



**Title: Multi-Tiered Health Crisis Management Framework for Cross-Border Tourism Zones**

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## Abstract

The international tourism systems have been experiencing unprecedented issues on the way they managed the issue of health as different frontiers started connecting due to the rise in connectivity. The present paper introduces the multi-level strategic framework to the management of health crisis in the cross-border (tourist) regions with particular attention to the Schengen Area and the travel lanes in the ASEAN; the presented framework is determined by the analysis of the health hazards potentially causing health crisis and that of criticality which is the significance of a particular health risk to the safety and security of the cross-border travel region. The critical evaluation of the disparity of health regulations, controls and capability to address crises in various countries, the study unveils the key drawbacks of the current approaches to the crisis governance.

Through the case studies which are real life experiences like the reaction towards COVID-19, this paper surfaces with a cohesive policy regarding detection in the sense of coordinated communications and containment policies. The proposed framework also reflects on three lines of operation, namely, of the prevention surveillance, the rapid response coordination, and post-crisis recovery management after the WHO International Health Regulations (IHR) and regional health security networks.

The significant lessons show that the incoherence in the system of governance, risk communication processes as well as processes involved in coordination of law also goes to a great part to hinder timely dealing with health crisis in the tourism areas. The content of the paper offers some novel types of solutions including coherent surveillance system, coherent communication processes, as well as flexible legal frameworks that guarantee that the interests of individual States and general health security coincide. The model is not only viable in the real practice even in the analysis of the case study but provides relevant pieces of advice to policy makers, tourism organization, and international health organizations.

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# Introduction

## **History and Overview**

The areas of cross-border tourism are one of the most important and cultural active regions in the world, numerous international movements happen throughout the year. The Schengen Area is the largest destination by itself, with Schengen Area border crossings amounting to more than 1.3 billion per annum, whereas ASEAN tourism corridors have been enjoying exponential growth, with international arrivals reaching 134 million in 2019 (ASEAN Secretariat, 2020). But these latter features which render areas of tourism desirable economically expose to intricate public health imperils.

The poor performance of the current health crisis systems across national borders when faced with tourism-related crises was a sharp lesson revealed by the COVID-19 epidemic. The epidemic of the spread of the virus due to tourism chains and the uneven nature of handling by the countries themselves led to colossal losses caused by the virus pandemic of more than one trillion two hundred billion dollars around the world in 2020 alone (UNWTO, 2021). This crisis revealed serious flaws in the area of international coordination, surveillance, and risk communication systems that will have to be addressed strategically.

## **Problem Statement**

The present health crisis management in the cross-border tourism area is affected by the three inherent problems including structural fragmentation caused by multiple jurisdictions, jurisdictional dispute among jurisdictions having different regulatory frameworks, and a communication breakdown between the national health authorities, the tourism boards, and international organizations as well as a clear legal picture of who is in charge or responsibility along with resource allocation during health crisis. Such predicaments are further aggravated by the fact that upholding open borders as a means to boost economic gains conflicts with concepts of health security, which can hamper travel.

## **Scope and Goals**

The paper will talk about managing health crisis in established tourism corridors, with the Schengen Area and the ASEAN regions being considered as the prototypical cases. The study looks

into the threat of bacterial and viral diseases and the threat of basic environmental health and recalls the distinctive features of the transmission chains associated with tourism.

All this is aimed at: critically reviewing the current state of health rules, surveillance mechanisms, and capacity to respond in various countries in tourism areas; work out a practical multi-level strategic plan to handle the area of coordinated identification, communication, and containment of health risks; come up with new ways of addressing a generally fragmented governance structure of the action of managing health risks as per the international health governance requirement.

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## Literature Review

### **Theoretical Foundations**

The theory of crisis management forms the basis on which health threats in tourism are perceived. The Situational Crisis Communication Theory developed by Coombs (2019) focuses on the necessity of prompt implementations of coordinated response mechanisms and communicate strategies of stakeholders. This theory should be broadened in transnational context to host several governments, different cultural communication standards, and divergent regulatory frameworks.

The theory of intercultural communication provides some important hints to the problem of organizing health reactions in various systems. Cultural dimension theory of Hofstede (2011) accentuates the influence of distance of power, uncertainty avoidance and individualism versus collectivism on the implementation of health policies and the response of citizens. These are the cultural elements that play a significant role in determining how effective the responses to health crisis are in different areas of tourism.

### **Health Governance of Tourist Systems**

The issue of health security and tourism governance has become more popular in the recent scholarship. Owing to high mobility, intense interaction patterns, and being associated with various geographical regions, Gossling et al. (2020) termed tourism systems as super-spreader networks. Their study shows that classic public health strategies, aimed at populations that are stable, cannot be used on the risks to health in highly mobile tourism destinations.

Koliou et al. (2021) analyzed resilience frames in tourism destination contexts, but stated that the most efficient way to handle health crises is to combine economic, social, and health system resilience. The multi-dimensional orientation that they adopt acknowledges the fact that health interventions are not effective in responding to tourism health crisis but a multi-sectoral approach is necessary.

### **Health Regulations and Tourism International**

The main legal framework of international health security cooperation is offered by the International Health Regulations (IHR 2005) of the World Health Organization. Nevertheless, the recent study by Burci and Eccleston-Turner (2021) says that IHR can have serious drawbacks in terms of application to tourism situations. The regulations centre mostly on the subject of disease surveillance and reporting yet offer little assistance with the control of these health risks within the high-mobility scenario or with getting a response to the multiple jurisdictional locations or locations all at the same time.

There are more insights through regional frameworks. The European Centre of Disease Control also elaborated on advanced surveillance and response programs in the EU area, such as Early Warning and Response System (EWRS) and coordinated risk analysis procedures (ECDC, 2020). Nevertheless, such systems continue to confront some issues related to national sovereignty versus collective security needs.

### **The Cross-Border Health Surveillance Systems**

Having adequate surveillance which can identify threats in jurisdictions with different political boundaries will help in effective health crisis management in tourism regions. In the case of cross-border surveillance in the Mekong region, Salyer et al. (2017) found that a standard case definition, harmonized reporting, and integrated laboratory networks were some of the salient features of success of cross-border surveillance. Their study highlights the need to embrace technical standardization and political commitment in coming up with efficient surveillance systems.

On the other hand, failures of surveillance systems expositions and analysis illustrate the outcomes of poor coordination. The MERS outbreak in 2015 that occurred in South Korea has shown the vulnerability of international surveillance and communication gaps as giving the potential to a local health event to be transformed into a regional crisis (Kim et al., 2018). The Middle East travel

connection of the outbreak highlighted the susceptibility of destinations with tourism dependences to an extratraditional health risk.

### **Risk Communication across Borders**

The risk communication is an essential part of health crisis management especially when it comes to diverse cultural and linguistic setting of tourism areas. According to Paek and Hove (2017), cultural sensitivity, message uniformity, and channel variety are the most typical features of effective cross-border health communication. According to their studies, there is a necessity to have messages adapted culturally that are scientifically correct but at the same time consider the existing norms of communication in that location.

Health crisis communication has new opportunities and challenges related to social media and digital communication technologies. The analysis of social media in relation to COVID-19 conducted by Merchant and Lurie (2020) shows that although digital space promotes its fast spread, social media can increase the circulation of misinformation and compete with authority health channels. This interaction is most complicated in the realm of tourism where tourists might get mixed information by various national agents.

### **Governance Problems and Legal Framework**

A major aspect of international cooperation during health crises which is the most complicated is legal coordination. The assigned topic of investigation after Eccleston-Turner and McArdle (2021) stressed legal frameworks in international health emergencies and spotted the major gaps in terms of authority distribution, methods of sharing resources, and outcomes of apportioning liability. In their analysis, they observe that current international law cannot offer adequate guidance in the management of cross-border health crises which occur across various jurisdictions at the same time.

The conflict between national sovereignty and group health security presents specific problems in tourism setting. Countries are faced with a tradeoff between economic consideration of keeping the borders open and health security consideration that might require restrictions of movement. This tradeoff was especially pronounced in the case of COVID-19 when countries with tourism-based industries needed to make tough tradeoffs between COVID-19 protection and the need to survive economically (Sharma et al., 2021).

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## Methodology

### **Research Design**

This paper utilizes a mixed-methods research design based on the combination of quantitative research of the health system performance indicators and qualitative analysis of case studies. The research design is based on comparative analysis of various regional tourism zones, and it will be possible to anchor the best practices and frequent problems in managing risen health crisis.

### **Risk Assessment Structure**

As a tool, the methodology employs an inclusive risk assessment model which is founded on the WHO Health Emergency and Disaster Risk Management (Health EDRM) model, modified to apply in the tourism setting. This framework assesses the risk in terms of four dimensions that are, the identification and characterization of the hazards, vulnerability assessment, exposure determination and the capacity assessment.

The concept of hazard identification takes into consideration health threats that are of greatest concern to tourism settings such as pandemic potential infectious diseases, food and water poisoning, and illnesses and diseases transmitted by the vectors as well as environmental health risks. The evaluation is done based on the endemic risks in the tourism destinations and foreign risks brought in by the visitor populations.

Vulnerability assessment looks into structural issues that enhance vulnerability to health crisis such as capacity of healthcare systems, effectiveness of surveillance systems, population density in tourist regions, and factors influencing health outcomes based on socioeconomics. Of particular concern is the seasonally changing population of tourists and the effect this has on straining health care system.

### **The Choice and Analysis of Case Studies**

The criteria used to select the case studies included their representativeness of various types of cross border zones of tourism and their exposure to health crisis. The cross-border response to

COVID-19 in the Schengen Area and ASEAN response to the H1N1 pandemic and the Gulf Cooperation Council response to the MERS outbreak are the main cases.

The methods of analysis are a review of documents with policy responses, statistical analyses of health effects, and organized interviews of centers of interest such as health officials, tourism, and representatives of international organizations. The triangulation of data in the research guarantees valid results since it involves the comparison of two or more sources of information.

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## Findings

### **The initial analysis is the Current State of Health Regulations and Systems.**

Differences in the regulation of health matters, monitoring systems, and response capabilities are highly differentiated by study of major tourism zones. At Schengen Area, despite the provisions granted by the European Centre for Disease Prevention and Control (ECDC) which offer coordination mechanisms, separate member states consider unique health policies, surveillance mechanisms and response capacity.

The German system of public health practices high level of surveillance since their Robert Koch Institute has extensive monitoring capabilities of disease and extremely versatile response procedures. The system unifies federal and state official because they are reported using the same step by step reporting requirements and sustains strong laboratory networks. Nevertheless, federal-state response in case of Germany can be sometimes delayed due to their national decentralized structure.

The health system in Italy indicates high regional autonomy, which makes coordination of the system during a situation of national health emergency difficult. The COVID-19 experience showed huge differences in the response capacity of northern and southern parts and made the collectively decided national strategies complex and made the international visitors confused.

Inequities are even higher in ASEAN. In Singapore, there is high-quality surveillance and response infrastructure similar to developed Western countries, having advanced laboratory networks,

online tracking of health and fast-response. The small size and developed healthcare system of the city-state are good factors that allow managing a crisis very effectively.

Thailand is also showing good disease surveillance capacity accumulated with previous experience in their SARS, avian flu, and other health threats in the region. With its economy being tourism-based, the country has promoted investment in the health security system that is meant to safeguard the locals and tourists. The system can however be hampered in its scalability due to insufficiency of resources in the event of major crisis.

### **Analysis of Surveillance System**

There is a considerable vulnerability in cross-border surveillance systems that undermine the prevention of early threat detection and coordinated responses. The existing systems are mainly dedicated to the monitoring a particular country and do not provide a great amount of the real-time data exchange between borders.

The European Surveillance System (TESSy) is the most developed regional surveillance network in which data is collected and reported according to the standardized protocols which includes the data collected in 30 countries. Nonetheless, it is identified through analysis that there are a number of limitations: a 2-3 weeks time delay in reporting of routine surveillance data, variable definitions of cases across countries, and under-reporting of tourism-specific health risk areas.

### **Limitation in Communication and coordination issues**

Examination of risk communication displays underlying difficulties to sustain culture-sensitive and universal messages to heterogeneous tourism populations. National messages during the COVID-19 were contradictory about various measures of travel bans, health issues, and safety measures leading to diversified confusion among both the tourists and tourism businesses.

Communication is made even harder by language barriers. Although English is a common language in most tourism settings, some health information is severe and must go through several languages and cultural adaptation to achieve effectiveness. Evaluation of COVID-19 message showed that more often cultural miscommunication occurred because some sent messages directly could not reach specified behavioral change but only created a lack of action.

### **Legal and Governance framework analysis**

Any legal concern unveils the major loopholes in the international body of frameworks regulating cross-border management of health crisis in tourism. Although the WHO International Health Regulations have simple cooperation processes, they do not have detailed requirements to their health threat posed by tourism and limited tooling to enact those provisions.

The regional legal systems are more advanced though not complete. The EU health security law has more elaborate mechanisms of coordination, although it is constrained in terms of striking a balance between national sovereignty and collective securities needs. Although the ASEAN agreements are mostly voluntary, they restrict enforcement when it comes to crises in the health sector.

One of the challenges is rather sophisticated, namely allocation of liability and responsibility. The existing systems are insufficiently useful in resolving irritability due to inability to establish responsibility in situations where health emergencies involve tourists in more than two jurisdictions. Such a lack of certainty may lessen the speed of responses and may make it harder to make resource allocation decisions.

### **Case Study Analysis: COVID 19 Response**

The COVID-19 pandemic presents the best case of the study of the cross-border health crisis management in tourism. The review indicates both high levels of failure and creativity that lead to the work on the framework implementation.

The first stage of response (January-March of 2020) showed a crucial failure in coordination. In spite of the WHO releases and advance warning indicators, tourism areas never put coordinated monitoring and counter-measures in place. The policies of countries were autonomous and the actions were made without consulting neighbors, and without thinking of consequences in the region.

It led to this unprecedented control over the border because individual countries started to force unilateral restrictions on traveling. Schengen Area successfully suspended provisions on free movements, whilst ASEAN members established different restrictions which resulted into confusion and economic distraction.

Nevertheless, the pandemic came up with innovative solutions, as well. Such coordinated digital health documentation that allows safe travel but provides health security was shown with the implementation of the Digital COVID Certificate system of the EU. The travellers of ASEAN countries came up with travel corridor agreements that facilitated the partial recovery of tourism and containment of health threats.

### **Identification of Best Practice**

Analysis indicates a number of best practices to be used in framework:

This can be seen in the integrated health security model in Singapore, which stresses the importance of comprehensive systems, which combine health surveillance tools, management of borders and tourism coordination. The digital technologies contact tracing and health monitoring of the country under the adoption of digital technologies comprise a model of health security through the use of digital technologies.

The multilateral action of the Nordic countries in relation to COVID-19 explains the recommendation they give on regional cooperation between countries with similar health systems and cultural values. Their aligned traveling policies and common health regulations allowed sustaining regional economic integration together with addressing health threats.

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## Discussion

### **Multi-Tiered Strategic: Development Framework**

It is on this basis that this paper suggests a detailed multi tiered strategic model in health crisis management in a cross border tourism area. The framework works on three interconnected levels of surveillance and preparedness (preventive), rapid response and containment and post-crisis recovery and resilience building.

#### **Tier 1: Preparedness and Preventive Surveillance**

The first layer aims at building effective surveillance systems and preparedness solutions that allow indicators of threats to be detected early and the activation of response measures quickly. This level will include five major elements that will aim at solving existing system shortcomings as well as creating stronger coordination capacities.

The harmonized surveillance systems form the backbone of the framework, and this necessitates harmonization, of case definitions, reporting and exchange of information with other countries involved in the process. The suggested system leverages the current regional networks to fill the existing gaps when it comes to the sharing of real-time information and monitoring of tourism-related risks.

Technical specifications encompass such aspects of creating common surveillance platforms based on cloud-based technologies to integrate data in real time, standardized case definitions based on the needs of tourism including population health risks among visitors, automatic alert systems based on preestablished thresholds, integrating lab networks with harmonisation of testing procedures and quality assurance norms.

## **Level 2: Immediate Response and Barrier**

The second level is activated in case of health threats, and it is aimed to implement a coordinated response and control measures. This level focuses more on speed, consistency and effectiveness without necessarily impairing economic functioning wherever that is feasible.

Integrated decision-making systems help to develop transparent authority and reporting procedures and formats that can be used in a short framed policy implementation through different jurisdictions. The system proposed applies the hub-and-spoke type structure where the regional coordination centers are the hubs of information and decision-making facilitators.

## **Tier 3: Recovery and resilience Building in a Post Crisis Context**

Its last level deals with the recovery after health crises but with an increase in preparedness against future risks. In this level, it was acknowledged that crisis management is more than just responding to it as it incorporates long-term support to strengthen the system and economic recovery.

Economic recovery plans are solely concentrated on the reconstruction of the tourism sector, entailing specialized marketing efforts to generate a sense of confidence in the destinations, the

provision of financial assistance to tourism companies affected by the crisis, and the investment concerning the improvement of infrastructure, which will boost tourist appeal and health security capacity.

### **Governance structure and Strategy of Implementation**

The right implementation needs well formulated governance stratum where balancing of regional coordination and national sovereignty is done. The Model of Governance offers the Regional Health Security Coordination Centers as the main implementation mechanism which are rendered through national focal points and sectors-specific working groups.

Regional Coordination Centers act as knowledge portal and support the decision-making during a health crisis and the process of resource allocation. At these centers, coordination of surveillance, as well as preparedness activities are continuous whereas during crisis times, operations are ramped up.

### **Integration of the Legal Framework**

The planned framework will contribute to the co-existence of the international legal instruments but also fill the gaps highlighted in cross-border management of health emergencies. The integration is done in three ways, i.e., by improving the existing agreements, drawing up of supplementary protocols and by drawing new legal instruments where felt necessary.

The WHO International Health Regulations give the needed legal basis, and amendments are proposed to improve the international preparedness, responding to the tourism-specific health risks, including cross-border coordination mechanisms. Additional procedures would help to provide information sharing, resource distribution, and the coordinated response to be employed in detail.

### **Digital Health Solutions and Technology Integration**

Digital technologies gain more popularity in the field of modern health crisis management through surveillance, communication, and coordinate services. The framework proposed will have geographical integration of technology all done in the front of privacy, security concerns and interoperability challenges.

Digital surveillance mechanisms with the help of artificial intelligence and machine learning improves the ability to detect threats, identify the pattern of tourism movement in terms of transmission risk, and forecast the path of crisis evolution.

### **Stakeholder involvement and Cultural Considerations**

To implement it successfully, it is important to pay attention to the issue of cultural differences, as well as develop extensive stakeholder engagement strategies. The framework will involve the mechanisms of cultural adaptation and the processes of inclusive participation of the stakeholders.

The cultural adaptation acknowledges that health crisis management strategies need to be specific to the local cultural contexts without compromising coordination and consistency of the strategies. The framework provides the condition of cultural competency among the crisis management staff, cultural adjustments of communication strategies to various population groups, and the adaptability of the implementation process to various cultural developments.

### **Economic factors and sustainability**

The framework responds to economic sustainability issues that usually compromise the effectiveness of health crises management. The principle idea, on which tourism-based regions have to struggle, is to emerge the health protection and economic survival conflict due to new methods that can serve this task in a single move.

Cost-benefit analysis proves that investment in elaborate health crisis management system yields economic returns as a result of diminishing impacts of a crisis, increased tourism confidence and better overall health security. This preventive orientation of the framework is also very cost-effective in terms of reduced expenditure to respond or react to a disaster, and it provides continuous gains in the form of enhanced health monitoring and safety among tourists.

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## **Conclusion**

### **Key Findings in summary**

This study has come up with a multilevel strategic model of managing touristic health emergencies across the boundaries of touristic zones and has satisfied the crucial missing elements of

international health security strategies. According to the analysis provided in the study, there are three major frailties of the existing frameworks, among which are the disjointed governance structures that do not allow responding to the situation in a coordinated way as well as the ineffective surveillance systems that are not able to identify the problem linked with tourism in terms of health risks and lack of legal and communication infrastructure to help handle the cross-border health events.

The main innovations involve the inclusion of tourism-specific risk factors in surveillance systems, creation of culture-adjusted communication approaches to various global communities, creation of flexible legal framework that would allow international collaboration without interfering with national sovereignty, and introduction of digital technologies to improve levels of coordination and response.

### **Policy Implications and Practice Implications**

The framework can give practical suggestions to policy makers, tourism authorities and international health bodies interested in enhancing management of health crisis across the borders in tourism. The recommendation has been on implementation that should be executed gradually starting with implementations in small pilot programs in selected bilateral or regional environments before it is increased to wider multilateral uses.

Semi-regional companies, like the European Union and ASEAN may use the framework to complement the formation of current health security cooperation methods and achieve some tourism-specific elements into the regional health policies. This can be done through the application of framework principles by national governments to enhance bilateral cooperation in the area of health security with neighbors or augment the capacities of health tourism management at the national level.

### **Academic Knowledge contributions**

The present study will also serve the purpose of academic knowledge regarding health crisis management in various critical ways. The study applies the crisis management theory to cross-border situations, introducing the need to consider the issues of culture and governance complexities that are not widely considered in the context of a single governing jurisdiction.

Demographic trends in high mobility environments provide knowledge based on the combination of the tourism studies and the subject of studies on public health issues..

### **Constraining and Future Research Agenda**

There exist a number of restraints to this research in regard to its scope and generalizability. The emphasis on the known tourism routes can prevent the application to potential new tourism destinations that have other attributes and issues. The focus on the risks of infectious diseases, which were reasonable due to the recent experience with a pandemic, might be inadequate in a case of addressing other health risks of tourism like environmental hazards or chronic diseases management.

The study of the particular technology, including artificial intelligence predicting health threats and blockchain open-health information exchange, may help to increase the framework opportunities. Research investigating climate change and health security and how they apply in tourism activities would fill the gaps on emerging issues that this study did not capture.

### **Implementation Suggestions**

Effective implementation of framework needs phasing and therefore gradual development of capacity and the demonstration of value to stakeholders involved in the participating process. At first, it would have to be realised in a form of pilot cooperation between countries that already have established the relations of the cooperation and comparably high health system abilities.

Before instituting new structures, regional entities ought to first improve on the available health security systems to take into consideration issues regarding tourism. This practice enhances agreements on the current patterns of cooperation as well as filling the discovered gaps.

The international organizations especially the WHO and UNWTO should work together to provide technical guidance and programs to develop capacity building which will support the implementation of the framework. They hold the convening powers and technical skills necessary in attaining multi-stakeholder coordination needed to succeed.

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