



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



144th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2009

Provisional Agenda Item 4.11

CE144/16 (Eng.)

11 May 2009

ORIGINAL: SPANISH

HEALTH AND TOURISM

Introduction

1. Tourism, one of the largest sectors in the world economy, is extremely important to the countries of the Region of the Americas, especially due to its potential contribution to sustainable development. It is recognized as such in the different declarations from the corresponding political authorities at national and international levels, as well as in the activities carried out in this regard by the public and private sectors of these countries.
2. The ever-growing number of visitors provides an opportunity for economic and social growth and at the same time poses a challenge to the preservation of natural resources and protection of the public health from communicable diseases, such as in the case of the influenza A (H1N1).
3. Since the mid-1980s, the Pan American Health Organization (PAHO) has manifested its interest in providing increasing support to initiatives of its Member States in the area of health, tourism, and development. Responding to the request of these States, the purpose of the present document is to update previous frameworks and systematize the joint activities of countries in this sphere, from the standpoint of the challenges currently confronting the health systems of the Region and the global financial crisis. The proposal is based on the lessons learned from previous experiences with these activities and takes them into account.

Background

4. The Organization's position and previous efforts in this line of work can be gathered from the official and technical documents that address the issue. The most important political background is mentioned below:

- (a) In 1992, the Governing Bodies of PAHO took note of the increasing importance of tourism to the economic growth of the countries of the Americas and indirectly to the capacity of these countries to provide health services for their citizens. They likewise agreed that the health of the people, the state of the environment, and the availability of health services may have implications for the attractiveness of the countries of the Americas as tourist destinations. From that perspective, they urged the Member Governments to explore the potential for health and tourism interaction in the context of health and development as a mechanism that can strengthen the health sector, and to promote joint activities between the health and tourism sectors through the potential areas of action outlined under the five basic functional approaches of PAHO's technical cooperation (resource mobilization, dissemination of information, development of policies and plans, training, and research).
- (b) Considering the importance of environmental quality and biodiversity to the sustainability of the tourism industry in Latin America and the Caribbean, PAHO launched an environmental health and sustainable tourism development (EHSTD) initiative in the Caribbean. Within this framework, the Organization, in collaboration with the Organization of American States (OAS) and the Caribbean Environmental Health Institute (CEHI), organized the Conference on Environmental Health and Sustainable Tourism Development, held in the Bahamas in 1993. The meeting highlighted the need for the countries of the Region and, in particular, those of the Caribbean to promote: (i) adoption of a unified regional approach to the management of environmental resources, including measures to protect biodiversity, which is the basis of the tourism industry, and monitor the quality of the environment; (ii) improved environmental management practices in the planning, design, construction, and operation of all hotels and other tourist facilities; (iii) increased private sector participation in the national tourism-and-environment programs, including the cruise-ship industry, hotels, NGOs, etc.; (iv) training of public and private sector staff, including environmental health officers and hotel workers in best practices for tourism and environmental management; and (v) application and enforcement of existing legislation for environmental protection. As a result of this meeting, a consultative group on environmental health and sustainable tourism development was established, made up of several Caribbean countries. The Caribbean Alliance for Sustainable Tourism (CAST) was also created, which grew out of the Caribbean Hotel Association (CHA). The most important outcome of this conference was the systematization of the partnership among PAHO, the Caribbean Tourism Organization (CTO), and the Caribbean Hotel Association (CHA). As a result, PAHO is represented on the governing boards of CTO and CAST.

- (c) The evolution of the well-known interaction between health and tourism and the opportunities that this linkage provides for joint activities to reduce equity gaps were reexamined by PAHO in 1997. On that occasion, an account was presented of PAHO's main activities in the previous quinquennium—using an interprogrammatic approach and emphasizing the following priority areas: communicable diseases and zoonoses; education and research; health promotion; and water, sanitation, and solid waste management. Several lines of action were also suggested for future technical cooperation, under four main categories: formulation of policies, plans, and regulations; public information and training; mobilization of resources; and research. These lines of action were aimed at strengthening intersectoral activities to introduce a health perspective into the policies on tourism, as well as preparing the health sector to respond to the new challenges that tourism will pose in the 21st century.
- (d) That same year, the Organization of American States (OAS) recommended that its Member States commence the following activities: (i) *in the area of tourist health*, request close cooperation between health authorities and tourism services operators; expand and improve the information that these operators have on sanitation measures that should be applied in the area of health; develop systems for the proper management of sanitary conditions in hotels; apply risk-analysis and food-control measures in the various services; and develop systems for epidemiological surveillance in hotels and restaurants; and (ii) *in the area of health tourism*, take steps to promote this type of tourism; conduct studies of the natural resources involved in health tourism and enact national and international laws to prevent their deterioration and maintain their characteristics and durability.
- (e) The will to develop sustainable tourism for the Region was renewed at the XII Ibero-American Summit of Heads of State and Government, held in November 2002 in Bávaro, Dominican Republic. There, it was acknowledged that tourism offers an opportunity for the sustainable development of the Region's peoples, because of its capacity to create wealth in depressed regions or areas and its active contribution to protecting the environment and the cultural heritage. Within the aforementioned framework, the 2nd Ibero-American Ministers of Tourism Conference adopted a program of joint activities that emphasizes: (i) the design of programs aimed at increasing health and safety for tourism, especially, those connected with the protection and welfare of children and adolescents, for which a commitment was made to support strict observance of international agreements and national laws on the matter; and (ii) support for conducting national and regional studies on the economic, environmental, and sociocultural sustainability of tourism in Ibero-America.

- (f) More recently, the conceptual and strategic aspects of PAHO's position on health and tourism were reviewed at the 1st Meeting of the PAHO Advisory Committee on Health and Tourism/Regional Public Health Forum (Managua, Nicaragua, 3-6 December 2007). The most significant aspects of this analysis are related to the greater emphasis on health promotion, the prevention of risk factors, and the notion of well-being in the definition of health and tourism and, moreover, with the relevance of health-related aspects in environmental regulations. Furthermore, several activities were showcased in which tourism contributes to local development, equity, and attainment of the Millennium Development Goals (MDGs)—for example, the Sustainable Tourism-Eliminating Poverty (ST-EP) program of the World Tourism Organization. For the first time, a Program of Action on Health and Tourism for the Americas was proposed, which would be promoted and sponsored by a partnership of international organizations interested and involved in the interaction between health and tourism (Inter-American Advisory Committee on Health and Tourism). This program is geared to tackling the Region's primary difficulties in this field in connection with: (i) integrated surveillance of health events; (ii) integration/collaboration/communication among tourism, public health, and related sectors; (iii) institutional framework for policy and program implementation; (iv) infrastructure and services of established public and private partnerships; (v) standards of quality for health and tourism; and (vi) professionals trained in health and tourism.

Situation Analysis

5. A complex relationship involving individual and environmental factors, government policies and those of the hospitality industry, and the existing facilities goes into ensuring a safe, healthy, and happy experience for guests and the staff of tourist facilities. Of course, national policies and infrastructure that guarantee a safe water supply and efficient wastewater and solid waste disposal benefit tourists, hotel workers, and the local population. Health problems in the tourism industry can range from infectious diseases and sports and traffic injuries to problems with substance abuse and violence, and disorders resulting from diving or from driving. Acknowledgement of these problems led the PAHO Directing Council, in 1992, to adopt a resolution on Health and Tourism. Particular problems and concerns in the Region include travelers' diarrhea and Legionnaires' disease. In recent years, viral gastroenteritis on cruise ships and in hotels has also aroused considerable interest.

6. One of the main factors associated with the emergence and reemergence of infectious diseases is the international movement of people, population subgroups, and goods. Due to the widespread geographical distribution of infectious diseases in the Americas and the steadily growing number of travelers—over 142.1 million people traveled in the Region in 2007—there are many opportunities to contract an infection

while traveling in developed and developing countries alike. For example, the virus that causes acquired immunodeficiency syndrome (AIDS) continues to spread around the world, and tourism industry workers have the greatest exposure (a study in Jamaica showed that infection rate for the human immunodeficiency virus (HIV) in hotels is higher than the average rate in the country). HIV infection is having a serious and growing impact on people's lives, society, and the economy. The Caribbean is the most affected subregion in the Americas.

7. Most large hotels have small clinics and a list of available doctors, but given the growing number of visitors, more structured programs are needed to provide health care for tourists. Expansion of these types of services should be geared to improving the quality of health care for the local population and to the country's development. These facilities can be included under the heading of preventive health services, emergency medical care, chronic disease management, and evictions for health reasons.

8. Health system functions are critical to preventing problems and providing patients with good quality services, which includes observance of the International Health Regulations, emergency care, and health promotion (safe drinking water, healthy recreational waters and beaches, space for physical exercise, smoke-free environments, and controlled alcohol consumption are among the most important aspects).

9. A basic requirement for the infrastructure of the tourist trade is the provision of appropriate, healthy, and safe tourist and health facilities in both the private and public sectors. It is recommended that hotels, other tourism projects, and safe hospitals be constructed according to the standards or codes established by local authorities. The purpose of building codes is to protect public health, safety, and the environment through the effective use of up-to-date construction technology. The Region's vulnerability to natural disasters—especially in the Caribbean, Central America, and North America—poses serious risks to the tourism industry and underscores the importance of using uniform building codes as resources for community preparedness and recovery capacity.

10. Other sustainable development issues also intervene in the relationship between health and tourism. Chief among these are energy efficiency, climate change, environmental conservation, and healthy environments. Hence, there is a need for further progress through conceptual and operational inputs that involve best practices and public policies that contribute to sustainable development.

Proposal

11. Since 1992, PAHO has viewed the issue of health and tourism in the context of health and development. Health, as an indicator and at the same time an instrument of economic and social development, should interact with the tourism sector, which has

become increasingly important to Latin American and Caribbean economies in recent years (the estimated revenue from international tourism was US\$171 billion in 2007).

12. Health, security, and the environment are cross-cutting issues affecting the profitability and sustainability of the tourism industry. Experience in several areas of the world has shown that rapid expansion of tourist facilities tends to be associated with challenges for the health and environment sectors. At the recent meeting of the PAHO Advisory Committee on Health and Tourism in Nicaragua in 2007, an analysis was done of the relationship among tourism, health, and the environment as an issue that links one of the largest sectors of the global economy with the problems of environmental conservation and social and health capital. Similarly, the subject of travel for health reasons was emphasized, a phenomenon that has increased in recent times; in this context, tourism serves the basic human need to recover mental and physical well-being. Dealing with these problems includes setting standards for medical care, laboratory testing, lodging, and others.

13. The definition and application of environmental standards for public health, as well as systems for the certification of areas and facilities for tourism and health are a priority. The same is true for health promotion, information for tourists, and information for local people. The handling of global environmental problems, the sustainability of tourism, and the surveillance of and response to health problems relevant to tourism justify joint learning by the PAHO Member States.

14. At this level, it is envisioned that the areas of cooperation that will be promoted are aimed at strengthening and implementing the following aspects: (a) integrated surveillance of health events; (b) integration/collaboration/communication among tourism, public health, and related sectors; (c) institutional framework for policy and program implementation; (d) infrastructure and services of public and private partnerships; (e) health and tourism quality standards and regulatory measures; (f) professionals trained in health and tourism; and (g) implications of for health and the environment.

15. Addressing a complex issue such as health and tourism requires a multisectoral initiative for the situation in each country and the close, systematic sharing of experiences, in addition to shared, joint activities among countries. A series of mechanisms must be created that is based on a strategy to strengthen the governance of the process, and on knowledge and information management. One means for this could be the PAHO Forum on Health and Tourism, motivated by the interface between the tourism and health sectors.

16. From this perspective, the intent of the proposal is to consolidate and organize information and knowledge management on health, tourism, and the environment, using

the Forum on Health and Tourism and other cooperation mechanisms. This would include a combination of critical events—such as consultations, meetings, or summits—primarily for periodically addressing priority issues related to the topic—for example, health surveillance, health promotion, and environmental health regulations—together with an ongoing sharing and networking process. A number of special activities would be programmed and promoted, such as multicenter research studies, as the need arises. Institutional development and initial or refresher training for workers in tourism, health, and other sectors could be offered using an online platform, following a detailed determination of how to increase knowledge on the subject among governments and private entities.

17. The resources necessary for making this proposal possible would primarily be obtained from external sources. Public-private partnerships at the national and international levels are vital to increasing the feasibility of the proposal.

18. The Pan American Sanitary Bureau (PASB) would be in charge of promoting and supporting full implementation of the institutional plan of action, its coordination with the hemispheric program, and of supervising the working of the Forum. To this end, it would rely on the Virtual Public Health Campus or the shared PAHO site on Health and Tourism. Due to the relationships among the ministries of health and of tourism, it is foreseen that PAHO will play an active role both at Headquarters and in the Representative Offices. The Bureau would also have the responsibility for keeping the information and knowledge source current, devising and applying sharing or reporting mechanisms, organizing the priority critical events, and promoting and technically supporting the preparation and application of educational modules or research or development projects that may be needed. Administration and coordination functions would be shared with the members of the Forum, who would need to be kept up to date.

Action by the Executive Committee

19. The Executive Committee is requested to consider this document and review the attached proposed resolution and to prepare the observations and recommendations it deems pertinent.

References

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2. Organización Panamericana de la Salud. Salud y Turismo. Documento SPP29/7, 29.ª sesión Subcomité de Planificación y Programación del Comité Ejecutivo. Washington, D.C., 1-2 de diciembre de 1997.

3. Organización de los Estados Americanos. Salud y Turismo. The Seventeenth Inter-American Travel Congress. San José, Costa Rica, de 1997.
4. Pan American Health Organization. Hospedales, J, Philippeaux, H. Health and Tourism: Concept Paper. (DRAFT) 1st Meeting of the Advisory Committee on Health and Tourism. Managua, Nicaragua, 3-6 December 2007 (Copy available on request).
5. Organización Panamericana de la Salud. Gross, S. and Philippeaux, H. Salud y Turismo: Resumen Ejecutivo de las Conclusiones. (BORRADOR) 1^a Reunión del Comité Consultivo sobre Salud y Turismo. Managua, Nicaragua, 3-6 de diciembre del 2007 (Copy available on request).
6. XII Cumbre Iberoamericana de Jefes de Estado y de Gobierno. Bávaro, República Dominicana, 15 y 16 de noviembre de 2002. II Conferencia de Ministros de Turismo de Iberoamérica, Bávaro, República Dominicana, 25 de septiembre del 2002.
7. Organización Mundial del Turismo. Tourism Highlights. 2008 Edition. Lima, Perú, 27 de Septiembre del 2008. Naciones Unidas UNWTO.
8. Pan American Health Organization, Proceedings of the Regional Conference on Environmental Health and Sustainable Tourism Development (EHSTD), Nassau, Bahamas; March 1994.

Annexes



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CE144/16 (Eng.)

Annex A

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANZATIONAL AREAS

1. Agenda item: 4.11. Health and Tourism

2. Responsible unit: SDE

3. Preparing officer: Paulo Fernando Piza Teixeira

4. List of collaborating centers and national institutions linked to this Agenda item:

- WHO Kobe Center
- Observatory on Urban Health of Belo Horizonte, Brazil
- Andalusian Observatory on Urban Health, Andalusian School of Public Health, Spain
- National Institute of Hygiene, Epidemiology, and Microbiology, INHEM, Cuba
- Center for Urban Epidemiologic Studies, New York Academy of Medicine, NYAM
- General Bureau for Health Promotion, Secretariat of Health, Mexico
- Ministry of Cities, Brazil
- FLACSO, Chile
- CENAPRA, Mexico
- Ministry of Health, Argentina
- Urban Health Institute, Johns Hopkins University
- ALAMES, Uruguay
- Ministry of Health, Brazil
- Government of the Federal District, Mexico
- Municipal Government of Porto Alegre, Brazil
- Secretary of Health of Guarulhos, Brazil
- Metropolitan Foundation, Argentina
- Ministry of Health, Canada

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

Health and Tourism is related to practically all the categories and Areas of Action in the Health Agenda for the Americas, especially:

- (a) Environmental health: water and sanitation, waste management, food security
- (b) Social determinants, human rights, and health promotion
- (c) Emerging diseases, foodborne and vector-borne diseases, and others, especially: HIV, TB, dengue, malaria, avian flu
- (d) Alcohol, Violence, Road Safety
- (e) Health Services and Systems Operations
- (f) Workers' health

6. Link between Agenda item and Strategic Plan 2008-2012:

6.1 SO8.2.

7. Best practices in this area and examples from countries within the Region of the Americas:

Formation of the Advisory Committee on Health and Tourism (coordinated by PAHO).

Many countries of LAC developed strategic plans for the growth of tourism.

The Vessel Sanitation Program (VSP) of the Centers for Disease Control and Prevention of the United States works to reduce the incidence of gastrointestinal illnesses. PAHO/WHO is monitoring the threat of an influenza pandemic that could emerge from the current H5N1 epizootic of avian influenza. Both SARS and the threat of an influenza pandemic influenced the development and finalization of the International Health Regulations adopted by the World Health Assembly in May 2005. Systematic zoonosis control conducted by the Ministries of Health, Agriculture, Trade, and Tourism; consumers; and international agencies such as PAHO/WHO, Food and Agriculture Organization (FAO), and the Inter-American Institute for Cooperation on Agriculture (IICA).

8. Financial implications of this Agenda item:

- **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities): US\$80,000.**
- **Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$ 10,000, including staff and activities): US\$60,000.**



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144th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2009

CE144/16 (Eng.)
Annex B
ORIGINAL: SPANISH

PROPOSED RESOLUTION

HEALTH AND TOURISM

THE 144th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document *Health and Tourism* (Document CE144/16),

RESOLVES:

To recommend that the Directing Council adopt a resolution written as follows:

HEALTH AND TOURISM

THE 49.º DIRECTING COUNCIL,

Having reviewed the document *Health and Tourism* (Document CD49/__),

Acknowledging the importance of raising awareness about the relevance of the health/tourism interaction to the promotion of national tourism policies that are favorable to health and concerning fostering the participation of private enterprise, communities, and the mass media;

Acknowledging, as well, the importance of considering health and environmental factors that threaten sustainable tourism in the Region, through an examination of the leading opportunities and barriers that are involved in its development in the Americas;

Considering the need to create a cooperation framework among international, Regional, and specialized health and tourism agencies;

Emphasizing the relevance of producing information based on scientific evidence to determine the impact of tourism on public health and sustainable development in the countries of the Region;

Considering the need to promote epidemiological studies to measure the burden of disease related to tourism and its prevalence in specific population groups and to adopt key indicators for surveillance and for determining the quality of healthy tourism; and

Acknowledging the importance of devising a framework of joint measures with agencies that can promote these measures, as well as a framework for the monitoring and evaluation of a plan of action,

RESOLVES:

1. To approve Document CD49/___, “Health and Tourism.”
2. To urge Member States to:
 - (a) Include “tourism and health” in their national health plans;
 - (b) Conduct assessments of the burden of disease attributed to tourism and examine perspectives, beliefs, and needs to lay the foundation for decision-making on the relevance and validity of standards and procedures;
 - (c) Promote and maintain sound epidemiological surveillance mechanisms, which could include the establishment of national hotel health surveillance systems in every country in the Region;
 - (d) Strengthen their capacity to investigate diseases and outbreaks related to tourist and traveler facilities, in accordance with the International Health Regulations;
 - (e) Strengthen health system capacity to produce information based on strategic evidence linking health, tourism, and development through the evaluation of current investments, coverage, monitoring, and the quality of national programs;
 - (f) Promote, establish, and strengthen information systems and networks for sharing information and good practices in this area; and
 - (g) Promote environmental management methods in the planning, design, construction, and operation of hotels and other tourist facilities.

3. To request the Director to:
 - (a) Maintain the commitment of the Organization to this issue, update its cooperation strategy, and develop a Regional Plan of Action (2010–2020) that encompasses the different program areas;
 - (b) Create the Regional Forum on Health and Tourism for knowledge and information sharing and promote partnerships with private and community organizations for the purpose of having countries adopt specific policies linking health and tourism;
 - (c) Mobilize resources and act interprogrammatically for effective and sustained application of the Regional Strategy and Plan of Action;
 - (d) Promote technical cooperation among countries to disseminate the concept of healthy tourism;
 - (e) Promote the establishment of and compliance with quality standards for health and tourism to improve the competitiveness of the countries of the Region in tourism;
 - (f) Strengthen the capacity of public and private sector personnel, including environmental health and hotel workers, in best practices for tourism and environmental management (such as wastewater and solid waste disposal in tourist facilities, food handling, etc.); and
 - (g) Promote the adoption of standards and regulations in countries interested in developing “health travel” as a tourism product (restoration and recovery, surgery, well-being products, other medical procedures).



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CE144/16 (Eng.)
 Annex C

Financial and Administrative Implications for the Secretariat of the Resolution Proposed for Adoption

1. Agenda Item: 4.11. Health and Tourism
2. Linkage to Program Budget 2010-2011: (a) Area of work: SDE, SO8.2. (b) Expected result: The Directing Council will review the proposal and submit a resolution on the issue to discussion.
3. Financial implications (a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities): US\$80,000. (b) Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$ 10,000, including staff and activities): US\$60,000. (c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? The subregions of Central America and the Caribbean. Applied by all Representative Offices under the coordination of Headquarters.
4. Administrative implications (a) Indicate the levels of the Organization at which the work will be undertaken: Create a Secretariat for the Forum, for two years; implementation locales (1 bilingual secretary). (b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): Support for holding the annual Forum meetings. (c) Time frames (indicate broad time frames for the implementation and evaluation): 2010-2011.