SMALL COUNTRIES INITIATIVE

World Health Organization
European Region



POLICY BRIEF

PUTTING HEALTH AT THE HEART OF TOURISM DEVELOPMENT IN SMALL COUNTRIES OF THE WHO EUROPEAN REGION



World Health Organization

European Region

POLICY BRIEF

PUTTING HEALTH AT THE HEART OF TOURISM DEVELOPMENT IN SMALL COUNTRIES OF THE WHO EUROPEAN REGION

Abstract

This policy brief is based on an evidence review, which summarizes for the first time what is known about the relationship between health and tourism as seen through a sustainability lens. It was developed for the 11 small countries in the WHO European region that participate in the Small Countries Initiative but may also be relevant to other countries. The brief focuses on how the COVID-19 pandemic has brought the importance of health in the development of tourism to the forefront. It proposes mechanisms for building back better that are beyond business as usual, and emphasizes the need to strengthen cooperation and coordination at all levels towards placing health and equity high on the tourism agenda.

WHO/EURO:2022-6156-45921-66177

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: Putting health at the heart of tourism development in small countries of the WHO European Region. Policy brief. Copenhagen: WHO Regional Office for Europe; 2022".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization. (http://www.wipo.int/amc/en/mediation/rules/).

Suggested citation. Putting health at the heart of tourism development in small countries of the WHO European Region. Policy brief. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Designed by: Pointer Creative

Contents

Foreword ..... *iv*

Acknowledgements ..... **v**

Executive summary ..... **vi**

Introduction **1**

COVID-19: bringing the importance of health for tourism to the forefront **2**

No sustainability without health: putting health at the heart of tourism development **6**

Back to business, but not business as usual **11**

Strengthening anticipatory capacity to protect against health emergencies and global risks 11

Strengthening adaptive capacity to adjust to transitions and shocks 13

Strengthening absorptive capacity to manage and recover from adverse conditions 14

Strengthening transformative capacity to better address change and uncertainty 15

Conclusion: strengthened cooperation between the health and tourism sectors **18**

References **19**

Foreword

I am pleased and proud to present this policy brief on promoting health and tourism in small countries in the WHO European Region (those with populations of two million inhabitants or less). It is the fruit of a growing collaboration between the WHO Regional Office for Europe and the United Nations World Tourism Organization.

The brief was developed after two years of inactivity in the tourism sector as a result of the COVID-19 pandemic, when small countries in the Region were able to reflect on how it had affected tourism, which is key to their economies.

Understanding the role that tourism plays in contributing to better health and stronger health systems links naturally with the three pillars of the European Programme of Work 2020-2025 – United Action for Better Health*, and its commitment to leaving no one behind. For tourism to be healthy and sustainable, travellers must be assured universal access to quality care, and systems aimed at protecting them from health emergencies should be in place, taking the lessons learned in managing the pandemic into consideration. Tourism has the real potential to improve health and well-being for both tourists and host communities.*

The world has changed and tourism is changing with it.

The COVID-19 pandemic has been a catalyst regarding shifts in existing trends in domestic and sustainable tourism. Tourists have changed in that they are increasingly aware of, and concerned about, sustainability. They seek possibilities that place sustainability, health, safety, authenticity and localhood at the heart of their travel experiences. This new understanding of tourism is likely to continue for a long time to come.

I trust that the path we have started paving towards healthy and sustainable tourism will result in stronger cooperation and coordination at all levels. Our aim has stayed the same: to ensure that health is high on the tourism agenda and improve community health, the environment and economies.

This work provides a unique opportunity and marks the promising start of a new phase in our shared vision of a healthier, safer and more sustainable world.

Natasha Azzopardi-Muscat
Director, Division of Country Health Policies and Systems
WHO Regional Office for Europe

Acknowledgements

The brief was prepared by a team, comprising: Bettina Menne, European Office for Investment for Health and Development (Venice, Italy), WHO Regional Office for Europe; Stefano Moncada, Islands and Small States Institute (ISSI) of the University of Malta, WHO Collaborating Centre on Health Systems and Policies in Small States, Malta; Leda Nemer, European Office for Investment for Health and Development (Venice, Italy), WHO Regional Office for Europe; Milena Oikonomou, European Office for Investment for Health and Development, WHO Regional Office for Europe (Venice, Italy); and Pavlos Theodorakis, WHO Regional Office for Europe. The authors thank Natasha Azzopardi Muscat and Chris Brown, WHO Regional Office for Europe, for their strategic guidance. Special thanks go to Sandra Carvao and Patricia Carmona Redondo, Tourism Market Intelligence and Competitiveness Department, World Tourism Organization (UNWTO), Spain, for their extensive contributions and insight from the tourism perspective.

Thanks also go to the team of the University of Malta who contributed to the drafting of the evidence review on health and tourism, which formed the basis for this policy brief: Lino Pascal Briguglio, ISSI of the University of Malta; Thuan Luca Nguyen Dinh, ISSI of the University of Malta; John Ebejer, Institute for Tourism, Travel and Culture of the University of Malta; John Paul Cauchi, Health Promotion and Disease Prevention Directorate (HPDP) of Malta, University of Malta; and Neville Calleja, Department of Public Health, Faculty of Medicine and Surgery, University of Malta. The timely provision of data by Katie Palmer, European Office for Investment for Health and Development (Venice, Italy), WHO Regional Office for Europe, during the drafting of this brief is also much appreciated.

We are grateful to the following people for their guidance at several stages of the policy brief: Mina Brajovic, WHO Country Office, Montenegro; Matthias Wismar, European Observatory on Health Systems and Policies, Brussels, Belgium; Christopher Riley, External Senior Consultant, United Kingdom; Ian Orton, International Labour Organization, United Kingdom; Chris Brown, European Office for Investment for Health and Development (Venice, Italy), WHO Regional Office for Europe; Ihor Perehinets, WHO Regional Office for Europe; Sara Barragan Montes, Country Readiness Strengthening Health Emergencies Programme, WHO Headquarters; and for comments received from Katja Iversen, External Senior Consultant, United Kingdom, and Alexander Kentikelenis, Department of Social and Political Sciences of the Bocconi University, Italy.

Executive summary

The impact of the COVID-19 pandemic in countries in the WHO European Region so far has highlighted the importance of health in all spheres of development and across the whole of society. It has amplified small countries' pre-existing challenges, while new health-system and society challenges have emerged, the magnitude of which is still unfolding.

In most small countries, tourism is a key sector that impacts population health, the health system, income, revenues, employment, social protection, the environment, culture, the quality of life in host communities, and economic growth. Thus, tourism has a critical role to play in achieving the United Nations Sustainable Development Goals (SDGs), both directly and indirectly. This policy brief focuses on:

- the What: COVID-19 bringing the importance of health for tourism development to the forefront;
- the Why: no sustainability without health – putting health at the heart of tourism development;
- the How: mechanisms for building back better, beyond business as usual, and in a more sustainable, inclusive and resilient way by strengthening:
  - anticipatory capacity to protect against health emergencies and global risks
  - adaptive capacity to adjust to transitions and shocks
  - absorptive capacity to manage and recover from adverse conditions
  - transformative capacity to better address change and uncertainty.

The brief is based on an evidence review, which summarizes for the first time what is known about the interrelationship between health and tourism as seen through a sustainability lens.

It concludes by highlighting the importance of the intrinsic links between the health and tourism sectors and the need to strengthen cooperation and coordination at all levels to place health high on the tourism agenda. The aim is to engender conditions that foster healthy tourists, healthy communities, a healthy environment, and healthy economies now and in the future.

Introduction

The Small Countries Initiative (SCI), launched by the WHO Regional Office for Europe in 2013, is an active network of 11 countries with populations of two million and less, which jointly address common issues important to small countries *(1)*.

In recognition of the lessons learned from the COVID-19 pandemic, the *Roadmap for better health and well-being in small countries, 2022–2025*, developed after the seventh high-level meeting of the small countries in 2021, aims *to place health and well-being high on the key political agendas of small countries; advocate the needs of small countries at the regional and international levels; promote investment for health and well-being, leaving no one behind; build a solutions platform for better population health and resilient health systems; and measure progress (1)*. The SCI recognizes healthy and sustainable tourism as an area in which cooperation should be further intensified; the Roadmap promotes this view.

This policy brief is based on an extensive literature review, consultations with the countries participating in the SCI (hereafter, the SCI countries), and expert consultations with the United Nations World Tourism Organization (UNWTO). It builds on the three core pillars of the WHO European Programme of Work *(2)*, namely, moving towards universal health coverage (UHC), protecting against health emergencies, and promoting health and well-being.

The key messages in this policy brief apply to the range of tourism types specified by UNWTO *(3)*. It is organized into four sections, which highlight: (i) the What: COVID-19 – bringing the importance of health for tourism to the forefront; (ii) the Why: no sustainability without health – putting health at the heart of tourism development; (iii) the How: mechanisms for building back better, beyond business as usual, and in a more sustainable, inclusive and resilient way; and (iv) conclusions, outlining areas where cooperation between the health and tourism sectors could be strengthened.

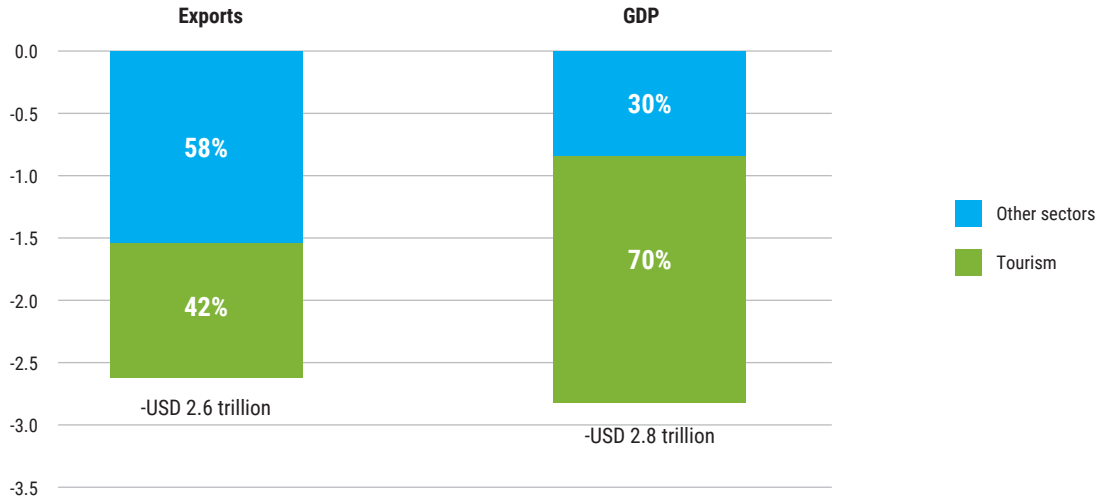
The target audience involves policymakers, tour operators, academia and interested stakeholders that will all have a role to play in the future promotion of health and sustainable tourism in small countries and beyond.

COVID-19: bringing the importance of health for tourism to the forefront

Populations in the WHO European Region have been hit hard by the COVID-19 pandemic. As of 12 May 2022, more than 218 million cases of COVID-19 have occurred in the WHO European Region with more than 2 million deaths among a total population of 927 million. As of 12 May 2022, out of a total population of 8.7 million in the SCI countries, 3.7 million COVID-19 cases and more than 22 000 COVID-19-related deaths had been recorded by WHO *(4)*.

Tourism is one of the sectors most affected by the consequences of the pandemic. Since the beginning of 2020, the global volume of international travellers has declined by more than 70% to levels not seen for 30 years, with an immense impact on the global economy and employment. Fig. 1 shows the decline in global exports (in US$ trillion) from the COVID-19 pandemic with losses in export revenues from international tourism representing 42% of the total loss in international trade recorded in 2020. Fig. 1 also shows that the world's GDP declined by US$ 2.8 trillion in 2020, this drop representing about 70% of the overall decline in world GDP in 2020. The recovery pace of global tourism remains slow and uneven, with international arrivals still below those in the pre-pandemic year of 2019, depending on mobility restrictions, vaccination rates and traveller confidence *(5)*.

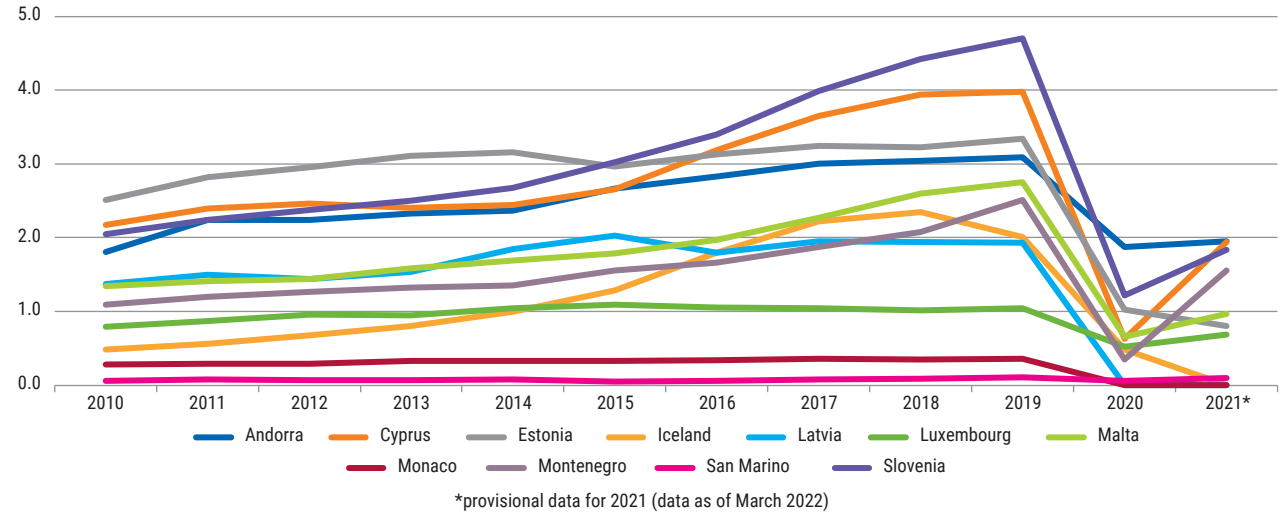
Fig. 1. Decline in global exports and GDP, 2020 (US$ trillion)



Source: UNWTO *(5)*.

Among the SCI countries, international tourist arrivals plunged by 70% from 26 million in 2019 to 8 million in 2020, and to an estimated 11 million in 2021. Fig. 2 shows the trends of international tourist arrivals in millions during the last decade, including provisional trends for 2021, for each of the SCI countries. Despite positive signs, moving along the path to full recovery is still slow in the tourism sector, with international tourist arrivals in the SCI countries still 56% below pre-pandemic levels at the end of 2021 *(5)*.

Fig. 2. International tourist arrivals (in millions), by SCI country, 2010–2021



Source: UNWTO *(6)*.



The pandemic has impacted all parts of the tourism sector, including its operators and suppliers, as well as many other sectors connected with tourism, such as the cultural sector and the creative industries *(7)*.[1]

[1] According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), in 2020, there was a 66% drop in global site visitations and a 52% decline in revenues at surveyed sites *(7)*. In 2020, as many as 10 million jobs were lost in the creative economy sector, according to UNESCO's 2021 meeting report on the economic impact of the COVID-19 pandemic on cultural and creative industries *(7)*. The Organisation for Economic Co-operation and Development (OECD) also projected that, along with the tourism sector, cultural and creative sectors were disproportionally affected by the crisis, with jobs at risk ranging from 0.8% to 5.5% of employment across OECD regions *(8)*.



The tourism sector is key to the economies of many SCI countries and, within this sector, women and youth, informal workers, as well as micro, small and medium-sized enterprises (MSMEs), have been disproportionally affected by the pandemic. This **has taken a heavy toll on the livelihoods and development prospects** of these population groups.



The outbreak of the COVID-19 pandemic **impacted countries at different times, in different ways and in varying degrees**. Some SCI countries were initially spared due to their geographical distance from areas of infection at the start of the epidemic and preventive measures taken to restrict travel and mobility *(9)*. Over the years, all of them have further strengthened their **public health and social measures (PHSMs)**[2] to reduce the spread of COVID-19 and resulting mortality.

The pandemic has also **amplified pre-existing challenges in small countries.** These include their dependency on larger neighbouring countries for trade and access to quality medicines and vaccines. The shortage of and strain on health workers has made the need for health financing and investment for health more salient *(10)*. The pandemic has also slowed down countries' efforts towards achievement of UHC due to the need for emergency health measures and planning.



During the Covid-19 pandemic, **new health-system challenges have also emerged.** These relate to the availability and quality of essential health services and health workers, as well as to the accessibility of safe medicines and vaccines, the circulation of information and disinformation, the maintenance of PHSMs, the need for early detection of new variants, and the management of noncommunicable diseases (including childhood and adult obesity, later-stage cancers, and disability) and mental-health problems, the magnitude of which is still unfolding.

[2] Taxonomy of PHSM as per WHO: 1. Individual measures (hand hygiene, limiting face touching, respiratory etiquette, mask wearing, personal protective equipment, physical distancing); 2. Environmental measures (cleaning, air ventilation, humidification); 3. Surveillance and response measures (detecting and isolating cases, contact tracing, isolation; 4. Social and physical distancing measures (physical distancing in schools and at the workplace, restrictions of gatherings, care for special populations, domestic travel restrictions and land border closures); 5. International travel measures (travel advice or warning, restricting visas, restricting entry, restricting exit, entry screening and isolation or quarantine, exit screening and isolation or quarantine, suspending or restricting international flights, suspending or restricting international ferries or ships, closing international land borders); 6. Drug-based measures (medication for treatment and prevention); 7. Biological measures, such as vaccination) *(11)*. Among the PHSMs put in place by countries impacting tourism were: changes in air travel and entry restrictions; border measures/restrictions; surveillance and quarantine; COVID-19 testing and vaccination; destination restrictions related to attractions, events, facilities, accommodations, public transport, consumption of food and drinks; stay-at-home requirements and city lockdowns; social distancing; compulsory mask wearing; school closures and contact tracing; and vaccination programme implementation, including the recognition of vaccine certificates across countries and their effects on border-control measures.

The pandemic has accelerated existing trends and challenges. Tourists are increasingly aware and concerned about sustainability, and are seeking more sustainable and responsible tourism possibilities *(5)*. According to UNWTO, open-air activities and domestic, nature-based and rural tourism have emerged as popular travel choices due to travel limitations and the preference for outdoor experiences. Changes in consumer behaviour now place sustainability, health and safety, authenticity and localhood at the centre of the major travel trends that will continue to shape tourism in the aftermath of the pandemic. Younger generations are now more aware of the importance of sustainability and, through their active influence on the social media, will be able to contribute to bringing about a shift towards more sustainable tourism *(12,13)*.

Since the outbreak of the COVID-19 pandemic, **many countries have adopted a wide range of economic and social measures to respond to the crisis.** These are mainly in the form of economy-wide stimulus packages (fiscal and monetary measures) along with job- and income-support measures, in many cases supported by international and regional institutions. The fiscal and monetary policies put in place are often complemented by specific packages aimed at sustaining jobs, income and livelihoods. Examples of these are existing and new emergency social protection, wage subsidies, special incentives, worker-retention schemes, and support schemes for self-employed workers *(14)*.

Since the beginning of the pandemic, countries have elaborated national health and safety protocols for tourism but there has been a lack of coordination. In 2021, the International Organization for Standardization developed *Requirements and guidelines to reduce the spread of Covid-19 in the tourism industry* (ISO PAS 5643) *(15)*. This has provided the tourism sector with standards covering more than 20 subsectors in tourism, and especially businesses with international common ground.

Countries that have managed to put **strong governance in place,** and thus been able to implement effective response plans, PHSMs (including vaccination), digital health tools,[3] risk communication and community engagement have been better equipped to re-open for tourism *(10,16–18)*.

The pandemic has emphasized the need to **strengthen the preparedness and resilience of the whole of society, not only the health and tourism sectors.** This highlights both the fragility of and the need for protection, as well as the strong intersections among tourism, health, the economy, society and the environment.

[3] WHO released guidance on how to develop and implement digital certificates of COVID-19 vaccination and SARS-CoV-2 test results. Further information at: https://apps.who.int/iris/handle/10665/343361 and https://apps.who.int/iris/handle/10665/352669.

No sustainability without health: putting health at the heart of tourism development

The interconnection between health and tourism is multifaceted. This encompasses direct and indirect health impacts, the tourism workforce and businesses, safety and security related to travel, water and sanitation, food, and hygienic conditions, and socioeconomic and environmental aspects important for health and well-being in host communities *(19)*. Multiple health benefits and impacts are linked to different tourism types and forms, travel modes, individual characteristics of travellers, traveller behaviour, the tourism workforce, host-community characteristics, the quality of the health system, public health, and existing safety, security and hygiene measures (Fig. 3, Box 1).

Fig. 3. Health dimensions in tourism development



BOX 1

HEALTH: A FUNDAMENTAL HUMAN RIGHT

WHO defines health as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" *(20)*.

Health is a fundamental human right and governments have pledged to secure and promote it, most recently in connection with addressing the SDGs. Health promotes economic growth and is a key element of national and international security *(21)*.

Health, safety, security and hygiene are critical factors for and key to tourism competitiveness. Destinations with solid health systems, good hygienic conditions and safe travel conditions, including road safety and effective and quality promotion and preventive services and trauma care, are better positioned to attract visitors.

Being able to access quality health services without financial hardship, when and where needed by tourists and host communities, should be guaranteed. If tourists become ill, injure themselves, or are involved in an emergency and/or outbreak of disease, or exposed to a range of possible health risks and health conditions during a trip, the health sector must be able to ensure proper, rapid and equal care, and the public health system needs to be ready to take the necessary action. COVID-19 has shown the importance of infection prevention and control (IPC), planned patient mobility, preventive measures (such as vaccines), well-trained health workers, and access to essential medicines and adequate, well-functioning diagnostic facilities and technologies.

In addition to responding to COVID-19, the health and tourism sectors should further strengthen their capacity and coordination to: prevent and protect the population from other infectious diseases, injuries, all forms of violence, and substance abuse (alcohol, drugs, etc.); improve sexual and reproductive health and related rights; promote workers' health; promote road safety; ensure treatment of noncommunicable diseases; and prevent possible exposure to a variety of unsafe, non-hygienic, social and environmental conditions. This is also true for primary health care services, which should be prepared to serve the needs of both the host communities and tourists without discrimination and with a focus on communication, care and the maintenance of reliable information.

Health and tourism promote economic growth and development, creating jobs and supporting livelihoods for millions. In 2019, the tourism sector alone accounted for 7% of the world's exports and US$ 3.5 trillion measured in direct tourism GDP *(4%)*. The extensive and complex tourism value chain (for example, food and beverages, accommodation and transportation) also indirectly generates millions of jobs and continued employment in other sectors, such as health

care, financial services, or construction. In 2018, the tourism sector directly and indirectly employed 27 million people in the European Union (EU) (11.7 % of total EU employment) *(22)*.

Health, employment and working conditions are strongly connected. Occupational safety, precarious working conditions and employment loss create particular pressure on mental and physical health.

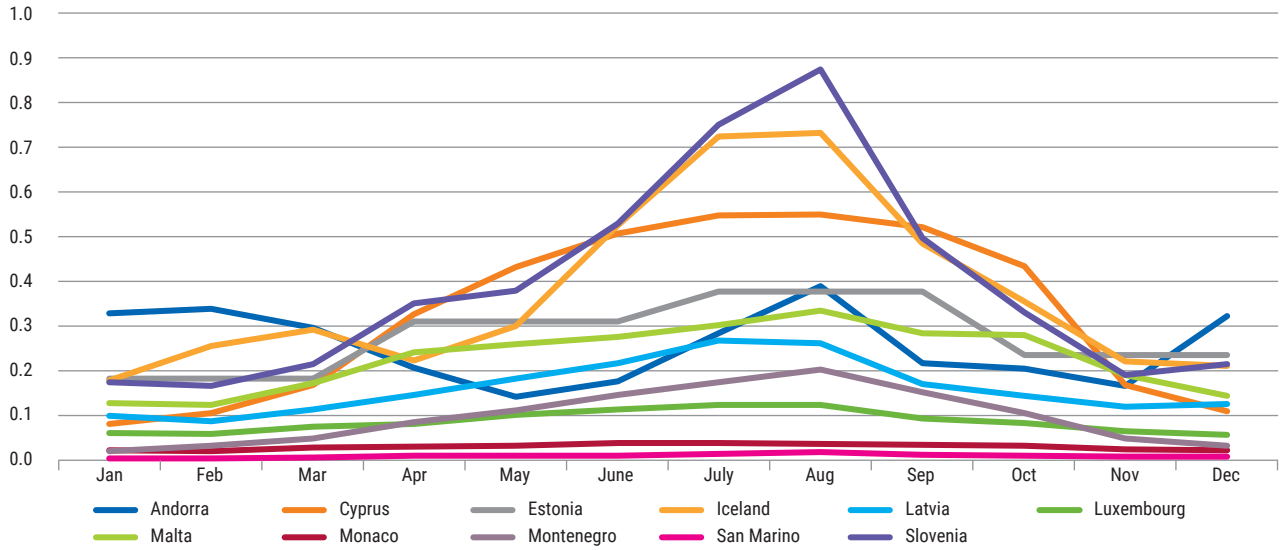
Increasingly, tourism has many forms of work, such as seasonal and part-time work, fixed-term contracts, working through private employment agencies, outsourcing and subcontracting, that can offer a stepping stone to employment, especially for workers who face higher barriers on the labour market such as young, low-skilled and migrant workers. These types of work may give rise to decent work deficits when, among other reasons, they are not well regulated, are not used for the specific legal purpose they are intended for but to circumvent the employer's legal and contractual obligations, or do not afford adequate labour and social protection (23).

Tourism allows **people to appreciate their own and diverse other cultures**, as well as the environment and its natural resources. It can also **influence the cultural and social fabric of society**, contributing to socioeconomic development at the local and community levels, as well as to mutual understanding, increased revenues, and investment in social activities or health care.

Small countries all have their own concepts of tourism value. Each offers **a range of tourism types** and products, as well as a combination of different tourism activities. These span from coastal tourism, cultural tourism, nature-based and rural tourism and business tourism to a well-developed health-tourism infrastructure (the umbrella for medical and wellness tourism).

Seasonality is among the tourism challenges, which small countries face. It can translate into considerable pressure on natural and cultural resources, as well as on health-care needs and resources for specific periods of time. Fig. 4 shows the alteration of monthly international tourist arrivals for each SCI country in 2019. Depending on the time of the year, and the country in question, tourist arrivals can exceed the national population by a factor of 2–5.

Fig. 4. Seasonality of monthly international tourist arrivals pre-pandemic for each SCI country (millions), 2019



Source: UNWTO *(6)*.

The impact of natural, health or man-made crises on tourism can lead to income insecurity, loss of jobs, health effects (for example, mental-health issues and substance abuse) and affect the most vulnerable, including women and youth. This also applies to business where, especially entrepreneurs, MSMEs and the workers are at risk of falling into poverty if social-protection measures (including fiscal and monetary stimulus packages and job-support measures) are not in place *(24)*.

Attention to the **importance of gender, youth and vulnerable communities**, as well as accessibility in tourism (for example, for people with disabilities) is also increasing. This includes issues, such as the need for disaggregated labour-market data by gender, safety concerns, low representation of women in decision-making positions and business, lower wages for women, gender stereotypes related to travel, risks of gender-based violence and the need to engage local communities in tourism planning and management (Box 2).

TOURISM AND HUMAN RIGHTS

BOX 2

According to the UNWTO *Framework Convention on Tourism Ethics:*

Tourism activities should respect the equality of men and women; they should promote human rights and, more particularly, the individual rights of the most vulnerable groups, notably children, the elderly, persons with disabilities, ethnic minorities and indigenous peoples (25).

All sectors (including the tourism and health sectors) have a responsibility to prevent and respond to the triple planetary crisis (climate change, biodiversity loss, and pollution). A range of environmental risks (such as water, air, waste and chemical pollution, exposure to extreme weather events, climate-change-related infectious diseases, biodiversity loss) can affect the health of tourists and host communities. In many destinations, the conservation of marine and terrestrial ecosystems, as well as protected areas and species, largely depends on tourism revenue and operators. At the same time, natural resources are the main assets of many countries, and nature-based activities are the cornerstone of their tourism products. The strong connection among tourism, public health and the environment was recognized for the first time by members of the G20 in 2021 when the UNWTO *Recommendations for the transition to a green travel and tourism economy* were bid welcome *(1)*.



Back to business, but not business as usual

Small countries recognize the need for support in preventing, preparing for, detecting, responding to and recovering from a range of international and national environmental, geopolitical, societal and technological challenges *(1)*. The COVID-19 pandemic represents an opportunity to rethink tourism in a more sustainable, inclusive and resilient manner, and to accelerate the contribution of tourism to achieving the SDGs *(22,23)*. **Fostering the sustainability of the tourism sector** with health at the centre would improve the social, economic and environmental determinants of health and the overall conditions required for a healthy life.

Accelerating the shift to improving the conditions that create and sustain healthier lives for all, and strengthening sustainability,[4] are part of an important recovery process, which can further improve public health, livability, long-term social welfare, and economic and environmental development, both for tourists and the host communities. At the same time, the pandemic has shown the importance of coordinated response among countries and within countries, stressing the imperative to implement measures towards strengthening sustainability.

Four broad capacity measures that (small) countries can apply in order to build resilience in the public health system have been identified, these being: (a) adaptive capacity; (b) absorptive capacity; (c) anticipatory capacity; and (d) transformative capacity, with each successive category being incrementally better at building resilience.

Strengthening anticipatory capacity to protect against health emergencies and global risks



Multilevel governance (international, national and subnational) for multihazard response planning, early identification of risks and early-warning systems. This involves full implementation of the International Health Regulations (IHR) (Box 3) and other international legally binding instruments, as well as application of the One Health approach (Box 4).

[4] UNWTO's definition of sustainable tourism is "…tourism that takes full account of its current and future economic, social and environmental impacts, addressing the needs of visitors, the industry, the environment and host communities" *(26)*.

BOX 3

THE INTERNATIONAL HEALTH REGULATIONS (2005)

The IHR represent an international law instrument, which is legally binding on all 196 States Parties, including all 194 WHO Member States. Having grown out of the response to deadly epidemics that once overran Europe, the IHR stipulate the rights and obligations of countries regarding public health events, including the requirement to report on such events. They also outline the criteria for determining whether or not a particular event constitutes a "public health emergency of international concern (PHEIC)" *(27)*. The IHR require countries to designate a national IHR focal point for communication with WHO, and to establish and maintain core capacities for surveillance and response, including at points of entry.

BOX 4

THE ONE HEALTH APPROACH

One Health recognizes that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) is closely linked; it addresses the collective need to ensure access to clean water, energy and air, as well as safe and nutritious food, and to take action on climate change and contribute to sustainable development *(28,29)*. Applying the One Health approach involves considering the health of the individual traveller, the protection of public health and ecosystem health at tourism destinations, and tourist behaviour, with a view to global health and healthy ecosystems. The One Health approach encompasses:

- food safety
- control of zoonotic diseases
- laboratory services
- neglected tropical diseases
- human, animal, and environmental health
- antimicrobial resistance.

National plans, policies and regulations, which impact tourism should prioritize and address main tourism health risks and the quality of health-service delivery, including emergency health plans for tourism, health infrastructure, health-workforce protection, and clear, updated and transparent communication. In developing national health-emergency planning and management structures, tourism should be included from the start.

Key stepping-stones, such as planning for and the coordination of strong, quality health-service delivery, access to essential medicines and primary-care services, diagnostic facilities and technologies, strengthened IPC and vaccination roll-out, as well as targeted health-information systems, will contribute to the recovery and future resilience of the tourism sector.

The development of a set of minimum international standards for the **protection of tourists in emergency situations, including access to social protection** *(30)* and **tourist consumer rights** is of paramount importance. **Clear recommendations** for the tourism sector **on measures to reduce the spread of COVID-19** (which could also serve for potential future pandemics) are key to ensuring that the private sector, especially MSMEs, can count on useful and practical tools to reduce contagion among tourists, employees and local communities *(31–33)*.

Timely and coordinated health and safety protocols and mechanisms to promote safe, seamless travel and restore confidence, mitigate crisis impact and accelerate the recovery of tourism are required. This includes the application and harmonization of health protocols in the tourism sector (for example, regarding accommodation, travel agencies, and tour operators). Publicly available specifications (PAS) of the International Organization for Standardization can also be used to develop national health and safety protocols in the tourism sector.

There is a need to increase the availability of information for tourists, both pre-departure and at point of arrival, regarding risks and precautionary measures, as well as access to quality health services at the destination.

Strengthening adaptive capacity to adjust to transitions and shocks



Multisectoral cooperation among actors in the areas of economy, tourism, internal migration and health policy is required to strengthen monitoring and surveillance and apply "a risk-based approach when implementing public health and social measures related to international travel while respecting the dignity, human rights and fundamental freedoms of travelers" *(34)*.

Timely and adequate access to safe, effective, and quality medical products, vaccines and health technologies have proved instrumental in connection with health and tourism systems' preparedness for and response to health emergencies.[5]

Effective communication is critical when promoting health and sustainable tourism. Updated, transparent and reliable health information, **risk communications, and community engagement** should be provided by health authorities through easily accessible digital means, using misinformation countermeasures to protect citizens and tourists.

Strengthening absorptive capacity to manage and recover from adverse conditions



The capacity of sectors and systems should be strengthened to enable:

- the rapid upscaling of response measures and resources (for example, in the tourism and health sectors);
- identification of vulnerable or disadvantaged population groups in need of support (for example, people with disabilities, people in precarious employment, etc.);
- the rapid upscaling of economic relief packages and financing aid (including the coverage of socioeconomic disadvantaged and vulnerable populations), and the distribution of economy-wide stimulus packages (fiscal and monetary) and job- and income-support measures aimed at: (i) providing fiscal relief and financial support to MSMEs and self-employed workers (to prevent bankruptcy, ensure survival and address liquidity shortage); and (ii) promoting job retention and securing employment and social support for the most vulnerable;
- workforce training and upscaling;

[5] As tourists pay increasingly more attention to the quality of public health services abroad, national plans could include appropriate policy interventions and the development of regulatory frameworks to address the quality of service delivery.

- public health measures to transform delivery;
- the development of crisis-communication and community-engagement strategies.

It is necessary to **strengthen the role of primary health care in the health system** within the context of the relaunch of tourism for host communities and tourists alike (for example, with the family doctor as the first point of contact). Even with key public health measures in place, the promotion of health-protecting behaviours and strong primary health care will continue to be essential if tourism is to build back stronger. Within this context, it is important to continue to promote awareness about road safety and the dangers of tobacco and alcohol consumption, and to advocate health-promoting initiatives, such as tobacco-free beaches and the preservation of the natural environment.

Strengthening transformative capacity to better address change and uncertainty



To this end, the following measures will be key.

Advance innovation to upcycle supply chains and increase connectivity and mobility in scaling up access to medical products and technologies, especially in hard-to-reach areas.

Advance digital transformation towards ensuring safer and healthier tourism and reducing risks of infection through the use of contactless travel. These services will bring benefits to the health and tourism sector, enabling virtual communication between patients and caregivers and ensuring continuity of care and the avoidance of misinformation.

Increase health literacy among tourists, businesses and the tourism workforce. Most tourism businesses are MSMEs and need consistent health information, guidelines and skills' development tools to be able to contribute to a safer and reliable tourism sector that protects tourists, employees and host communities. Increasing health literacy would also provide an opportunity to enrich and advocate it, and thus create future societies that are aware, mindful of misinformation, and able to spread a culture of health.

Promote adhesion to and implementation of the Global Code of Ethics for Tourism *(25)*. The Code offers a set of principles that could be used by all key players as guidance in tourism development. Such players aim to help maximize tourism benefits while minimizing negative impacts (Box 5).[6]

BOX 5

THE UNWTO INTERNATIONAL CODE FOR THE PROTECTION OF TOURISTS (ICPT)

The ICPT provides a comprehensive set of principles and recommendations for the protection of tourists in emergency situations, and consumer (tourist) rights post COVID-19. The Code grew out of the COVID-19 crisis, which revealed the absence of an international legal framework for the assistance of international tourists in emergency situations. By developing and harmonizing minimum standards at the international level, the ICPT aims to provide all tourism stakeholders, in both the public and private sectors, with practical guidance on how to assist tourists affected by emergencies *(31)*.

Promote decent employment conditions and ensure access to universal, comprehensive, adequate and sustainable social protection for everyone engaged in the tourism sector. This involves availability, accessibility, security, wages, physical and mental needs, safety at the workplace and protection from inequality, and places value on the livelihood, health and well-being of workers *(30, 35)*. All relevant public and private stakeholders in the health and tourism sectors and civil society should be engaged in the design and implementation of tourism strategies and interventions that make contributions to decent working conditions *(23)*. This also requires improving regulations and addressing inadequate labour and social protection related to precarious work *(23,30)*.[6]

Safeguard living conditions in host communities. Policies and action are needed to protect local populations, particularly from gentrification, increased consumer prices, rises in rental and property prices, deterioration of the quality of food, water and sanitation, and the effects of overloaded waste-management services.

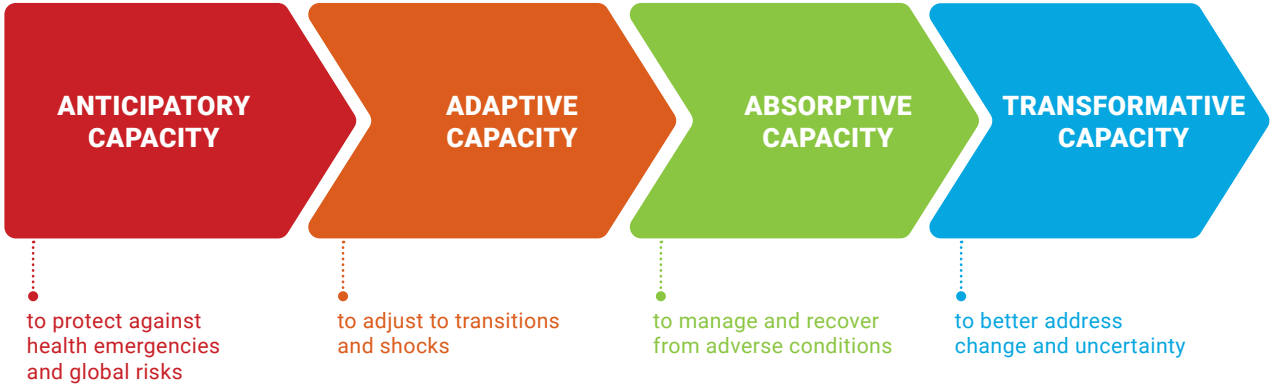
Promote recommendations addressed to tourists to safeguard the host community. This could be basic information, highlighting the need to protect cultural heritage, local populations and the environment and find ways of supporting local economy and travel in a safe and informed way.[7]

[6] The Global Code of Ethics for Tourism was adopted in 1999 by the General Assembly of the World Tourism Organization and acknowledged by the United Nations General Assembly in 2001. Article 10 covers the economic, social, cultural and environmental components of travel and tourism *(25)*.

[7] An example of such straightforward recommendations could be the leaflet entitled "Tips for a Responsible Traveler", which has been updated by the World Committee on Tourism Ethics in 2020, inspired by the principles included in the Global Code of Ethics *(36)*.

Promote policies, measures and initiatives to protect the environment and better manage the environmental impacts of tourism activities. This includes addressing water, sanitation and hygiene (WASH), waste and waste-water management, the promotion of physical activity and road safety, and the promotion of the circular economy (given its potential to separate growth from the use of resources). It is important to ensure risk reduction through the sustainable use of consumption and production patterns, the prevention of biodiversity loss, the mitigation of and adaptation to climate change, and adherence to and the implementation of international legally binding instruments for the protection of the environment and public health.

Integrate sustainable consumption and production in the tourism value chain. Solutions that go beyond technical resource-efficiency measures can be developed to ensure outcomes that span the dimensions of sustainability.



Conclusion: strengthened cooperation between the health and tourism sectors

The resumption of tourism, one of the sectors most affected by the COVID-19 pandemic, is crucial for the recovery and future development of the global economy on which this sector has both a direct and indirect socioeconomic impact. It is important to recognize that the crisis presents an opportunity to rethink health and tourism and shape a more resilient, sustainable and inclusive tourism sector for the future.

This policy brief has shown that both the health and the tourism sectors need to strengthen their cooperation and coordination at all levels with a view to placing health high on the tourism agenda and improving community health, the environment and economies. Priority areas for promoting health in the tourism sector require further anticipatory, absorptive, adaptive and transformative capacity, which differs from country to country.

Within the SCI, it is suggested that a coalition of partners on health and tourism be coordinated jointly by UNWTO and WHO/Europe with the aim of:

- strengthening cooperation and coordination, based on lessons learned from COVID-19;
- identifying key priorities and opportunities to elaborate solutions;
- proposing capacity-strengthening activities;
- engaging in policy dialogues in small countries to strengthen collaboration on governance of the health and tourism sectors;
- documenting outcomes of the previous points and reporting on these at the ninth high-level meeting of small countries in 2023, including identification of areas that warrant further support.

References[8]

1. Roadmap towards better health in small countries in the WHO European Region 2022–2025. Copenhagen; WHO Regional Office for Europe; 2022 (https://www.who.int/europe/publications/i/item/WHO-EURO-2022-5484-45249-64713).

2. European Programme of Work, 2020–2025: United Action for Better Health. Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO (https://www.who.int/europe/about-us/our-work/european-programme-of-work).

3. UNWTO tourism definitions. Madrid: World Tourism Organization (UNWTO); 2019 (in English, Italian and French) (https://www.e-unwto.org/doi/pdf/10.18111/9789284420858).

4. COVID-19 situation in the WHO European Region In WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2022 (https://who.maps.arcgis.com/apps/dashboards/ead3c6475654481ca51c248d52ab9c61).

5. The economic contribution of tourism and the impact of COVID-19. Madrid: World Tourist Organization (UNWTO); 2021 (https://www.e-unwto.org/doi/10.18111/9789284423200).

6. UNWTO Tourism Data Dashboard. In: UNWTO [website]. Madrid: UNWTO; 2022 (https://www.unwto.org/tourism-data/unwto-tourism-dashboard).

7. Disruption and resilience: UNESCO reports reveal new data on impact of COVID-19 on culture. In: UNESCO [website]. Paris: United Nations Educational, Scientific and Cultural Organization; 2021 (https://en.unesco.org/news/disruption-and-resilience-unesco-reports-reveal-new-data-impact-covid-19-culture).

8. Culture shock: COVID-19 and the cultural and creative sectors. In: OECD [website]. Paris: Organisation for Economic Co-operation and Development; 2020 (https://www.oecd.org/coronavirus/policy-responses/culture-shock-covid-19-and-the-cultural-and-creative-sectors-08da9e0e/).

[8] All URLs accessed 13 September 2022.

9. Foley AM, Moncada S, Mycoo M, Nunn P, Tandrayen-Ragoobur V, Evans C. Small island developing states in a post-pandemic world: challenges and opportunities for climate action. WIREs Climate Change. 2022;13(3);1–11 (https://doi.org/10.1002/wcc.769).

10. Seventh high-level meeting of small countries: small country experiences during COVID-19. Online 28 June 2021, 10.00–11:30. Copenhagen: WHO Regional Office for Europe; 2021 (https://apps.who.int/iris/handle/10665/349840).

11. Tracking public health and social measures. A global dataset. In: World Health Organization [website]. Geneva; World Health Organization; 2022 (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/phsm, accessed 19 May 2022).

12. Hysa B, Karasek A, Zdonek I. Social media usage by different generations as a tool for sustainable tourism marketing in society 5.0 idea. Sustainability. 2021;13(3):1018 (https://www.mdpi.com/2071-1050/13/3/1018).

13. Palazzo M, Gigauri I, Panait MC, Apostu SA, Siano A. Sustainable tourism issues in European countries during the global pandemic crisis. Sustainability. 2022;14(7):3844 (https://www.mdpi.com/2071-1050/14/7/3844/htm).

14. UNWTO Briefing Note – Tourism and COVID-19, Issue 1. How are countries supporting tourism recovery? Madrid: World Tourism Organization (UNWTO); 2020 (https://www.e-unwto.org/doi/book/10.18111/9789284421893).

15. International Organization for Standardization. ISO/PAS 5643:2021(en). Tourism and related services — requirements and guidelines to reduce the spread of Covid-19 in the tourism industry. In: ISO online browsing platform [website]. Geneva: International Organization for Standardization; 2021 (https://www.iso.org/obp/ui/#iso:std:iso:pas:5643:ed-1:v1:en).

16. Covid-19 related travel restrictions. In: UNWTO [website]. Madrid: World Tourist Organization (UNWTO); 2021 (https://www.unwto.org/covid-19-travel-restrictions).

17. Wood LB. Small states in international health crises: Iceland's response to the global COVID-19 pandemic. Small States & Territories. 2021;4(1):45–60 (https://www.um.edu.mt/library/oar/handle/123456789/74989).

18. Briffa V, Agius GA. Tourism and COVID-19 in 2020: the case of Malta as a small state. Small States & Territories. 2021;4(1):75–104 (https://www.um.edu.mt/library/oar/handle/123456789/74987).

19. European Observatory on Health Systems and Policies, McKee M. Drawing light from the pandemic: a new strategy for health and sustainable development. A review of the evidence. Copenhagen: WHO Regional Office for Europe; 2021 (https://apps.who.int/iris/handle/10665/345027).

20. Constitution of the World Health Organization. Geneva: World Health Organization; 2006 (https://www.who.int/publications/m/item/constitution-of-the-world-health-organization).

21. One planet vision for a responsible recovery of the tourism sector. In: UNWTO [website]. Madrid: World Tourism Organization (UNWTO), 2020 (https://www.unwto.org/covid-19-oneplanet-responsible-recovery-initiatives).

22. Tourism. In: Fact sheets on the European Union [website]. Brussels: European Parliament; 2022 (https://www.europarl.europa.eu/factsheets/en/sheet/126/tourism).

23. Technical meeting on COVID-19 and sustainable recovery in the tourism sector. In: International Labour Organization [website]. Geneva: International Labour Organization (ILO); 2022 (https://www.ilo.org/sector/activities/sectoral-meetings/WCMS_824066/lang--en/index.htm).

24. Policy brief: COVID-19 and transforming tourism, August 2020. New York: United Nations; 2020 (https://webunwto.s3.eu-west-1.amazonaws.com/s3fs-public/2020-08/SG-Policy-Brief-on-COVID-and-Tourism.pdf).

25. Convention-cadre relative à l'éthique du tourisme [Framework convention on tourism ethics]. Madrid: World Tourism Organization (UNWTO); 2020 (in French) (https://www.e-unwto.org/doi/book/10.18111/9789284421718).

26. Making tourism more sustainable – a guide for policy makers (English version). Madrid: World Tourism Organization (UNWTO); 2005 (https://www.unwto.org/sustainable-development).

27. International health regulations (2005). Third edition. Geneva; World Health Organization; 2016 (https://www.who.int/publications/i/item/9789241580496).

28. Schneider MC, Munoz-Zanzi C, Kvungduk M, Aldighieri S. "One Health" from concept to application in the global world. In: Global Public Health [website]. Oxford: University Press; 2019 (https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-29).

29. Ending the neglect to attain the sustainable development goals. One health: approach for action against neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2022 (https://www.who.int/publications-detail-redirect/9789240042414).

30. Extending social protection to migrant workers, refugees and their families. Guide for policymakers and practitioners. Geneva: International Labour Organization (ILO); 2021 (https://www.ilo.org/global/topics/labour-migration/publications/WCMS_826684/lang--en/index.htm).

31. International Code for the Protection of Tourists. Madrid: World Tourism Organization (UNWTO); 2022 (https://www.e-unwto.org/doi/10.18111/9789284423361).

32. Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19. Interim guidance, 2 July 2021. In: World Health Organization [website]. Geneva: World Health Organization; 2021 (https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Risk-based-international-travel-2021.1).

33. World Health Organization, UNWTO. A joint statement on tourism and COVID-19 – UNWTO and WHO call for responsibility and coordination. In: World Health Organization [website]. Geneva: World Health Organization; 2020 (https://www.who.int/news/item/27-02-2020-a-joint-statement-on-tourism-and-covid-19---unwto-and-who-call-for-responsibility-and-coordination).

34. Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19, 2 July 2021.In: World Health Organization [website]. Geneva: World Health Organization; 2021 (https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-Policy-Brief-Risk-based-international-travel-2021.1).

35. Galian C et al. Social protection in the cultural and creative sector: country practices and innovations. Geneva: International Labour Organization (ILO); 2022 (ILO Working Paper 28; https://www.ilo.org/global/publications/working-papers/WCMS_781638/lang--en/index.htm).

36. The responsible tourist. In: UNWTO [web site]. Madrid: World Tourism Organization (UNWTO); 2020 (https://www.unwto.org/responsible-tourist).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Türkiye
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe
UN City, Marmorvej 51
DK-2100, Copenhagen Ø, Denmark
Tel: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

WHO/EURO:2022-6156-45921-66177