)

CONGESTION AT WESTERN BALKANS INTERNAL BORDERS[2]

Traffic remained stable.

VACCINATION CERTIFICATES

OVERVIEW OF THE PERFORMED, ONGOING AND FUTURE WORK

State of play: executive summary

The December European Council requested a coordinated approach on vaccination certificates and on the mutual recognition of test results[3]. In its meeting on 21 January 2021[4], the European Council reiterated and highlighted the importance of work on a standardised and interoperable form of proof of vaccination *for medical purposes.* Already in December, the EUCO welcomed the coordination of efforts at EU level and committed to strengthening this coordination, in particular in preparing for a gradual lifting of restrictions and a return to normal travel, including for cross-border tourism, when the sanitary situation allows.

The Commission has been working with the Member States in the eHealth Network on preparing the interoperability of vaccination certificates. The Health Security Committee and the network of National Immunisation Technical Advisory Groups were also consulted. A set of **eHealth Network guidelines** supporting interoperability of proofs of vaccinations for *medical purposes* have been prepared, encompassing a **minimum data set** and a standard **unique identifier** for such proofs. The guidelines were adopted by the eHealth Network on 27 January and published on the Commission's web pages.

Further work is being conducted in the eHealth Network's Technical Interoperability subgroup in order to develop a **trust framework**, providing mechanisms and infrastructures needed for establishing the authenticity and integrity of information stated on certificates, in full respect of EU data protection law. The work is conducted also in collaboration with WHO, which has established an expert group working on smart vaccination certificates.

In its meeting on 21 January, the European Council indicated that leaders would determine at a later stage in which circumstances vaccination certificates could be used. This will enable the Council to consider the use of vaccination certificates for travel and gradual lifting of restrictions later when more scientific evidence about the impact of vaccination on the transmission of Covid-19 becomes available. However such certificates should not become a pre-condition for travel or entry into the territory of a country, where free movement remains a ground rule in Europe. The topic is of **extremely high importance to the travel sector**.

There are also suggestions to add support in these certificates for proofs of **negative test results**, which are currently demanded by many countries, but digital systems offered to citizens are not sufficient. A need for certificates attesting the full recovery of **confirmed COVID-19 cases** has also been mentioned.

A common vision regarding the implementation of national vaccination certificate systems and **a commonly agreed roadmap would be instrumental** in order to support Member States. The

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[3] https://www.consilium.europa.eu/media/47296/1011-12-20-euco-conclusions-en.pdf
[4] https://www.consilium.europa.eu/en/press/press-releases/2021/01/21/oral-conclusions-by-president-charles-michel-following-the-video-conference-of-the-members-of-the-european-council-on-21-january-2021/pdf

roadmap should be aligned with the WHO's plans for a global deployment, but the European Union should aim to become one of the first regions offering interoperable vaccination certificates to the wider public.

Background

In November 2020, the Commission started preparatory work on vaccination certificates (proofs of vaccination). The work was launched in the eHealth Network (eHN) in collaboration with Member State health authorities and the WHO. The work started with the evaluation of multiple solutions available on the market, and it was considered that none of them was mature enough to be used as such. The eHealth Network considered that further investigations of the minimum data set and standards applicable to vaccination certificates would be needed. At the same time, the WHO launched an expert call for commencing work on smart vaccination certificates, **aiming to develop a standard suitable for a global deployment**.

As the work in the eHealth Network progressed, its first elements were presented as draft guidelines at the end of 2020. The draft guidelines included a minimum data set for vaccination certificates, including a unique identifier. The more difficult aspect (a "trust framework" to ensure the mutual recognition of certificates) needed further work, including with WHO experts. The draft guidelines generated significant interest and comments were received from 17 Member States. These centred on questions about the purposes for which the certificates would be used.

In order to further support the finalisation of the guidelines, a survey was carried out in January 2021. 19 out of 27 Member States responded to the survey. 68% of the Member States that responded to the survey already today issue vaccination certificates, and 32% plan to do so in the future. **63% of the Member States that answered the survey plan to issue digital certificates**, but 21% only plan to issue paper certificates.

In its Communication "A united front to beat COVID-19" adopted on 19 January, the Commission underlined that it would "continue to work with Member States on vaccination certificates which can be recognised and used in health systems across the EU in full compliance with EU data protection law – and scaled up globally through the certification systems of the World Health Organisation. The eHealth Network will define the minimum dataset needed for such certificates at EU level, including a unique identifier and an appropriate trust framework ensuring privacy and security."

At their VTC call on 21 January, the "Leaders agreed to work on a standardised and inter-operable form of proof of vaccination for medical purposes... and will determine at a later stage in what circumstances these certificates could be used" (Council Oral conclusions of 21/01).

Following the European Council conclusions that provided a clear statement regarding the purpose of use of certificates, the **guidelines were revised and adopted** by the eHealth Network on 27.1.2021. They are available at https://ec.europa.eu/health/ehealth/covid-19_en.

Latest developments

The WHO expert group launched its work on 20 January. The work is organised in three work streams and is expected to last until at least end of May 2021:
1.   Vaccination certificate issuance and programme monitoring requirements
2.   Validation and verification of the vaccination certificate and enabling technologies

3.   Ethics, legislation, privacy and communications

In its work, WHO concentrates on two purposes of use for vaccination certificates 1) **health**, provision of information for continuity of care, 2) proof of vaccination, for example for **travel**. Both purposes are considered equally important for the standard, even if continuity of care is the main focus of the work.

The European experts in the WHO group have been promoting European principles for data protection. The WHO expert group is aligned around the vision of data minimisation and selective data disclosure depending on the purpose of use. There are also goals to enable the system to be reasonably simple to use and inclusive, so that it works both on paper and digitally (including mobile phones). The experts also seek to avoid centralised data stores for vaccination data as much as possible, to make the system decentralized (highly distributed), and to put control over data sharing in hands of the citizens. At the same time, centralized infrastructure elements, such as registries of authorised certificate issuers (such as health centres or national health authorities) will be needed in order to build trust.

During the finalisation of the eHealth Network guidelines, several Member States have indicated that they were working internally on digital systems for vaccination certificates. In addition, there were suggestions to include **proofs of negative test results** within the scope of the future system. The inclusion of support for proofs of test results or previously contracted Covid-19 disease in the scope of the future revisions of the guidelines will be considered by the eHealth Network.

Vaccination certificates and free movement

On 15 January, WHO issued a statement[5], which recommended: *"At the present time, do not introduce requirements of proof of vaccination or immunity for international travel as a condition of entry as there are still critical unknowns regarding the efficacy of vaccination in reducing transmission and limited availability of vaccines. Proof of vaccination should not exempt international travellers from complying with other travel risk reduction measures."*

Similarly, the European Centre for Disease Prevention and Control (ECDC) underlines that there is very limited evidence available supporting that a person vaccinated against SARS-CoV-2 with any of the currently available vaccines (including those licensed in the EU) is completely unable to transmit COVID-19 to a susceptible individual.

Unless future vaccine product-specific data demonstrate sustained ability of blocking transmission of SARS-CoV-2 from a vaccinated individual to any susceptible individual, the evidence does not support exemptions from national recommendations on testing strategy or quarantine for persons travelling. On the other hand, WHO has indicated that international travellers should not be considered by nature as suspected COVID-19 cases or contacts, except for travellers returning to countries with no cases. Therefore, WHO does not currently recommend travellers as a priority group for vaccination or for testing.

As more scientific evidence becomes available, the applicability of vaccination certificates as a tool used in relation to travel might be considered again. As mentioned, at its meeting on 21 January, the

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[5] Statement on the sixth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic

European Council indicated that it would determine at a later stage in what circumstances vaccination certificates could be used, leaving the door open for subsequent further use cases to be considered and developed for vaccine certificates. In December-January, the Commission received multiple requests from travel organisations but also Member State governments advocating for the use of vaccination certificates as a tool for enabling gradual reopening of travel and supporting tourism during the approaching summer season.

Free movement restrictions must be necessary, proportionate and non-discriminatory, and unvaccinated citizens must be able to exercise their rights, even if subject to certain restrictions such as quarantine or testing. Being vaccinated should not become a pre-condition for exercising free movement and vaccination should be voluntary.