CVDR/S6/21/5/3

COVID-19 Recovery Committee

5th Meeting, 2021 (Session 6), Thursday 23 September 2021

Vaccination certification

Introduction

1. At this meeting, the Committee will take evidence on the Scottish Government's proposals to introduce a mandatory COVID vaccination certification scheme in Scotland from the following—

- Professor Sir Jonathan Montgomery, Ada Lovelace Institute
- Rob Gowans, Policy and Public Affairs Manager, The ALLIANCE
- Judith Robertson, Chair, Scottish Human Rights Commission

Background

2. On 1 September 2021, the Scottish Government set out its position in relation to vaccination certification schemes during the First Minister's (FM) statement to Parliament. The FM said—

> *"We propose that, subject to Parliament's agreement, vaccination certification should be introduced later this month—once all adults have had the opportunity to be fully vaccinated—for the following events and venues: first, nightclubs and adult entertainment venues; secondly, unseated indoor live events with more than 500 people in the audience; thirdly, unseated outdoor live events with more than 4,000 people in the audience; and lastly, any event of any nature that has more than 10,000 people in attendance. We do not currently consider that it would be appropriate to introduce certification for the hospitality industry as a whole, and we hope that it will not be necessary to do so. However, we will keep that position under review."*

3. On 9 September 2021, the Scottish Government published further details of its proposals and information on how the scheme would operate. The Parliament then debated this issue in the Chamber on Thursday 9 September 2021 and, following debate, agreed the following motion, S6M-01123—

"That the Parliament commends the extraordinary effort of vaccination teams throughout Scotland, which means that, as of 6 September 2021, 84% of eligible over 18-year-olds were double-vaccinated against COVID-19; recognises that case numbers remain stubbornly high and that action is needed from all sectors to ensure that baseline COVID measures are rigorously implemented; acknowledges that a number of other countries have introduced COVID certification schemes and that the UK Government has plans to introduce a vaccine certification scheme in England; believes that, in line with the Scottish Government's strategic intent, a COVID Vaccine Certification scheme can provide a targeted means to maximise Scotland's ability to keep certain higher risk settings open, while reducing the impact of transmission and encouraging the remaining sections of the population to get vaccinated; supports the implementation of a COVID Vaccine Certification scheme; agrees that the scheme will apply to nightclubs, sexual entertainment venues, indoor unseated live events with 500 or more attendees, outdoor unseated live events with 4,000 or more attendees and all events with 10,000 or more attendees; notes that measures are being taken to ensure digital inclusivity and to ensure that disabled people are not disproportionately impacted, and agrees that this scheme will be kept under regular review."

4. In order to give effect to this policy and introduce a mandatory COVID vaccination certification scheme, the Scottish Government must bring forward regulations which the Committee and Parliament will be asked to approve.

Evidence

5. The Committee took evidence from stakeholders at its meeting on 16 September 2021, the meeting papers, written submissions and transcript from that meeting can be found on the website.

6. The Committee has received submissions from The ALLIANCE and the Ada Lovelace Institute, which are attached at the Annexe to this note. Any further submissions will be circulated to Members as a late paper.

Next steps

7. The Committee expects to continue to take evidence from stakeholders on this issue at its next meeting on 30 September and at future sessions with the Deputy First Minister and Cabinet Secretary for COVID Recovery.

Committee Clerks
20 September 2021

Annexe

Health and Social Care Alliance Scotland (the ALLIANCE)

Briefing: COVID-19 Status Certificates ('Vaccine Passports')

15 September 2021

Summary

- Greater clarity is needed around the scope, purpose, and length of a vaccine passport scheme, including what data protection measures would be taken and what controls would be put in place to prevent discriminatory impact on specific population groups.

- Any introduction of a vaccine passport scheme must be carefully considered and planned to ensure it does not perpetuate or exacerbate existing inequalities or infringe people's rights – particularly for disabled people, people living with long term conditions, and unpaid carers. A detailed and robust EQIA and a HRIA on vaccine passports should be carried out and published at the earliest possible opportunity, specifically assessing the impact on intersectional population groups.

- Any vaccine passport scheme should be co-produced with disabled people, people living with long term conditions, unpaid carers, and other seldom heard groups to ensure that lived experience is at the heart of decision making.

- An intersectional, equalities and human rights based approach should inform inclusive and accessible decision making across any potential policy design, data collection, consultation, implementation and evaluation.

- Communication around any proposed vaccine passport scheme must be inclusive and accessible, and third party support and independent advocacy should be offered to people who face language or communication barriers.

- The risks of a fully digital passport scheme should be recognised, and a 'digital choice' approach should be implemented to promote and protect individual

rights, health and wellbeing. Digital literacy and access should not be a prerequisite for any vaccine passport scheme.

- Issues around vaccine hesitancy should be recognised, understood and considered sensitively and compassionately. Any vaccine passport scheme should ensure that people who have not been vaccinated – particularly as a result of protected characteristics – are not excluded from community engagement. The impact of possible exemptions should be carefully considered, and guidance should be issued outlining clear grounds for exemption.

- Greater clarity, and more robust preventative guidance would be welcome to ensure that employers cannot discriminate against people who cannot – or who choose not to – be vaccinated.

- A clear privacy framework should be implemented – and made publicly accessible – outlining how individual data would be used, stored, and accessed.

Introduction

This briefing has been prepared by the Health and Social Care Alliance Scotland (the ALLIANCE) on the potential impact of the introduction of COVID-19 status certificates or 'vaccine passports'. Informed by our members' views and research, it is intended to offer constructive observations and recommendations on how to respect, protect and fulfil the human rights of population groups who may be impacted by the rollout of a vaccine passport scheme.

The Scottish Government has stated that the proposed vaccine certification rules should not be a requirement for key services but could be used in certain 'high risk' settings. The proposal would mean that people over the age of 18 will need to show they have had both doses of the vaccine before they are allowed entry to:

- Nightclubs and adult entertainment venues
- Unseated indoor live events, with more than 500 people in the audience
- Unseated outdoor live events, with more than 4000 people in the audience

- Any event, of any nature, which has more than 10,000 people in attendance.[1]

Reassurance should be given that the proposed vaccine passport scheme would not extend beyond these remits.

General concerns

At present, a lack of clear information about the scope, purpose and length of a vaccine passport scheme is fuelling concern and raising questions, particularly for population groups more likely to be disproportionately affected by its introduction. Similarly, more information about how effective a vaccine passport is in preventing COVID-19 would be welcomed.

The ALLIANCE recommends greater clarity on what vaccine passports would be used for, how long they would be in force, what data protection measures would be taken, and what controls and measures are necessary to mitigate any discriminatory impact that they may have on certain population groups.

Equality and human rights considerations

As highlighted by the Equality and Human Rights Commission and the Scottish Human Rights Commission, the issue of vaccine passports raises key questions around individual liberty and other human rights.[2]

We know that health inequalities impact different population groups disproportionately. Recent research has also highlighted that some population groups have been affected by COVID-19 in different ways, including: disabled people, people with long term conditions, unpaid carers, people with

[1] Scottish Government, 'Coronavirus (COVID-19) update: First Minister's statement – 1 September 2021' (1 September 2021). Available at: https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-statement-1-september-2021/

[2] EHRC, 'EHRC statement on Covid status certification review' (15 April 2021), available at: https://www.equalityhumanrights.com/en/our-work/news/ehrc-statement-covid-status-certification-review; SHRC, 'COVID-19 Status Certificate: Human Rights Considerations' (April 2021), available at: https://www.scottishhumanrights.com/media/2176/21_04_28_-covid-certificates-and-human-rights-vfinal.pdf.

learning/intellectual disabilities, women (including women who are pregnant, breastfeeding, or thinking of becoming pregnant), Black and minority ethnic people, socio-economically disadvantaged people, and younger people.[3]

There is concern that the introduction of vaccine passports would exacerbate existing inequalities. The risk of discriminating against disabled people, people living with long term conditions and unpaid carers should be fully considered, and the right to live independently, and to participate in community, public and cultural life must be adequately respected and upheld. Article 19 of the UN Convention on the Rights of Disabled People sets out the equal right of disabled people to live independently and be included in the community.[4]

Particularly following the shielding policy during the pandemic, and the restrictions it brought to disabled people, people living with long term conditions, and unpaid carers, the rights of these population groups should be prioritised in any proposed vaccine passport scheme.

A broader argument also exists around vaccine passports and personal autonomy. While vaccination is voluntary, there is concern that an obligatory vaccine passport for services and employment would place individuals under undue pressure to get vaccinated, therefore limiting their ability to make any meaningful choice between a range of options.

The ALLIANCE recommends that any proposed vaccine passport scheme must be fundamentally and explicitly equalities and human rights based, and demonstrate how it will respect, protect and fulfil the human rights of all Scottish citizens. The Scottish Government should ensure that a thorough and robust Equality Impact Assessment (EQIA) and a Human Rights Impact Assessment (HRIA) on the impact of introducing vaccine passports in Scotland is carried out at the earliest possible opportunity. These assessments should explicitly address the impact on intersectional population groups.

[3] See, for example: https://www.gov.scot/publications/the-impacts-of-covid-19-on-equality-in-scotland/; https://www.nrscotland.gov.uk/files/statistics/covid19/covid-deaths-21-report-week-11.pdf; https://www.gov.scot/publications/covid-19-disabled-people-scotland-health-social-economic-harms/

[4] United Nations, 'Convention on the Rights of Persons with Disabilities (CRPD)', Article 19. Available at: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html.

Including people in decision making and co-production

We appreciate that the work around vaccine passports is fast-moving. However, it is vital that the public – particularly key groups who could be disadvantaged by the introduction of a passport scheme – are meaningfully involved in decision making at all stages. Participation is a right itself and is necessary for the enjoyment of other rights. Putting people at the heart of decision making also makes good 'business sense' because it gives decisions greater credibility and promotes sustainable implementation.

The ALLIANCE believes that a vaccine passport scheme should be underpinned by the voices of people with lived experience. As well as protected characteristic groups, this should include 'seldom heard' people to ensure that the voices, expertise, and rights of people with lived experience drive policy and practice which will impact them most substantially (for example, unpaid carers, people living in remote/rural locations, people who are digitally excluded). Additionally, policy development should be led by both qualitative and quantitative data, based on disaggregated, inclusive data gathering and intersectional analysis to ensure the needs and rights of specific population groups are adequately upheld and considered.

We propose that any vaccine passport scheme should be co-produced with disabled people, people living with long term conditions, and unpaid carers. An equality, human rights based and intersectional approach should inform decision making across any potential policy design, data collection, consultation, implementation, and evaluation.

Inclusive communication and accessibility

ALLIANCE members identified people with sensory loss as a key group that might be affected by the introduction of vaccine passports. 'Sensory loss' is an umbrella term used to describe a broad spectrum of individuals, including people who are blind, partially sighted, D/deaf, deafened, Deafblind, or hard of hearing. Individuals with sensory loss may all be affected in slightly different ways, and experience different language or communication barriers.

We heard from our members that lockdown restrictions and easing imposed new barriers for people with sensory loss, including loss of lip reading due to face masks, difficulties navigating public areas under social distancing guidelines, and increased street furniture for outdoor dining blocking access for blind and partially sighted people. These reductions in accessibility must not continue across the wider policy landscape.

Additionally, communication around a vaccine passport scheme should consider the rights and needs of individuals for whom English is an additional language and people with learning/intellectual disabilities. The ALLIANCE heard from a range of people in these population groups about problems understanding the Chief Medical Officer's advice letters on shielding.

Accessible and inclusive communication about any potential vaccine passport scheme should be available in multiple formats, including information about the application process, complaints handling, and other associated procedures. These multiple formats should be published simultaneously with the initial roll-out of information, rather than released several weeks later.

Vaccine passport communications must be inclusive and accessible, including: Community Languages,[5] BSL, Braille, Moon, Easy Read, clear and large print, audio, video subtitling, telephone, textphone, paper formats. People who face language or communication barriers must be offered adequate support to understand information and requirements related to the vaccine passport scheme. We recommend that any vaccine passport scheme should be tested by people for whom English is an additional language, people with learning/intellectual disabilities, as well as for general understandability prior to launch. The intersectionality between sensory impairments and learning/intellectual disabilities should also be acknowledged and accommodated. Barrier-free access to third party support and independent advocacy should be available if needed to support individuals to access and understand information.

[5] Community Languages are languages spoken by members of minority groups or communities within a majority language context. Examples in Scotland include: Arabic, Hebrew, Hindu, Makaton, Punjabi, Polish, Urdu. Available at: https://www.naldic.org.uk/Resources/NALDIC/Initial%20Teacher%20Education/Documents/Whatarecommunitylanguages.pdf.

Digital divide

The Scottish Government has confirmed that a copy of individual vaccination records would be available to download through a QR code, with the option to keep on a phone or to print off.[6]

The implications of a digital vaccine passport scheme should be fully considered in terms of widening the existing digital divide. We know that the consequences of digital exclusion are felt across all areas of life, and it is vital that the risks are fully recognised.

The rights and needs of people who are at risk of, or who are currently experiencing, digital exclusion should be prioritised. Many individuals do not have access to the internet and/or other devices such as mobile phones and printers, including disabled people, people with long term conditions, unpaid carers, people that live in rural areas, those on low incomes and older people.

Additionally, any digital vaccine passport scheme must acknowledge the specific needs and rights of disabled people, people with long term conditions and unpaid carers; must be available in an accessible format; and cater to the rights and needs of those who use assistive technology. It is critical that any digital barriers that isolate and exclude disabled people, people with long term conditions and unpaid carers are removed to ensure that rights are respected, upheld and fulfilled.

Learning from the ALLIANCE's 'My World My Health' project, highlighted that many people did not want their decision to opt in or out of a digital health and care service to put them at a disadvantage.[7]

[6] Scottish Government, 'Coronavirus (COVID-19) update: First Minister's statement – 1 September 2021' (1 September 2021). Available at: https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-statement-1-september-2021/

[7] The Health and Social Care Alliance Scotland, 'My World, My Health'. Available at: https://www.alliance-scotland.org.uk/digital/get-involved/my-world-my-health/.

The ALLIANCE endorses a 'digital choice' approach to promote and protect the rights, health and wellbeing of people accessing services.[8] We believe that an individual's right to choose should not penalise them and recommend that digital literacy and access should not be a prerequisite for any vaccine passport scheme.

Vaccine hesitancy and exemptions

Despite evidence that vaccines are key to reducing COVID-19 infections, some people may still feel less confident about being vaccinated.[9] Voluntary Health Scotland (VHS) produced a briefing paper on vaccine inclusion and potential inequalities for vulnerable groups.[10] VHS highlighted that certain population groups are more likely to experience vaccine hesitancy, many of whom have already been disproportionately impacted by the COVID-19 pandemic. For example, research has shown that people with severe mental illness have a lower uptake of similar vaccines, such as the influenza vaccine.[11] There is concern that low uptake groups may therefore be unduly discriminated against with a rollout of vaccine passports. It is essential that the rollout of a vaccine passport scheme does not further entrench these inequalities.

Until recently, pregnant women were advised against receiving the vaccine.[12] The JCVI are now advising that all pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and

[8] The Health and Social Care Alliance Scotland, 'Equally valued: A manifesto for forward-thinking, far-reaching action in health and social care' (2021), p. 7. Available at: https://www.alliance-scotland.org.uk/blog/resources/equally-valued-the-alliance-2021-scottish-parliament-election-manifesto/

[9] E. J. Haas et al., 'Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel', *The Lancet* (5 May 2021). Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00947-8/fulltext. K. Smith et al., 'COVID-19 vaccines, hesitancy and mental health', *Evidence-Based Mental Health,* vol. 24, issue 2 (2021). Available at: https://ebmh.bmj.com/content/24/2/47.

[10] Voluntary Health Scotland, 'Vaccine Inclusion: Reducing inequalities one vaccine at a time' (April 2020). Available at: https://mk0voluntaryheaenrww.kinstacdn.com/wp-content/uploads/2021/04/Final-Report-Vaccine-Inclusion-Reducing-inequalities-one-Vaccine-at-a-time.pdf.

[11] K. Smith et al., 'COVID-19 vaccines, hesitancy and mental health'. Available at: https://ebmh.bmj.com/content/24/2/47.

[12] The Guardian, 'Pregnant women in UK given green light to have Covid jab' (16 April 2021). Available at: https://www.theguardian.com/world/2021/apr/16/pregnant-women-offered-covid-vaccine-uk.

clinical risk group.[13] Current guidance from the Royal College of Obstetricians and Gynaecologists (RCOG) states that while vaccination in pregnancy is recommended, this is a personal choice and women should discuss options with a trusted source like a doctor or midwife.[14] However, conflicting and fast-changing advice has made it difficult for many pregnant women to access specific COVID-19 vaccines.[15] Although recent studies suggest pregnant women who have been vaccinated did not experience serious adverse side effects, large clinical trials which showed vaccines to be safe and effective did not include pregnant people.[16] This means that hesitancy around vaccine uptake could continue for people who are pregnant, breastfeeding, or thinking of becoming pregnant.

Specific concern has been raised around the use of exemptions in relation to pregnant women in employment. There have been proposals that people should be able to discuss reasons for accepted exemptions to vaccination passports with their employers. However, women may not want to inform their employers that they are pregnant until they are legally obliged to do so, either for personal reasons or for fear of being made redundant. This is compounded by the fact that women are already more likely to have been furloughed and made redundant during the pandemic than men, according to analysis by the Trades Union Congress, the Women's Budget Group, and the Fawcett Society.[17]

Vaccine hesitancy, and the impact of changing public advice on vaccines for those who are vaccine hesitant, should be recognised, understood, and considered sensitively and compassionately. Any vaccine passport scheme should ensure that people who have not been vaccinated – particularly as a result of protected characteristics – are not excluded from community engagement, public services, or employment. The impact of exemptions

[13] RCOG, 'COVID-19 vaccines, pregnancy and breastfeeding' (20 August 2021). Available at: https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/.
[14] *Ibid.*
[15] RCOG, 'Maternity Royal Colleges express concern about access to COVID-19 vaccines for pregnant women, following change in guidance around the Oxford AstraZeneca vaccine' (7 May 2021). Available at: https://www.rcog.org.uk/en/news/maternity-royal-colleges-express-concern-about-access-to-covid-19-vaccines-for-pregnant-women-following-change-in-guidance-around-the-oxford-astrazeneca-vaccine/.
[16] RCOG, 'COVID-19 vaccines, pregnancy and breastfeeding' (20 August 2021). Available at: https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/.
[17] *The Guardian*, 'Women face significant jobs risk during Covid pandemic, UK analysis finds' (4 May 2021). Available at: https://www.theguardian.com/world/2021/may/04/women-jobs-risk-covid-pandemic-uk-analysis.

should be carefully considered. If a vaccine passport scheme is introduced, guidance should be issued outlining clear grounds for exemption.

Access to health, social care, and other public services

While most of the Scottish population can be identified through GP data to invite them for vaccination, many people will not have been identified as they are not registered with a GP. This is particularly true for people who are experiencing homelessness (which rose in Scotland between 2020-21),[18] or Gypsy/Traveller communities, where the introduction of an obligatory vaccine passport scheme could mean they are further excluded from public life.

The ALLIANCE therefore welcomes the clarification that vaccine passports would not be required to access public services in Scotland, including health and social care services, social security, education, and public transport.

Access to employment

The ALLIANCE welcomes the fact that vaccine passports would only be used in specific settings which do not include key public services. However, consideration should be had to the impact that the proposed scheme would have on individuals working in areas of the economy which would require a vaccine passport, such as hospitality, arts and entertainment venues. In particular, it raises concern about how employers would use vaccine passports as part of workforce planning.

Disabled people are already twice as likely as non-disabled people to move out of work (and three times less likely to move into work).[19] If people's employment becomes contingent on a vaccine passport, then there could be an increase in the employment gap between disabled people and non-disabled people. Any proposed scheme could have a disproportionate impact on people who are unable to be

[18] Centre for Homelessness Impact, 'Homelessness and COVID-19: a comparison of responses in Scotland, Wales, Northern Ireland and England' (10 March 2021). Available at: https://www.homelessnessimpact.org/post/homelessness-and-covid-19-a-comparison-of-responses-in-scotland-wales-northern-ireland-and-england.

[19] Department of Health and Social Care and Department for Work and Pensions, 'The Employment of Disabled People' (24 March 2020), p. 4. Available at: https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2019.

vaccinated, are hesitant about vaccination, or who are waiting to be vaccinated – particularly disabled people, people living with long term conditions, and unpaid carers.

The voluntary nature of vaccination raises key legal considerations about whether it would be legal for employers to make vaccination a condition for employment. For example, it may give rise to potential discrimination claims on grounds such as disability, sex, and religion or belief. Currently, there is no law to state that people must have the vaccine, even if employers would prefer someone to have it; ACAS guidelines advise employers to support their staff to have the vaccine but not to insist on it.[20]

Greater clarity, and more robust preventative guidance would be welcome to ensure that employers cannot discriminate against people who cannot – or who choose not to – be vaccinated.

Privacy concerns

To be valuable, a vaccine passport scheme must be resistant to fraud by reliably encoding authentic information (such as a COVID-19 test result) and linking that information securely to an identifiable individual.[21] It is therefore likely to include biometric and health data, which are classed as 'special category' data under the GDPR 2018. This data is given more protection than other types of data as it is likely to be more sensitive. Concerns have therefore been raised about the use and storage of this data, and the possible infringement that the introduction of a vaccine passport scheme could have on an individual's right to privacy.

Privacy concerns should also be considered in the context of possible exemptions from a vaccine passport scheme, where people could potentially be obliged to disclose sensitive health and personal information in order to access services and/or employment.

[20] ACAS, 'Getting the coronavirus (COVID-19) vaccine for work'. Available at: https://www.acas.org.uk/working-safely-coronavirus/getting-the-coronavirus-vaccine-for-work.
[21] Nuffield Council on Bioethics, 'COVID-19 antibody testing and "immunity certification"' (18 June 2020). Available at: https://www.nuffieldbioethics.org/publications/covid-19-antibody-testing-and-immunity-certification.

A clear privacy framework should be implemented – and made publicly accessible – outlining how individual data would be used, stored, and accessed in a vaccine passport scheme.

Conclusion

Vaccine passports offer the promise of a "return to normal", where people can move freely within society, travel, and work without the restrictions that have characterised much of the pandemic period, and with minimised risk of contracting or carrying COVID-19. However, ALLIANCE members have highlighted the complexity of the concept in policy and practice. In a poll by Disability Equality Scotland respondents recognised that the proposed scheme could provide reassurance to the public and staff in public settings like pubs and theatres, and for international travel.[22] However, there are practical questions to be answered around the scope of any proposed scheme, as well as key ethical, equality and human rights considerations. Research by the Poverty Alliance found that the most common concern for their members was "the potential for [vaccine passports] to be a divisive measure that will reinforce inequalities and create further divisions in society."[23]

If any vaccine passport scheme is introduced, it must place human rights and equalities at the forefront of design, development and implementation, with early and sustained engagement with people (including disabled people, people with long term conditions, unpaid carers and other seldom heard population groups) who are most likely to be adversely affected by vaccine passports. Without meaningful co-production and the prioritisation of human rights and equalities, vaccine passports risk entrenching societal inequalities instead of building back better.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a

[22] Disability Equality Scotland, 'Weekly Poll – Vaccine Passports' (1 March 2021), available at: https://yoursayondisability.scot/vaccine-passports/.
[23] The Poverty Alliance, 'Covid status certificate summary findings' (May 2021), p. 5. Available at: https://www.povertyalliance.org/wp-content/uploads/2021/05/Poverty-Alliance-Covid-status-certificate-survey-summary.pdf.

growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership

Ada Lovelace Institute

About Ada

The Ada Lovelace Institute is an independent research and deliberation institute with a mission to ensure that data and AI work for people and society. It was established by the Nuffield Foundation in early 2018, in collaboration with the Alan Turing Institute, the Royal Society, the British Academy, the Royal Statistical Society, the Wellcome Trust, Luminate, techUK and the Nuffield Council on Bioethics.

Ada has been running a programme on COVID-19 technologies since April 2020, bringing together experts and publics to assess the use and governance of contact-tracing apps and vaccine passports, and monitor their development around the world.

Key relevant reports and evidence

Checkpoints for Vaccine Passports. Requirements for governments and developers

Following an international call for evidence, this is a synthesis of evidence presenting the key debates, evidence and common questions under six subject headings: science and public health; purpose and use; law, rights and ethics; sociotechnical design and operational infrastructure; public legitimacy; future risks and global consequences.

The current vaccine passport debate is complex, encompassing a range of different proposed design choices, uses and contexts, as well as posing high-level and generalised trade-offs, which are impossible to quantify given the current evidence base, or false choices that obstruct understanding (e.g. 'saving lives vs privacy'). Meanwhile, policymakers supporting these strategies, and companies developing and marketing these technological solutions, make a compelling and simplistic pitch that these tools can help societies open up safer and sooner.

This study disentangles those debates to identity the important issues, outstanding questions and tests that any government should consider in weighing whether to permit this type of tool to be used within society. It aims to support governments and developers to work through the necessary steps to examine the evidence available, understand the design choices and the societal impacts, and assess whether a roll-out of vaccine passports could navigate risks to play a socially beneficial role.

Expert deliberation: What place should Vaccine Passports have in society?

This review summarises the findings and recommendations of the group, chaired by Professor Sir Jonathan Montgomery, and made up of multidisciplinary experts from the fields of immunology, epidemiology, sociology, international development, behavioural science, law, medical history, public health, ethics and technical system design.

The group, meeting across two weeks in January and February 2021, considered the risks and benefits of the potential roll-out of digital vaccine certification schemes, and discussed the evidence, deliberated on use cases, explored opportunities and risks, and identified areas of consensus to support government decision makers around the world.

The group agreed that vaccine passports should not be considered in the abstract, but could only be evaluated around specific use cases in terms of weighing benefits and harms. Despite the potential benefits of personal liberty, public health and economic recovery, it found that – as of February 2021 – roll out of vaccine passports was not justified due to the lack of evidence on transmission.

Acknowledging that evidence on transmission would evolve, the group highlighted a number of risks that deserve real scrutiny:

- The move towards a system of individualised risk scoring **could undermine public health by treating a collective problem as an individual one, and reducing compliance with social distancing, hand hygiene and masks**.

- Building infrastructure around vaccination could **exacerbate distrust by marginalised groups and increase vaccine hesitancy**, if this is seen as introducing mandatory vaccination by the back door, or building surveillance apparatus for communities that are already disproportionately monitored.

- Tying movement to vaccine certification could increase inequality nationally, entrench existing global inequalities, and potentially even supercharge vaccine protectionism.

- Infrastructure introduced for one purpose might be used for another – and information might flow to third parties or personal data may be repurposed, leading to **scope creep and unnecessary information flows** This isn't an issue that can be solved by technical build alone; even the most privacy-preserving technology could be used to share some manifestation of health information or risk score to different actors, from potential employers to insurance companies.

- Stepping back from the immediate issues, there are – no less weighty – concerns about future uses through the **normalising of health status surveillance.**: that we are creating a long-term, powerful digital infrastructure, for a time-bounded crisis. We've seen the proliferation of security infrastructure post 9/11, and the once-limited, now essentially mandatory, Aadhaar identity systems in India. Once individualised risk scoring permeates society, it may not easily be stripped back.

Ada Lovelace Institute

No Green Lights, No Red Lines

This report synthesis public perspectives on COVID-19 technologies in July 2020. It takes lessons from Ada Lovelace Institute public engagement to assist Government and policymakers navigating difficult dilemmas when deploying data-driven technologies to manage the pandemic, and when judging what risks are acceptable to incur for the sake of greater public health.

To support technology developers and policymakers to design tools that anticipate the preferences and mitigate the legitimate concerns of the public, we have pulled relevant insights from three public deliberation projects, identifying six lessons that should be brought to bear on the design and deployment of COVID-19 technologies:

1. **Trust isn't just about data or privacy.** To be trusted, technology needs to be effective and be seen to solve the problem it is seeking to address.

2. **People's experiences and expressions of identity matter – and are complex.** Categorising individuals can be reductive and disempowering.

3. **Public health monitoring and identity systems are seen as high-stakes applications** that will need to be justified as appropriate and necessary to be adopted.

4. **Tools must proactively protect against errors, harms and discrimination**, with legitimate fears about prejudice addressed directly.

5. **Apps will be judged as part of the system they are embedded into** – the whole system must be trustworthy, not just the data or the technology.

6. **The technologies under discussion are not viewed as neutral**. They must be conceived and designed to account for their social and political nature.

Additional sources of evidence

International Monitor of Vaccine Passports and Covid-status apps
We have been monitoring and recording the evolution of 'vaccine passports' and the debates arising from them around the world since May 2020. The tracker is up-to-date as of 21.9.2021

Event series bringing together international experts to discuss:

The history and uses of vaccine passports and COVID status apps | Ada Lovelace Institute

The epidemiological and economic impact of vaccine passports and COVID status apps | Ada Lovelace Institute

Ada Lovelace Institute

The ethical implications of vaccine passports and COVID status apps | Ada Lovelace Institute

The socio-technical challenges of designing and building a vaccine passport system | Ada Lovelace Institute

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