



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **49th DIRECTING COUNCIL**

### **61st SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 28 September-2 October 2009*

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*Provisional Agenda Item 4.11*

CD49/15 (Eng.)

11 August 2009

ORIGINAL: SPANISH

### **HEALTH AND TOURISM**

#### **Introduction**

1. Tourism, one of the largest sectors in the world economy with an estimated global income of US\$ 171,000 million in 2007, 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 respective 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. Some models, such as Costa Rica's "At Peace with Nature" and the Sustainable Tourism for the Elimination of Poverty Project (STEP), have shown that when this economic and consumer activity takes health and the environment into consideration, it can also contribute to sustainable development.
2. The ever-growing number of tourists represents an economic opportunity but at the same time poses a challenge in terms of preserving natural resources and protecting public health, as in the case of the current pandemic (H1N1) 2009, which has revealed the importance of improving the capacity of health systems to monitor international traffic and ensuring the proper conditions to handle foreign visitors and people returning to their country of origin.
3. Since the mid-1980s, the Pan American Health Organization (PAHO/WHO) has expressed its interest in increasing support to health initiatives of its Member States, to ensure that tourism's development potential will also be an opportunity to promote health. In response to the request from these States, earlier frameworks are being updated to systematize the joint country activities in this area, from the standpoint of the current challenge to public health in the Region and the global financial crisis.

## **Background**

4. 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).

5. Considering the environment's importance to the sustainability of the tourism industry in the Region, PAHO launched the Environmental Health and Sustainable Tourism Development Initiative (EHSTD) 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 in the Bahamas in 1993. As a result of this meeting, a consultative group on environmental health and sustainable tourism development, made up of several Caribbean countries, was formed. The Caribbean Alliance for Sustainable Tourism (CAST), an outgrowth of the Caribbean Hotel Association (CHA), was also created, permitting systematization of the partnership between PAHO, the Caribbean Tourism Organization (CTO), and the Caribbean Hotel Association (CHA).

6. The growth of knowledge about the link between health and tourism, and the opportunities for joint activities to reduce equity gaps were reexamined by PAHO in 1997. On that occasion, PAHO's main activities in the previous quinquennium were reviewed. In these activities the following priority areas were emphasized: 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. That same year, the OAS recommended that its Member States begin the following activities in tourism and 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 epidemiological surveillance systems in hotels and restaurants.

7. The determination to develop sustainable tourism for the Region was reignited 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 that framework, the 2nd Ibero-American Ministers of Tourism Conference adopted a series of joint activities, notably: (a) 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 (b) support for conducting national and regional studies on the economic, environmental, and sociocultural sustainability of tourism in Ibero-America.

8. 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, 4-6 December 2007). The main 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. Several activities in which tourism contributes to local development, equity, and attainment of the Millennium Development Goals (MDGs) were showcased—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).

### **Situation Analysis**

9. 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.

10. 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.

11. Health problems in the tourism industry can range from infectious diseases to sports and traffic injuries to problems with substance abuse and violence, and pathological conditions stemming from diving or driving. Within this broad spectrum, MERCOSUR has recently voiced concern about “organ transplant tourism,” in view of its ethical implications and potential impact on equity, inclusion, and social justice.

12. 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 (potable water, healthy recreational waters and beaches, space for physical exercise, smoke-free environments, and controlled alcohol consumption are among the most important aspects). These matters should be taken up under the theme “health in tourism sector performance.”

13. Better-structured programs are needed to attend to the health of tourists. This will require a review of current standards in health care. 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.

14. Other components of sustainable development 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 studies,

conceptual and operational inputs, and better practices and public policies that will contribute to the sustainable development of tourism.

### **Proposal**

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 activities among countries. A series of mechanisms needs to be created that is based on a strategy for improving governance of the process, and on knowledge and information management.

16. To this end, a permanent regional health and tourism forum is proposed. It would consist of a horizontal initiative involving several areas of the Organization, along with important partners such as United Nations agencies, the World Tourism Organization, the OAS, the World Bank, and private sector entities such as the Caribbean Hotel and Tourism Association, among others.

17. From this perspective, the health and tourism forum would become the means for consolidating and organizing knowledge and information management for health, tourism, and the environment. It would address priority issues such as institutional capacity building, including human resources for health surveillance, health promotion, and environmental health regulation through continuous interaction and network building.

18. At this level, it is envisioned that the areas of cooperation that PAHO/WHO will promote would be aimed at strengthening and developing the following aspects: (a) integrated surveillance of health events; (b) integration/collaboration/communication between the tourism, public health, and related sectors; (c) the institutional framework for policy and program implementation; (d) the 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) the health and environmental implications of tourism.

19. The role of PAHO/WHO is to raise awareness among policymakers and other actors about the need to include the issue of health and a public health vision in tourism activities. In this regard, it could:

- a) Promote and support the formulation and execution of an Institutional Plan of Action 2010-2020.
- b) Serve as the secretariat of the forum.

- c) Use the Virtual Public Health Campus and the Virtual Health Library to offer courses on health and tourism.
- d) Keep sources of information and knowledge up to date; define and apply the mechanisms for information exchange and notification.
- e) Identify critical priority events linked with this issue.
- f) Promote and support the development and application of instructional modules or research or development projects.

20. The necessary resources to make this proposal possible would be mobilized through governmental, nongovernmental, and public-private partnerships at the national and international level.

#### **Action by the Directing Council**

21. The Directing Council is requested to examine the information provided in this document and to study the possibility of adopting the resolution recommended by the 144th Session of the Executive Committee, found in Annex B.

#### **References**

1. Pan American Health Organization. Health and Tourism. Document CD36/20, 36th Directing Council. Washington, D.C., September 1992.
2. Pan American Health Organization. Health and Tourism Document SPP29/7, 29th Session of the Subcommittee on Planning and Programming of the Executive Committee. Washington, D.C., 1-2 December 1997.
3. Organization of American States. Health and Tourism. The Seventeenth Inter-American Travel Congress. San José, Costa Rica, April 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) 1ª 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. World Tourism Organization. Tourism Highlights. 2008 Edition. Lima, Peru, 27 September 1 2008. United Nations 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

CD49/15 (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
- Inter-American Association of Sanitary and Environmental Engineering - AIDIS
- 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
- Fundassem Metropolitana, 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 diarrhea.
- 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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*Washington, D.C., USA, 28 September-2 October 2009*

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C49/15 (Eng.)  
Annex B  
ORIGINAL: SPANISH

### ***PROPOSED RESOLUTION***

### **HEALTH AND TOURISM**

#### ***THE 49th DIRECTING COUNCIL,***

Having reviewed the report of the Director *Health and Tourism* (Document CD49/15);

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 endorse the concepts on health and tourism contained in Document CD49/15.
2. To urge Member States to:
  - (a) include health and tourism in their national health plans;
  - (b) conduct assessments of the burden of disease attributed to tourism and examine the perspectives, beliefs, and requirement 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 and occupational health 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).



PAN AMERICAN HEALTH ORGANIZATION  
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CD49/15 (Eng.)  
Annex C

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

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