

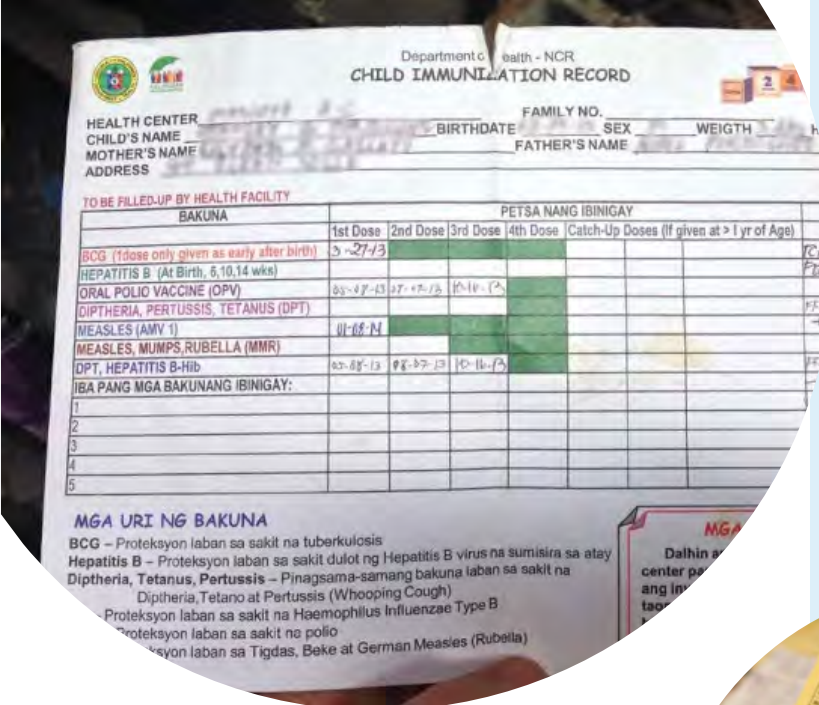
Longer term lessons from Digital Documentation of COVID-19 Certificates

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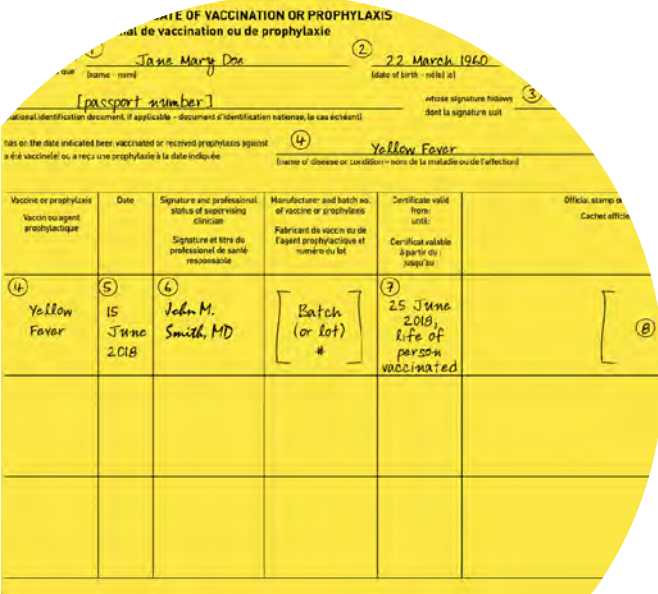


Before COVID-19, individual immunization records have been implemented in a variety of ways in every country

- The **international certificate of vaccination or prophylaxis for international travellers (i.e., yellow booklet)** - bought from WHO with WHO logo or nationally branded
- Home-based records for **routine childhood** immunizations

... or, more often, something in between:

- Use of the “yellow booklet” for recording routine childhood immunizations
 - vaccinations received as **adults** under the “other vaccinations” section
 - Campaign specific certificates e.g., Ebola, Cholera, COVID-19
- Overall inconsistency in how this is done globally



With the increased use of digital technologies globally, and the COVID-19 pandemic, there was a clear opportunity to adopt digital vaccination certificates

Direct benefits

- ✓ Can be **easily distributed** without the complications arising from supply chain issues of delivering paper forms
- ✓ More **durable** (physically – paper can easily be damaged)
- ✓ **Greater trust** in the information available in a digital format (digital age) because it is more difficult to fraud and counterfeit



Indirect benefits

- ✓ **Easily scalable to other use cases** – e.g., personal health records, diagnostic test certificates
- ✓ Strong **foundation** to building sustainable health information systems
- ✓ **Greater access to information** by public health authorities for decision making



However, there were key challenges in implementing international travel-related measures during the COVID-19 pandemic

- **Lack of scientific evidence** on virus characteristics or effectiveness/impact of PHSMs
- High **uncertainty** due to the emergence of new VOCs/new pathogens
- **Varying levels of risk tolerance** across countries
- Difficulties operationalizing the “**precautionary approach**”
- No **international definition** of “essential travel”
- **No global trust** architecture for digital COVID-19 certificates
- **Highly multisectoral** area both nationally and internationally – requiring an immense amount of coordination



The complex policy environment is further perpetuated by the complexities surrounding digitization

Vaccine certificates cannot simply be put into a digital format – then trusted, scaled, and sustainably maintained

PAPER System

Assumption

One format that is used for travel

- Yellow booklet printed and sold by WHO
- Yellow booklet printed and used by national authorities based on Annex 6 for travel-related vaccinations, primarily yellow fever

Reality

Multiple formats for multiple use cases

- For travel
- Used for recording routine immunizations & specific campaigns
- For personal health record

DIGITAL System

An application used on a smart phone



- One application that can be used by everyone, everywhere

Multiple formats used for multiple use cases



- Digital doesn't only mean on a smart phone and online
- This can be done with paper

Digital vaccination certificates do not exist in a vacuum, but work with and contribute to the larger ecosystem of immunization information systems



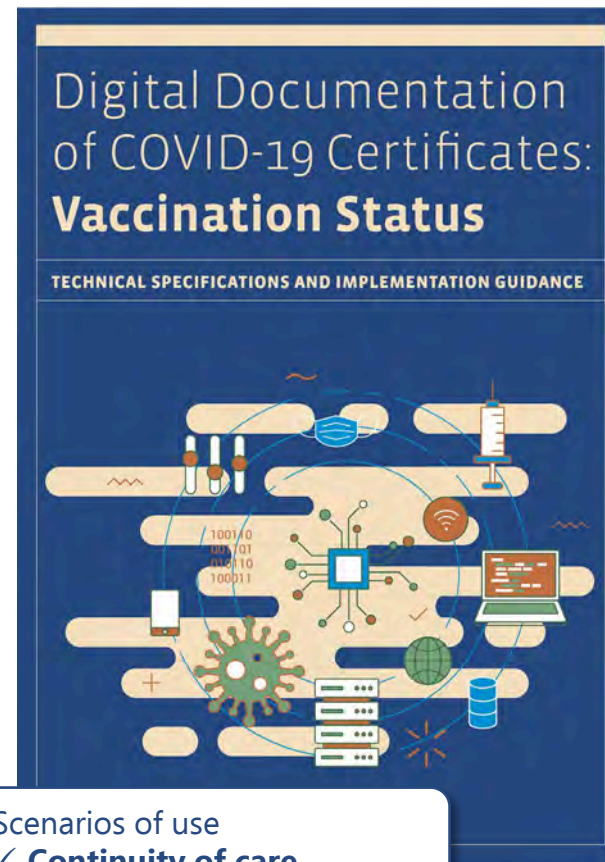
DDCC guidance documents have been published as a starting point with those considerations in mind

Requirements and specifications for technology implementers

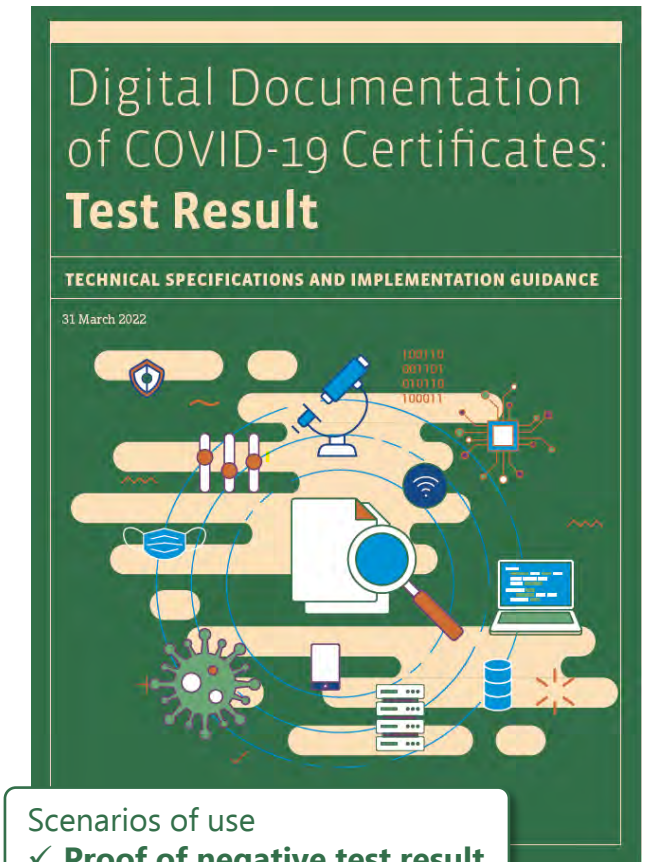
- Business processes, workflows & use cases
- Core data elements mapped to standard terminology code sets (including an annexed spreadsheet)
- Functional and non-functional requirements
- Overview of signing a digital certificate with PKI
- HL7 FHIR Implementation Guide (linked website) detailing relevant standards for consistent representation and interoperability

Implementation considerations

- Data protection principles
- Ethical considerations
- National governance considerations



Scenarios of use
✓ **Continuity of care**
✓ **Proof of vaccination**



Scenarios of use
✓ **Proof of negative test result**
✓ **Proof of previous SARS-CoV-2 infection**

DDCC specifications supports countries to adopt whichever modality best fits their context

Illustrative formats of digital vaccine certificates

1

International Certificate of Vaccination or Prophylaxis (i.e. yellow card)

2

National Immunization Home-based Record

Illustrative formats of digital test result certificates

1

Test report

Digital Documentation of COVID-19 Certificates: Vaccination Status

3

A handwritten paper certificate with only a HCID, which links to a DDCC:VS

OR

A handwritten paper certificate with a 2D barcode containing the full DDCC:VS core data set

4

A PDF print-out certificate with only a HCID which links to a DDCC:VS

OR

A PDF print-out with a 2D barcode containing the full DDCC:VS core data set

5

A DDCC:VS held on a smartphone

DDCC:TR represented as various test result certificates

2

(2) a handwritten paper test result certificate with only a HCID that links to a DDCC:TR

OR

a handwritten paper test result certificate with a 2D barcode containing the full DDCC:TR core data set

3

a PDF print out test result certificate with only a HCID that links to a DDCC:TR

OR

a PDF print out with a 2D barcode containing the full DDCC:TR core data set

4

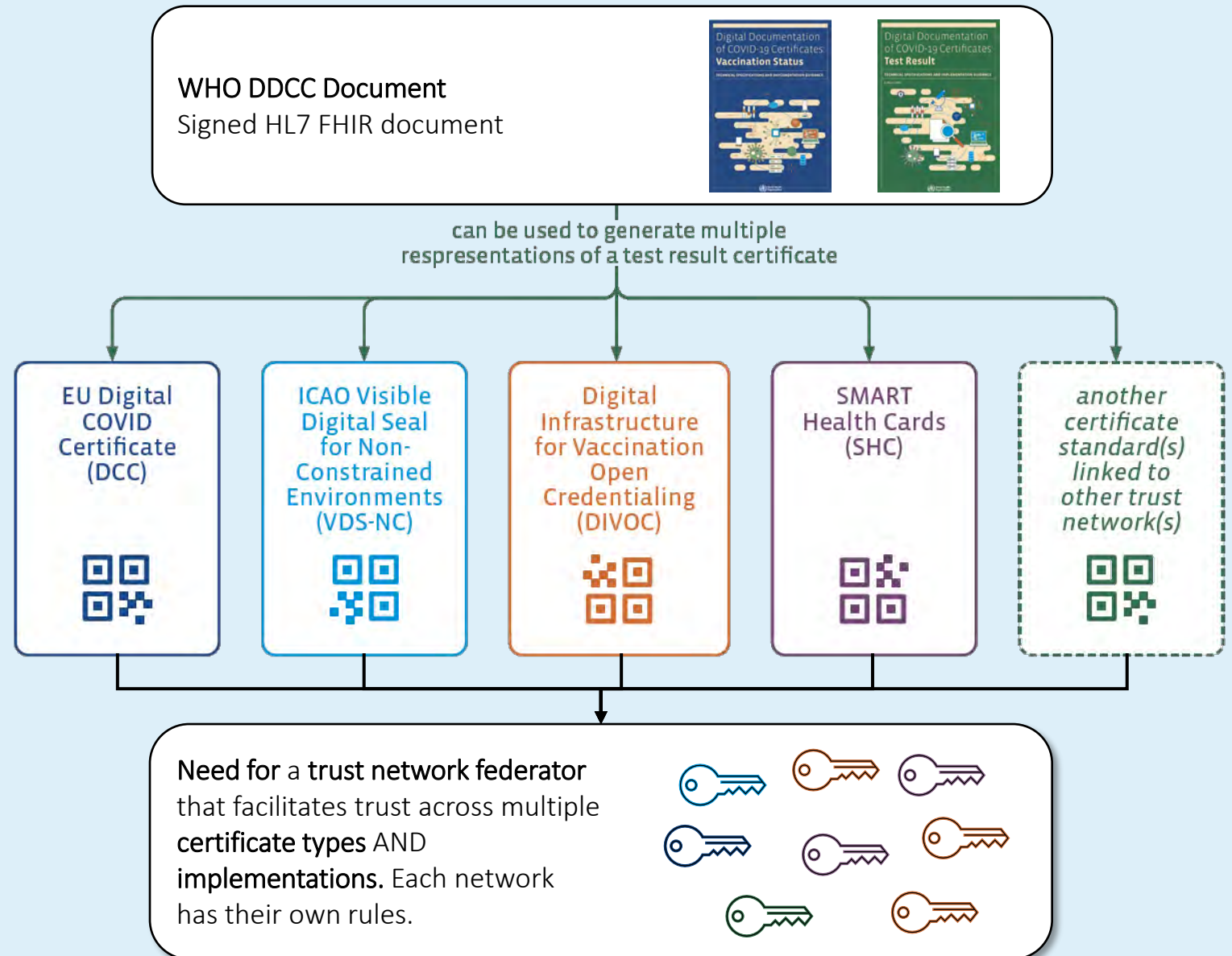
A DDCC:TR held on a dedicated smartphone application

OR

A DDCC:TR represented within an electronic personal health record held on a smartphone and/or digital health wallet

DDCC is an “umbrella” specification

- Varying public health policies across countries based on their risk tolerance
 - Mutual recognition vs. Reissuance model
- Many existing digital standards that don't interoperate
- Establishing a new standard or central solution would not be viable at this point in the pandemic
- Investment in digital technologies is expensive – will need to architect for use cases beyond COVID-19
- Updating the IHR and digitizing the International Certificate of Vaccination or Prophylaxis (“yellow card”) will take time
- There is a need for directory to federate across trust networks



Future directions of the DDCC - federated model of Interoperable Digital Health Trust Networks

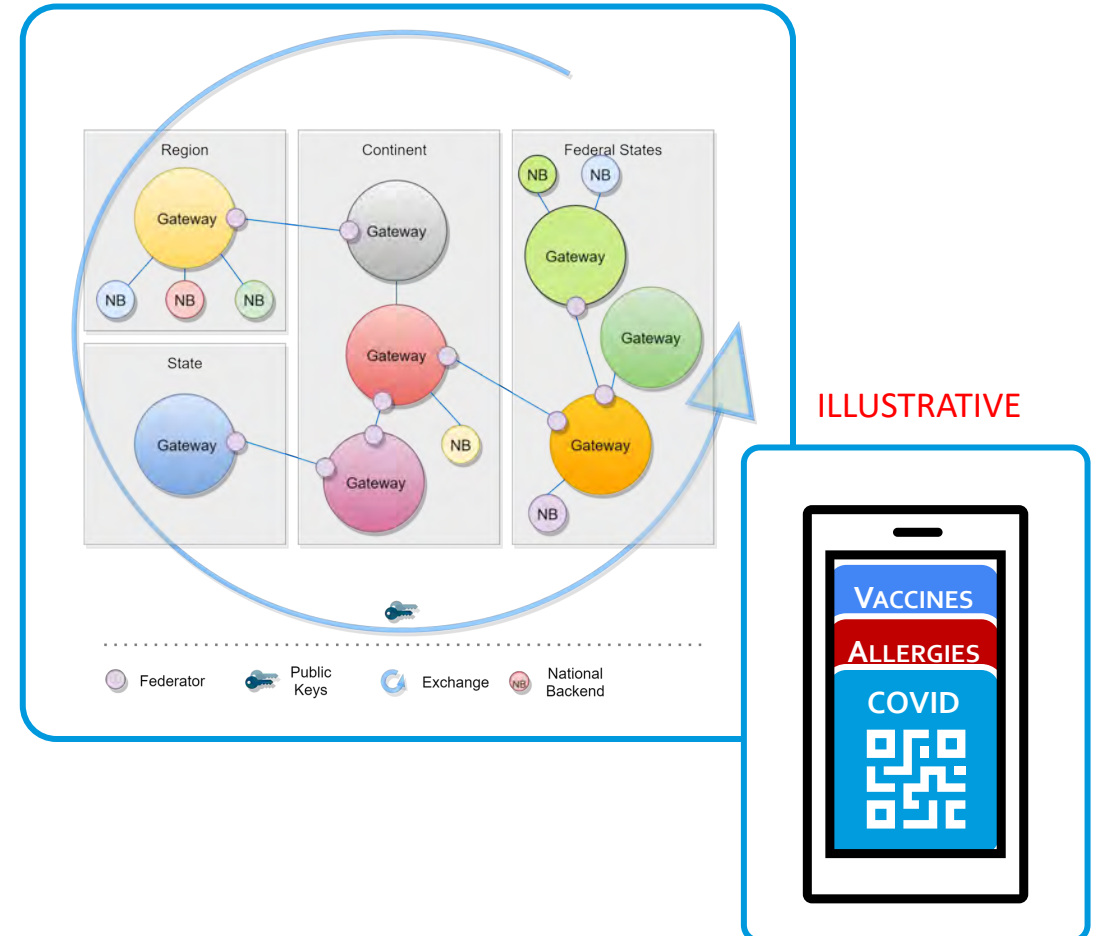
WHO is coordinating and consulting with member states, G20, OECD, GDHP to discuss a federated model of Interoperable Digital Health Trust Networks consisting of:

1. Directory of trusted services:

- PKI for any digitally signed health document
- Metadata services e.g. terminology, product list
- Business rules library e.g. is a given course of vaccinations considered valid?
- Credential & health document issuance

2. Federator to manage access between trust networks

Leveraging the **HL7 FHIR** (Fast Healthcare Interoperability Resources) **IPS** (International Patient Summary). Specific to COVID-19 first but working towards a **portable digital health wallet**.



Paths forward for international travel-related health measures

- ✓ Regular **systematic reviews of evidence on both effectiveness and impact of PHSMs** should continue to be conducted and used to inform future health emergency responses
- ✓ While technical guidance must be risk-based and context-specific, **key principles should be respected throughout the decision-making process** (i.e., evidence-informed decision-making, transparency, coordination, respect for human rights)
- ✓ **“Essential travel” needs to be clearly defined** to ensure that key operations are not disrupted during any health emergency (i.e., transport of essential personnel and goods, repatriations).
- ✓ **Coordination should be enhanced** at national and international levels to leverage from the experience and perspectives of different sectors; yet avoiding overlapping mandates.
- ✓ Consider the use of **trust networks beyond COVID-19**

Trust networks beyond COVID-19

It is fundamentally about the right for **an individual patient** to have **access and control** over **their own health information** in the form of **a personal health record**,

which can **then be used for a variety of use cases where credentials are needed** such as:

- The yellow card (IHR)/ international travel
- Reimbursements (UHC)
- Prescriptions



Thank you

For more information, please contact:
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