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COVID-19 OPERATIONS COMMITTEE (21)71

14 JULY 2021

COVID-19 OPERATIONS COMMITTEE

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RELAXING INBOUND BORDER HEALTH MEASURES FOR VACCINATED TRAVELLERS

PAPER BY THE COVID-19 TASKFORCE

SUMMARY

1. Ministers agreed to remove isolation and day 8 testing for fully vaccinated amber arrivals to be delivered through a phased rollout, starting with UK residents vaccinated in the UK and then seeking bilateral arrangements, with the US and EU countries prioritised for inclusion from mid-August. Subject to public health considerations and the continued protection of the UK vaccine rollout, the overall objective of expanding this policy is to enable the safe resumption of international travel to allow family and friends to reunite, as well as aid economic recovery through inbound tourism and business travel. This paper sets out the policy and operational steps needed to expand the policy, also noting the potentially acute outbound issues at the short straits.

RECOMMENDATIONS

2. That ministers agree:

    a. To the proposed approach to aiming to relax measures to the amber nations across the whole of the EU later this summer, noting some outstanding issues;

    b. To submit an application to link with the EU Digital Covid Certificate Framework to allow mutual verification of vaccine certificates as soon as possible, and to do this at the same time as giving a private/public update on our intentions to reopen EU travel;

    c. If deemed epidemiologically acceptable, and dependent on the RAG discussion, making an offer to pilot the approach for non-UK vaccinated arrivals with France initially, if needed during the negotiations on upstreaming PAF checks; and

    d. To agree to the proposed negotiating position with the US on reopening travel.

POLICY CONSIDERATIONS AND DECISIONS

3. Ministers should be clear there are two related but distinct issues at play - travel policy and recognition of certification solutions. The former is about the measures applied to travellers, and are sovereign decisions; the latter is a technical solution to help facilitate

these policies. Decisions in one need not directly include or preclude the other; for example we could enforce an inbound policy via physical inspections and without mutual recognition of certification. Equally we can progress mutual recognition of certification in advance of decisions on inbound travel. As with UK residents, this checking would be done by carriers.

4. Our present expectation is there will not be widespread digital integration of vaccine certificates between the UK and other countries until later this year, though individual agreements could be reached earlier. This means that in practice the **policy steps** needed to expand our current inbound vaccination policy to those vaccinated abroad are:

   a. Agreeing that the regulatory standards covering the country or bloc in question are acceptable to the UK;
   b. Agreeing that the certification solution deployed by that country is an acceptable form of verification from a UK perspective; and
   c. Agreeing that arrivals from that country will be subject to the same self-certification/carrier visual check regime as returning UK residents, until digital integration and verification is possible later in the year
   d. Agreeing that arrivals from that country should be treated under the same measures as agreed in the COVID-O on Fully Vaccinated Amber Arrivals, with the same exemptions for u18s,, and those on vaccine clinical trials (if we are confident in those countries' clinical trials).

5. As noted when ministers agreed to the initial approach, this is **not without risk**. From a public health perspective, across broadly similar rates of COVID-19 disease in the UK and in an overseas country (and in the absence of a vaccine escape variant in the other country) then relaxing restrictions for vaccinated overseas residents is generally not inherently more risky than doing so for vaccinated UK residents. This is so long as we are confident in the efficacy of the vaccines that country is administering and in the quality of the certification.

6. If however an overseas country has very much higher levels of disease than in the UK (noting that vaccines are not 100% effective) or has a variant of concern not present in the UK to any great extent and with the potential to cause vaccine escape, then relaxing restrictions for vaccinated overseas residents is inherently **more risky** than doing so for vaccinated UK residents. This is the case even if that country is administering high quality vaccines with good certification practices. Maintaining a rigorous red listing process which takes account of prevalence, genomic sequencing capability and variant emergence overseas will therefore be important to continue to manage this risk.

7. Assuming other amber countries do not have new VuIs or VoCs, and we are confident in their vaccine rollout, the primary risks to any expansion are a greater exposure to new variants, a greater aggregate health risk to the UK, and additional pressure on inbound and outbound systems derived from increased traveller volumes. The epidemiological picture is very unlikely to be static, and the international picture is constantly changing. The risk therefore remains that a **VOC with significant vaccine escape** could enter the UK and set back the UK recovery.

8. In addition to the general risks posed above, the additional risk posed is it would expand the potential for fraud given reliance on a carrier check regime which will become more complex as we require carriers to check an expanded range of certificates.

9. Finally, a move to increase the number of people eligible for fully vaccinated quarantine free travel would mean we could quickly push above the planning assumption of 30% of 2019 traffic levels, thus putting further and potentially unmanageable pressure at the border - inevitably leading to longer queues. To mitigate against this, ministers should therefore urgently consider mitigations such as moving exemptions checking away from the border to coincide with the expansion of the fully vaccinated travel policy, which DFT and the Home Office will bring back to the committee.

10. That said, as set out before, there are counterposing economic risks of inaction. The travel sector has been hit particularly hard and there is significant risk of redundancies if HMG is not able to find a way to develop a sustainable path to recovery, which this expansion would seek to provide. Moreover, a number of other countries have pursued similar measures beyond their own nationals, which could leave the UK at a competitive disadvantage. On balance - and taking into account the previous paper on the topic - our recommended approach is to seek to expand the policy over the summer as set out below. As the proposed freedoms only apply to arrivals from amber list countries, if EU Member States or the US were to be added to the red list then implementation of the expansion would need to be limited.

11. To note, If ministers accept the recommendations in this paper, this will in effect mean that the UK would recognise EMA and FDA vaccines as being of a similar standard to MHRA-approved vaccines. While this is an important step towards a full position regarding recognition of the range of vaccines across the world, we will also need to consider the issue in the round. We will return to COVID-O shortly with a full proposal on the proposed UK position on recognising the world's vaccines.

RELAXATION OF MEASURES FOR TRAVELLERS FROM THE EU

12. While ministers may choose to pilot France (as set out in the below section), we are working on the assumption to broaden the relaxations out to wider EU countries in the coming weeks and months. There were a total of 24.8m inbound visits from the EU in 2019, with a total spend of £10.7bn. The economic impact of EU travel is further detailed in Annex B. We therefore propose to use the France expansion as a pilot for a wider reopening, with a **stated intention to subsequently extend relaxations to the whole of the EU over the summer**. This staggered introduction would allow the border to cope with increasing demand.

13. The final decision and timing about reopening to the EU would depend on the latest public health advice. It would be sensible from a public health position to exclude some countries from the expansion of the policy, if there were specific dangers posed to UK public health, for example the prevalence of a specific or set of variants of concern, a variant with vaccine escape characteristics, or much higher prevalence than the UK (in light of vaccines not being 100% effective). For example, we could open up to EU countries in general, while retaining restrictions on red-listed and amber-plus countries.

14. Border health measures - including self-isolation measures - are a Member State competence, although there are EU-wide recommendations in place and the EMA is the regulator for the whole of the EU. Many EU countries like Germany, France, Denmark and Estonia have already relaxed measures for fully vaccinated British travellers travelling to those countries. While member states have discretion over which vaccines they use (some have used non-EMA-approved vaccines), only the EMA approved ones are automatically recognised across the EU.

15. While most of the vaccines administered in the EU are vaccines regulated by the European Medicines Agency, there are some fringe cases where non-EMA approved vaccines have been rolled out. Most EU countries have stated their position to only recognise EMA-approved vaccines, and our assumption is that we would do the same. However, we will revert to COVID-O with further details at the point at which any such decision becomes applicable.

16. Ministers should note the potential diplomatic **LPP** risk in opening up to the EU before the rest of the world, noting that there are countries outside the EU who have a better epidemiological situation than some EU countries.

   Do Ministers agree that we should aim to reopen to amber EU nations as soon as supported by public health advice, noting the need for further consideration of policy and operational issues?

17. Separately, there is an opportunity to reach a technical agreement with the EU on mutual recognition of vaccine certificates. This would allow automatic verification of vaccine certificates between the UK and EU, reducing the risk of fraud and delivering a more seamless and integrated journey for passengers and carriers.

18. Any agreement with the EU to recognise each others' certificates would not necessarily require or lead to a relaxation of entry measures, but would help facilitate this policy. Until digital integration is in place, any relaxation of border measures for vaccinated EU arrivals would be based on carrier checks as outlined above.

19. At the same time as we registered our application to join the EU Digital Covid Certificate (DCC) framework, we would share our intentions to reopen travel with EU countries for fully vaccinated travellers, either privately or publicly. This may help expedite our application.

20. Work is ongoing to submit an application to join the EU's (DCC) framework, with more detail set out in Annex A. In summary:

   a. The European Commission has developed a checklist for third countries to facilitate a technical 'linking up' of systems, which involves a self-assessment to confirm to the European Commission that our technical specifications are equivalent to the EU digital gateway. Our view is that this will not be difficult to achieve as we already align to the WHO (and by extension EU) international standards in developing our certification system. Once the technical checks are

complete, the Commission would need to launch a more political process to adopt a so-called 'equivalence decision'. This would need to be approved by the Member States.

b. We understand the European Commission is talking to circa 30 third countries about this process and Switzerland was granted equivalence on 8 July. Conversations are already underway with countries like Canada and Australia, so we should not assume we are at the front of the queue, though the imperative to facilitate travel between the UK and France may help in this regard. However, the European Commission has also suggested that they will take into account 3rd countries' inclusion on the EU 'safe list' in their traffic light system when prioritising agreements, which the UK is currently not on.

21. It should be made clear that this technical agreement on mutual recognition of vaccine certificates does not imply that the UK must accept any vaccine shown on a Digital Covid Certificate - we would likely be obliged to accept any EMA-approved vaccine (currently AstraZeneca, Pfizer, Moderna and Janssen), and there would likely be a legal obligation on us to treat Member States the same. Nor does it mean any agreement on other policy issues such as medical or clinical trial exemptions.

22. If we do align with the EU DCC framework, the paper-based proofs of vaccine will have to be resent to UK residents who have requested them, as the new versions of the letters will have updated QR codes containing relevant verification information. Further work is also needed to understand how we can ensure the Devolved Administrations are able to align to the EU standards and the DCC framework before they have technical solutions in place.

Do Ministers agree that we should submit this application as soon as possible, to enable engagement to begin in advance of the August break, using that discussion to signal our wider intention to expand our policy gradually to all member states?

POTENTIAL PILOT PERIOD WITH FRANCE

23. In advance of a broader reopening, we could implement a pilot with France in the more immediate term. The comparative urgency of broadening our policy to France is driven by the discussions with the French Government over the short straits. If the French are resistant to upstream carrier checks in negotiations, we would begin by highlighting and leveraging our own mitigations, making it clear that Border Force are considering operating spot-check instead of carrying out full checks in the North of France to avoid a serious situation developing, and that we expect the same pragmatism from the French. The French will hopefully work with us to avoid a mutual deterioration on both sides of the straits. However, if not, we would then potentially also need to set out a process and timetable for fully vaccinated French residents to ensure continued positive cooperation.

24. We are therefore proposing a potential expansion of our fully vaccinated policy to include French residents, **to be offered only if needed**, during negotiations with the French on their willingness to upstream outbound checks for travellers to France. If not required, the intention would be to introduce relaxations for French residents in line with the broader expansion of the policy as set out in the next section. Due to the wider epidemiological

issues set out in the subsequent paragraphs, we would recommend that even if this offer was made, UKG would not commit to any firm dates to allow a decision to be made closer to the time, informed by the latest JBC data.

25. The French have been accepting vaccinated British travellers for a month (since 9 July), so it should not be taken as a given that they are expecting reciprocity. They have also shown willingness to unilaterally add the capability to automatically verify NHS vaccine certificates to their border flow, accept UK vaccine certificates for their domestic certification purposes, and share public key infrastructures with us to enable automatic verification of certificates.

26. This must also be considered against the backdrop of the wider public health situation in both the UK and France. France, this Monday, tightened restrictions on non-vaccinated UK arrivals in response to rising delta case rates in the UK, for example reducing the pre-departure test window for non-vaccinated people to 24 hours. More significantly, COVID-O is also considering today whether to add France to the red list. Even if this does not happen, it indicates concern from UK public health officials about the situation in France, especially regarding the Beta variant which has shown some vaccine escape properties.

27. Ministers should therefore consider whether it is prudent to pilot the reopening of travel for fully vaccinated travellers with France in its current epidemiological situation. We would also need to ensure clear messaging and rationale if we were to go ahead with France ahead of other EU countries, given that we have already engaged in technical talks on mutual recognition of certificates with the European Commission. This could create wider handling risks if applied only to France as there are circa 20 other EU countries who have also already removed quarantine restrictions for fully vaccinated British travellers and who come under the regulatory remit of the EMA.

28.

29. **Legal Professional Privilege**

30. We would also need to consider when our intention is to bring this live from, and whether to simply commit to having these arrangements in place soon. **Legal Professional Privilege**

Legal Professional Privilege

31. In terms of the policy framework established above, the following details would underpin the expansion to include France:

a. France uses vaccines regulated by the European Medicines Agency (EMA)[1]. There are no concerns about the efficacy of EMA authorised vaccines.

b. The mechanism for verification would be the *EU Digital Covid Certificate* as shown in the TousAntiCOVID app, or on paper. Again, we consider both to represent acceptable forms of certification, of similar security to the NHS certificates.

c. We would need to confirm carriers could also perform the necessary checks, in particular at the juxtaposed controls, as part of negotiations.

d. Relaxing measures for travellers from France would increase the total number of passengers travelling into and out of the country. <u>This may add further pressure at the short straits from French returnees</u>. Border Force has also previously stated that it would be operationally untenable to increase the volume of passengers any further than already agreed from 19 July, so an expansion of this policy from this date could have operational knock-on effects and increase queue times at the UK border as a whole. There are also potential diplomatic handling issues with the EU in prioritising some countries over others.

e. We would mirror the policy for the UK where possible, such as accepting under-18 French residents (irrespective of vaccination status) without the need for them to self-isolate or the day 8 PCR test. We would also urgently work towards a position on other groups to accept (as we have for the UK) such as those on formal French COVID-19 vaccine clinical trials. There are risks with this approach, including that it will be impossible to verify if under-18s are resident in France or not - this will be done by self-declaration on the PLF.

f. We would seek French agreement to treat UK residents participating in UK vaccine clinical trials as vaccinated.

Do Ministers agree to make an offer of piloting our relaxed travel measures for French arrivals if required, dependent on wider conversations about France's epidemiological situation and the outcome of its RAG rating?

RELAXATION OF MEASURES FOR TRAVELLERS FROM THE US

32. There are similar considerations around the US, and the reopening of trans-Atlantic travel. Following on from commitments made by the PM and President Biden in June to explore options for a return to safe and sustainable international travel and to normalise travel between their two countries, the UK-US Expert Working Group has met twice to discuss these issues. These meetings have indicated that there is scope to use the successful rollout of the vaccination programmes in the UK and the US as the basis for establishing a trans-Atlantic full-vaccination corridor. It is also important to consider the economic benefits of opening up inbound travel to the US, which brought a total of 4.5m

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[1] Currently Pfizer/BioNTech, Moderna, Oxford/AstraZeneca and Janssen are EMA-approved

inbound visits in 2019 with a total spend of £4.2bn (further details are outlined in Annex B). To further advance talks with the US, we will now need to put on the table a concrete policy proposal for negotiation.

33. As noted in the above sections, a final decision on reopening to vaccinated travellers would need to be made in light of the latest JBC data and in consideration of the wider public health picture. As set out in the public health advice in this paper, if the US had a much higher prevalence than the UK, or if variants of concern or vaccine escaping variants emerged in the US, but the US was not moved to the 'red list', then this would become a **more risky** policy proposition. We therefore recommend retaining control over specific implementation dates, so that the latest public health data can be considered.

34. The US Government has been clear that the only viable option for certifying the vaccination status of an individual travelling from the US to the UK is the CDC card; accepting this is not without significant risk. However, we consider that accepting the CDC card as proof of vaccination status for US nationals and residents travelling to the UK from the US - to be checked by carriers as with NHS and/or EU Digital Covid Certificates - is necessary to establish a full-vaccination travel corridor between the UK and US and secure the benefits of a speedy return to trans-Atlantic travel, at least until a viable alternative option is developed.

35. CDC cards provide almost no fraud protection; they are paper cards which have no security features, are handwritten, are not linked to a certification system, and can be easily duplicated. The US Government has noted the high-fraud risk attached to the CDC card, however, it does not consider that there will be any alternative solution to the CDC card for the foreseeable future (several months), and even then, any solution would likely be delivered through voluntary private sector solutions, rather than through a federal government initiative, providing highly fragmented and incomplete coverage.

36. At the same time, if we accept this as a paper standard, other nations (including those with a track record of high fraud levels and low paper-based security markings) may expect similar treatment. We need to decide how we will manage that risk in advance of accepting it as a solution for the US.

37. To reduce the fraud risk, our acceptance of the CDC card should apply only to US nationals and residents, so travellers would have to show their US passport or Green card, as well as their CDC card to be permitted to enter the UK without self-isolating. Before accepting the CDC card as proof of vaccination status, we should make clear to the US that our expectation is that they will work towards introducing a more secure solution, and that this is a temporary means to facilitate travel. As such, we should agree a review point for the approach to UK-US travel, and outline that we would have to reconsider our acceptance if fraud were to become a significant issue.

38. Accepting the CDC card as proof of vaccination status for inbound travellers from the US would not be unprecedented. A number of European countries including France, Denmark, Italy, Greece and Iceland are already accepting US travellers who present their CDC card arrival as proof that they are fully vaccinated. However, some countries are

asking for a sworn attestation alongside the CDC card, such as France.

39. Vaccines deployed in the US are regulated by the US Food and Drug Administration (FDA). Like the MHRA and the EMA, the FDA is one of the regulators recognised by the WHO as a Stringent Regulatory Authority. There are no concerns about the efficacy of FDA authorised vaccines.

40. As above with the EU, ministers should also note the potential diplomatic **LPP** risk in opening up to the US before the rest of the world, noting that there are countries who have a better epidemiological situation outside the USA.

41. We suggest accepting the CDC card as proof of vaccination status for US nationals and residents travelling from the US if certain conditions are agreed to by the US. This would be the best way to secure the reopening of trans-Atalantic travel in the timeframes available. We therefore propose pitching the following proposal to the US:

   a. The UK will allow inbound US nationals and residents travelling from the US to England who have been fully vaccinated in the US, or are under 18, to bypass the requirement to self isolate or take a day 8 test, thereby prioritising the US in rolling out our new policy on fully-vaccinated individuals from amber-list countries.

   b. The UK will accept the CDC card as proof of vaccination status for US residents (subject to further assessment of fraud risk, and noting that there would be no way to confirm residency, and this would be done based on self-declaration).

   c. The US will clarify timescales for developing a more secure option than the CDC card as proof of vaccination status.

   d. The UK's acceptance of the CDC card is on a temporary [3-6 months] basis, on the understanding that a more secure option is forthcoming, and with the right to suspend if the level of fraud is intolerable.

   e. A review point will take place in [3-6 months] to assess the level of fraud and redesign the full-vaccination corridor if necessary.

42. The US would be asked to reciprocate by agreeing to:

   a. Lift executive order and regulations 212(f) (currently banning inbound travel to the US from the UK). It is possible this could be lifted for vaccinated passengers only, rather than all travellers.

   b. Accept the UK's COVID Pass as a valid form of certification at its borders, noting its enhanced security features.

   c. Recognise all vaccines in the UK vaccine suite, including Oxford/AstraZeneca (which is not yet authorised by the FDA).

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d. Treat UK residents participating in UK vaccine clinical trials as vaccinated.

e. Enable travel to the US for unvaccinated under 18 UK residents.

Do you agree that the above proposal should serve as a negotiating mandate for further discussion with the US through the US/UK Expert Working Group?

43. While we will push hard for a reciprocal approach to travel for individuals who are fully-vaccinated, it is possible that the US system will not move quickly enough to bring this into force for UK residents within the timeframes we are aiming for. We will continue to lobby the US, and deploy an engagement plan to apply pressure throughout the system to progress the issue. If the US is unable to move as quickly as we would like, there remains the option to reopen UK-US travel unilaterally whilst continuing to lobby for the lifting of 212(f) and the full reopening of international travel with the US. While not ideal, this would have the benefit of stimulating business and economic activity with the US. **We will revert to ministers if this scenario develops, to ask for a decision on whether to unilaterally reopen.**

ANNEX A - APPLICATION TO JOIN THE EU DIGITAL COVID CERTIFICATE FRAMEWORK

1. Currently, a UK resident travelling to the EU will have their vaccine certificate visually inspected by a carrier or a border guard. If we chose to relax inbound measures for some or all EU arrivals, then the inbound check would similarly be limited to a visual inspection.

2. There is a clear benefit to moving to a system which allows the automatic verification of vaccine certificates between the UK and EU, both in terms of minimising fraud and to allow for automation and additional checking of health status during the inbound border journey.

3. The issue of verification is separate from mutual recognition, given that a number EU countries already accept our proof of being vaccinated and we would be able to do the same if we chose to open up our policy to foreign nationals.

4. Ongoing technical discussion between NHSX and the EU have determined that this is technically possible, and the EU has stated that it is open to applications from third countries to join the public key directory they have set up, which would allow mutual recognition (i.e. scanning of QR codes) of each party's vaccine certificates.

5. The EU Digital Covid Certificate (DCC) Framework also allows for test results to be uploaded, which would again make possible verification of pre-departure tests when travelling between the UK and EU (once NHSX adds this capability to the NHS app).

Risks

6. There is a risk this is presented publicly as "joining the EU's certification scheme". Technically this is true, as the EU has set up the public key directory which we need to join to facilitate mutual recognition, but it is a reciprocal arrangement that will allow verification both ways. We will need to manage the optics to ensure this is presented in the right way.

Timing and Handling

7. We predict this could take X weeks to achieve. Our view is that to ensure the process is expedited within the EU, we engage at senior and political level as a priority to ensure the process is not held up by bureaucracy. However, a UKG announcement on relaxing inbound restrictions on inbound EU travellers is **not** dependent on achieving this technical link up. In the meantime, we would have to continue to rely on physical inspections as we are doing with the NHS app at the launch of our policy.

8. In terms of DA handling, we have two options:
    a. submit one overarching UK application, with separate annexes for DAs. The Commission has a preference for this option, and it would likely streamline the process. However, this means we would have to wait until the digital DA certification solutions are in place, which may take months.

b. or submit individual applications per administration. The benefit of this would mean that any issue with, for example, the Northern Ireland system would not have an impact on England's acceptance.

ANNEX B: 2019 EU AND US TRAVEL AND SPEND FIGURES

	Travel				Services trade	FDI positions in (2018)	Migration
	Inbound Visits	Inbound spend	Outbound visits	Outbound spend			
EU	**Total (2019): 24.8m** *Holiday: 9.6m (38%) Business: 6.0m (24%) Friends and Family: 7.8m (32%) Misc: 1.4m (6%)* (2020 – Visits from 'Europe' fell by 68%)	**Total (2019): £10.7bn** Holiday: £4.9bn (46%) *Business: £2.5bn (23%) Friends and family: £2.5bn (24%) Misc: £0.8bn (7%)*	**Total (2019): 67.0m** *Holiday: 44.6m (67%) Business: 6.2m (9%) Friends and Family: 14.9m (22%) Misc: 1.3m (2%)* (2020 – visits to 'Europe' fell by 72%)	**Total (2019): £35.3bn** Holiday: £26.5bn (75%) *Business: £2.9bn (8%) Friends and family: £5.0bn (14%) Misc: £0.9bn (3%)*	Exports (2019): £121bn (38% of total) Imports (2019): £103bn (48% of total) ------------------- *Mode four services trade (in person) – 2019 Exports (£14.8bn) Imports (£9.1bn)*	Ultimate: £448bn Immediate: £579bn	EU nationals with Pre-settled / settled status = 4.1m

US	Total (2019): 4.5m	Total (2019): £4.2bn	Total (2019): 4.8m	Total (2019): £6.0bn	Exports (2019): £80bn (25% of total)	Ultimate: £599bn	Number of US citizens living
	Holiday: 2.2m (49%) *Business:* 0.8m (18%) *Friends and Family:* 1m (23%) *Misc:* 0.4m (10%) (2020 – Visits from 'North America' fell by 74%)	Holiday: £2.2bn (53%) *Business: £1.1bn (25%)* *Friends and family: £0.7bn (16%)* Misc: £0.3bn (6%)	*Holiday: 2.9m (60%)* *Business: 0.8m (17%)* *Friends and Family: 1.0m (21%)* *Misc: 0.08m (2%)* (2020 Visits to US fell by 78%)	Holiday: £4.1bn (69%) *Business: £1.1bn (19%)* *Friends and family: £0.6bn (10%)* *Misc: £0.1bn (2%)*	Imports (2019): £43bn (20% of total) ------------------------ *Mode four services trade in person – 2019* *Exports (£12.6bn) Imports (£4.8bn)*	Immediate: £417bn	in the UK from July 2019 to June 2020: *c.133,000* 2019 visa issuance figures: Work (Tier 2): 9,222 Student (Tier 4): 14,837