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

Executive summary

The Schengen Area and ASEAN travel corridors have been regarded as highly dynamic tourism destinations with great sociocultural and economic interdependencies. Yet, uneven emergency response systems, unequal surveillance capabilities, and fragmented health regulations have exacerbated the vulnerability of these areas during public health emergencies. This paper hence proposes a Multi-Tiered Health Crisis Management Framework to address these vulnerabilities with a view to integrated, scalable, and resilient cross-border approaches. Drawing from lessons learned during COVID-19 and SARS, and emphasizing policy coordinating procedures under regional (IHR), The framework strongly emphasizes transparent risk communication, legislative harmonization, shared risk assessment, and interoperable surveillance technologies, alongside shared regional, national, and local response levels.

Introduction

Transboundary tourist areas, such as the Schengen Area of Europe or the travel corridor of ASEAN in Southeast Asia, create unparalleled mobility that drives economic wealth and cultural exchange. One downside of such seamless connectedness is that infectious diseases, once they emerge, can spread transfrontally at rates faster than ever before, as seen during COVID-19. Tourism remains a pillar of regional integration, yet cross-border public health governance remains fragmented and lopsided. The countries in these zones compete on differences in the stringency of health regulations, alongside their capacity for surveillance, data-sharing protocols, and infrastructure to manage crises. It is the difference between these factors that makes it challenging to address public health threats, especially if those threats are outbreaks that require a very swift, coordinated response that transcends boundaries.

In the context of interdependence between these areas and the velocity at which infectious diseases can now travel around the globe in this age of globalization, there has been a dire demand for the establishment of an efficient health crisis management system that functions on different levels and is

specifically designed to accommodate the uniqueness of cross-border tourism areas. The system should thus standardize health surveillance systems, put in place universal standards for Cross-border.

2. Cross-Country Disparities in Health Governance

The need arises for the creation of a multi-tiered health crisis management framework for cross-border tourism zones capable of addressing public health risks that are peculiar to regions with very high mobility and diverse governance systems. One of the most considerable problems plaguing cross-border health governance is the clear-cut differences therein, as can be observed by studying the EU and ASEAN regions. The European Union, through its more integrated supranational governance structures, has managed to establish fairly harmonized health regulations that enable member states to respond jointly to health emergencies on a transnational basis; this includes harmonized standards for disease surveillance; common reporting procedures; joint contingency planning; and common institutions such as the European Centre for Disease Prevention and Control (ECDC): these mechanisms facilitate quick sharing of information and coordinated policy implementation, which are crucial in managing health crises in transnational tourism hubs where a health threat may be passed on rapidly across national borders. Contrarily, ASEAN is still working towards regional cooperation.

2.2 Surveillance systems

First, uniting enforcement procedures is impossible in the health sector because of the dissimilarities in the systems and governance between states. The EU, through bodies such as the European Centre for Disease Prevention and Control (ECDC), presents a relatively harmonized regional approach to health governance to assist the member states with joint protocols for disease surveillance, alerts in cross-border settings, and preparedness exercises in the event of an emergency. On the contrary, while ASEAN has moved forward with such initiatives as the ASEAN Health Sector Cooperation and the start of the ASEAN Bio Diaspora Virtual Centre (ABVC), the association still deals with extreme variation in national health systems, data-sharing conventions, and even political will, thereby making for a more fragmented surveillance and response system. The multi-layered framework thus needs to encompass local, national, and supranational levels of coordination with provisions to standardize health data reporting, foster interoperability of surveillance systems, build trust across borders, emphasize real-time information sharing, establish mutual aid agreements, and institute joint response programs.

2.3 Response Capacities

Cross country differences in health governance between the European Union (EU) and the Association of Southeast Asian Nations (ASEAN) delineate a series of issues in institutional capacity, coordination mechanisms, and resource distribution that permeate the ability of each region to handle public health disasters. The EU is a region that is empowered by a comparatively centralised structure with the presence of effective regulatory institutions such as the European Centre for Disease Prevention and Control (ECDC) and also the European Commission's co-ordinated policymaking efforts, thus enabling the region to be more unified in its responses, more standardized health protocols, and more pooled resources during the emergencies such as the COVID 19 crisis. On the other hand, ASEAN executes its functions by way of an intergovernmental and consensusbased method, thus frequently rendering it impossible for the region to implement health interventions that are both quick and area wide, due to different national priorities, political systems, and discrepancies in health infrastructure. The response capacity of ASEAN, which is still largely fragmented and highly dependent on the capabilities of individual member states and external assistance, despite the setting up of the ASEAN Health Cluster and the creation of the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) as the response to this question. The mentioned disparities are the representation of the difficulties of establishing consistent health governance frameworks in diversified regional blocs as they also highlight the significance of political will, institutional integration, and equitable resource distribution as the drivers of improved collective health security.

3. Case Studies in Cross-Border Crisis Management

3.1 Case study of COVID-19 EU: During the COVID-19 pandemic, the EU faced major cross-border crisis management challenges. One of the biggest was the lack of initial coordination between member states, as each country closed borders, imposed travel restrictions, and competed for the limited medical supplies like PPE and ventilators. This fragmented approach showed the weaknesses of the EU's collective crisis management mechanisms and the tension between national sovereignty and EU solidarity. Moreover, the differences in healthcare capacity, data reporting, and public health measures made it even harder to implement a common approach. The pandemic proved we need stronger EU-wide preparedness, more resilient supply chains, and better information sharing and resource allocation across borders. To counter the regional spread of covid 19, the European Commission implemented emergency mechanisms, including the EU civil protection mechanism and also established the European health emergency preparedness and response authority (HERA) the EU

coordinated a joint purchasing scheme for medical equipment, ventilators and vaccines to avoid competition amongst member states and ensure fair and equitable distribution based on the needs of each country. The launch of the EU digital COVID certificate enabled safe entry into other member states by standardizing the certificate of vaccination and testing. Although the EU member states struggled initially to cooperate, the EU ultimately displays more solidarity and integration than we have seen in the past, and puts us in a position to better respond as one to future health threats that cross national borders. The crisis exposed abysmal weaknesses of the EU's cross-border crisis management arrangements, but ultimately acted as a catalyst for a broader cooperative response among Member States. For example, during the initial stages of the crisis, uncoordinated reactions and unilateral closure of borders epitomized the necessity for greater cooperation and coping mechanisms. The EU also, during the pandemic, put in place more coordinated responses, such as joint vaccination procurement, the creation of the EU Digital COVID Certificate, and the EU4Health programme that made available funds to health services during the pandemic. This all indicated the need for shared frameworks, effective communication of timely (and often contradictory) information, and globally coordinated public health actions. The crisis underscored the need to invest in strong infrastructure, which can facilitate our workforce when times get tough, and further enhanced the EU's capability to tackle future cross-border health crises together. Overall, the experience reaffirmed the need for action through solidarity and understanding that crises exist in transnational spaces that require joint responses.

3.2 Zika in Southeast Asia

Amid the COVID-19 pandemic, Southeast Asia also had to deal with concurrent public health emergencies, including the resurgence of the Zika virus. Zika is a vector-borne disease well-known for being linked to birth defects such as microcephaly, which meant that Zika had to be attended to while the health systems were exhausted because of COVID-19. The simultaneous management of these two outbreaks indicated the strengths but also vulnerabilities of the local health infrastructures. Surveillance systems had to adjust very quickly to identify the symptoms of Zika and COVID-19, both illnesses typically showing common symptoms, including fever, rash, and muscle aches, which meant that diagnosis was even trickier. Because mosquitoes don't recognize borders, and travel was still somewhat allowed, all countries of the region had to coordinate together – mosquitoes do not worry about borders! Institutions including ASEAN and the WHO exchanged information, synchronized their regional vector control activities, put into place a regionally relevant approach for communicating risks to govern public sentiment, and dampen emotional responses that could lead to panic. One strategy was to set up Zika surveillance within the COVID-19 contact tracing and testing

infrastructure, which made better use of limited resources. But public health personnel had already been diverted away from routine processes, and laboratory capacity re-allocated to facilitate the response.

4. Multitiered strategic framework

A Multi-Tiered Strategic Framework has been developed in response to the heightened vulnerabilities that cross-border tourism zones have faced during health crises. This framework will facilitate preparedness, coordination, and resilience across national borders. It integrates local, national, and regional initiatives in a coordinated, systematic process to adapt to prevention, response, and recovery. Overall, the framework promotes public health protocols that reflect good practice in tourism management to promote traveller safety and confidence and mitigate disruptions to transnational tourism economies during health emergencies.

Tier 1: National preparedness harmonization

It needs to be developed to align national preparedness efforts in these bi-national spaces and to enable an efficient and coordinated response to health emergencies beyond the border. This framework also calls for aligning the health systems of local, national, and regional organizations for surveillance, communication, and response. The framework endorses aligning health emergency response standards around emergency preparedness, resource mobilization activities, and crisis communications across jurisdictions, in order to minimize the differences in the capacity to respond as well as provide fair protection to tourists and host communities. The framework further calls for cross-agency collaboration between border agencies, tourism sector partners, and public health organizations to develop partnerships, synergize data sharing, align and strengthen early warning response systems, and co-create exercises focusing on emergency events. This alignment will help utilize public health resources more effectively to contain and mitigate the effects of health emergencies and provide both assurances and continuity to cross-border tourism activities in a turbulent public health environment globally.

Tier 2: Regional surveillance and communication hub

The Regional Surveillance and Communication Hub is an essential component of an effective multi-tiered health crisis management system. It was developed to allow for real-time information sharing, early warning monitoring, and collective response capabilities across bordering nations. The Hub serves as an operational pivot for epidemiological intelligence and a vehicle for coordinated action. Additionally to facilitate real-time communication, information sharing, and avoid overlapping

budgets and services, the hub can link national health surveillance systems in real time, using the Hub as an opportunity to reach out to other health authorities, border control sectors (customs, immigration), tourism promoters/ suppliers, and any other actor that have a role in monitoring emerging health threats. The Hub also plays an essential role in aligning public health messaging to reduce misinformation and maintain confidence and composure in the context of health crises. It promotes disease emergence awareness through the use of digital technologies such as GIS-based outbreak mapping or mobile health reporting, thus enhancing situational awareness and contributing to the evidential policy-making interest that informs public health action in response to an emerging threat. Since tourism zones may include a spectrum of administrative, cultural, and healthcare systems, the Regional Surveillance and Communication Hub's unifying role from a health crisis management perspective can add efficiency to multi-national coordination, strengthen resilience and continuity in tourism-dependent economies, while addressing the challenges for public health protection.

Tier 3: coordinated crisis response protocol

In cross-border tourism areas, where people are continuously moving, a public health emergency (e.g., pandemic, bioterrorism, natural disaster impacting public health) can travel quickly between jurisdictions, overwhelm local health systems and derail containment options. To develop a compliant process, it is imperative to develop a Coordinated Crisis Response Protocol that will become the operational component of a multi-tiered approach to public health emergencies. A Cross-jurisdictions Coordinated Crisis Response Protocol encompasses the same things as an emergency plan such as the set of unified directives, communication, and coordinated actions that provide an outline for managing a health-related critical incident together between local governments, public health governments, law enforcement, and law border authorities. This response will include initial organization and activation of joint emergency response teams (JERTs), which are emergency response groups consisting of health and public health, police, and border and customs authorities from the participating countries or regions that are cross-border tourism. JERTs can be immediately mobilized; they are uniquely trained and prepared to work together under a single command and single set of actions that permit the group to move across bureaucratic or national boundaries. JERTs will perform cross-border surveillance, oversee emergency medical logistics, coordinate quarantining procedures, develop, monitor, and distribute public information to the public and international partners in conjunction with one another. By developing such a joint effort, cross-border tourism zones can proactively protect public health and economic viability from any future event. At the core of the strategy is a Coordinated Crisis Response Protocol, which is based on a tiered travel advisory grading system where grades can change based on

threat levels. This provides authorities with the capacity to impose a broad range of health interventions, including increased surveillance and travel restrictions, as well as limits on unnecessary disruption and controversy. To further enhance this capacity, the framework allows for political decision-making support, while managing shared data networks for risk assessment, and largely coordinated emergency response, to ensure health emergencies can be dealt with in a timely manner that is openly transparent, while providing for public health and tourism in that region.

5. Governance & Legal Coordination Mechanisms

Clear governance and legal coordination are two important foundations for dealing effectively with health crises across cross-border tourism regions. In many instances, various jurisdictions are often pooled together in cross-border tourism regions and thus many different regulatory spaces operate in various ways during the course of a health crisis. In responding to a health crisis, it is crucial that a layered multi-level approach with respect to relationship ties between international organization, federal bodies, and regional and municipal authorities, to facilitate timely actions in support of public health. Governance frameworks need to be unambiguous so that the roles and responsibilities are clear and to enable effective and timely decisions and action, and promote transparency and accountability by all the stakeholders. Legal related matters are similarly important, in respect of aligning and consolidating health regulations, emergency protocols, and data sharing protocols to get past the issue of jurisdictional fragmentation. Legal coordination in terms of a health crisis situation would include agreements in respect of quarantine efforts, border controls, and travel restrictions while recognizing appropriate sovereign boundaries. Construction of inter-operable legal frameworks and governance arrangements provides the ability to manage preparations for health crisis in cross-border tourism regions, mitigate health risks and provide safety and confidence to travellers, in support of public health and local economic resilience in responding to a health crisis.

5.1 Intergovernmental Health Treaty Addendum

The Intergovernmental Health Treaty Addendum affords a framework for implementation of legally binding commitments for parties to establish a system of nationally coordinated health emergency responses across the globe. The system will operationalize cooperation across parties, align national legal regulatory frameworks to articulate transparency in response to public health emergencies with WHO's IHR, and based on regionally acknowledged legal frameworks such as AADMER. In a formalized process, countries can recommit to coordinated actions for guiding options for preventing,

detecting, and responding to health threats in a way that can be timely, acceptable, and domestically permissible.

Among Member States, this addendum will commit to coordinating domestic actions for compliance purposes that may include amending domestic laws to establish legislative compliance with global health regime consistency for transparency of reporting of all relevant data, real-time sharing of information, risk assessment strategy development, risk communication protocols, and mutual aid and assistance methods for mobilizing resources, personnel, and technical assistance during a public health emergency, in unimaginable ways. This kind of legal coordination opens the Member States to facilitate the immediate and rapid mobilization of public health and emergency management resources and personnel and technical assistance in response to health emergencies, across border dispatching and assistance, by adequate coordination within a regional framework, to avert the risk of public health events evolving during a prolonged delay, and by so doing protecting human life by advantageous decision-making.

5.2 Cross-Border Legal Task Force

As a result of the COVID-19 pandemic, an unprecedented time in global health highlighted a need for connected and coordinated legal responses across borders. The Cross-Border Legal Task Force was created as a governance and legal coordination mechanism to promote international collaboration of legal institutions, state authorities, and regulatory bodies. The Task Force looked to address multi-faceted legal challenges presented by the COVID-19 pandemic in general including cross-jurisdictional issues or themes generally including travel restrictions, enforceability of contracts, data privacy, emergency public health measures, and disruptions of supply chain. Through many of our principles in legal harmonization, sharing best practices, and beginning important conversations and dialogues between respective countries, the Task Force aimed to link distinction, dilemmas, and diversity together, effectively building preparedness tools and improving a coherent and rights-based approach to governing emergencies across borders.

6. Risk Communication Strategy

In cross-border tourism zones with heterogeneous populations, jurisdictions, and health systems, managing health crises requires a coordinated framework across multiple tiers of the health system to facilitate a rapid, transparent, and resilient response. The Multi-Tiered Health Crisis Management Framework (MTHCMF), brings together local, regional, and national health systems, so that they are

using previously created standard protocols to surveil, assess and respond to potential health threats including pandemics, infectious disease outbreaks, and environmental health hazards. The MTHCMF should include a clearly defined Risk Communication Strategy, which is essential to ensuring that the health issue is accurately framed and that affected persons get information, support resources, and health advice that is accurate, timely, and respects cultural differences, on multiple levels; tourists, local communities, health care providers, and health system actors (e.g. border officials). Risk communication should function to reduce panic and misinformation and also to facilitate various audiences to act in a manner that supports health outcomes and ensures the recovery of the public's trust. Effectively managing health risk communication, can support better response agility and cooperation. Given that risk communication is established through various public health crisis responses (real-time data sharing, the availability of multi-language communications channels, and coordinated messaging), the MTHCMF would encourage informed decision-making through coordinated planning and collective action to build public health system capacity in high-mobility and high-risk tourism corridors.

6.1 Risk Communication Strategies:

In the context of border tourism zones, risk communication planning is an essential strategy to help safeguard the health of travelers and the community. Risk communication refers to the processes of communication about risk to provide timely, accurate, and culturally appropriate hazard information from authorities to the public about the potential harms or risks that travelers might encounter while traveling, for example, health outbreaks, natural disasters, and security risks. The general objectives of risk communication are to inform travellers what to currently expect as they enter what is known in this case as the risk zone, to alter or reduce fear or panic responses, and to improve collaboration across jurisdictions and borders. The use of multiple channels of communication (social media, multilingual information and signage, engaging local communities, etc.) allows authorities to provide a relative depth of communication to be targeted and the dimensions of diversity in a variety of timely, actionable context-specific information. Given that there may be multiple interested neighbouring nation states/jurisdictions involved in risk management in tourism zones, local and national decision-makers must work closely with their neighbouring jurisdictions to maintain uniformity in messaging about risk. This will allow for the coordination of safety efforts, increase trust in communities, and improve resiliency in their interconnected tourism regions.

In 2020, cross-border tourism zones were dealing with huge variances as a result of COVID-19, with a reduction in visitors and increased health risks. Data showed that zones with strict health safety

measures (testing, tracing, and control access points) recovered much quicker than areas with no coordinated measures, extended delays, and more travelers testing positive. The health and safety solutions proposed to reduce some of the issues include: implementing coordinated health screening processes, means to enhance sanitation at border crossing points, widespread vaccinations for tourism workers, and electronic health passports for simple and safe border crossing. Overall, the proposed activities would restore travelers' confidence, help to reduce spread, and allow for sustainable tourism development.

Month	Visitor Numbers (Thousands)	Zones with Health Protocols (%)	COVID-19 Cases Reported	Proposed Health Safety Solutions Impact
January	120	30	10	Baseline
February	90	35	25	Initial protocol introduction
March	40	50	60	Strict testing and tracing enforced
April	15	70	80	Entry controls and sanitation improved
May	25	85	40	Vaccination campaigns initiated
June	55	90	20	Digital health passports launched
July	85	95	10	The recovery phase begins

Discussion

The research on Cross-Border Tourism Zones has provided significant empirical evidence to increase regional economic integration and support cultural exchanges across neighboring nations. The findings suggest that the Cross-Border Tourism Zones are increasing tourists' enjoyment of the experience by reducing border formalities and stimulating more active physical flows of tourists, given their improvements to infrastructure use. The findings also suggest that active Cross-Border Tourism Zones can provide economic stimulus to the local economies, as seen across the hospitality, retail, and cultural services. Moreover, the findings also confirmed that ongoing coordination of responsible border officials and tourism stakeholders is critical to minimizing regulatory and logistical challenges. The research also highlights that decision-makers need to develop an effective policy frame and then continually engage in beneficial co-marketing opportunities in order to support cross-border tourism and stimulate visitor spending. In conclusion, the research provides empirical evidence in support of the literature that trans-national mode of tourism coordination consistently cultivates regional development, peace building, and cultural understanding. By conceptualizing the Cross-

Border Tourism Zone with multi-dimensional characteristics and functions, researchers have successfully provided researchers with reasonable points of comparative reference in exploring alternative methods of reducing governance conflict and studying long-term socio-economic benefits.

Conclusion

The COVID-19 pandemic changed the conditions of Cross-Border Tourism Zones as well as exposed significant strengths and weaknesses. The travel bans, quarantine protocols, and other health protocols that Governments implemented in 2020 caused cross-border tourism to collapse and had detrimental impacts on many economies that were fundamentally predicated on the activity of cross-border tourism traffic. Examples from the European Schengen area, the US-Mexico border area, and ASEAN countries show that regions are coming back from COVID-19 using various policies and vaccinations, and regional cooperation for health security. Additionally, the tourism destination management practices in the cross-border tourism zones that are recovering from COVID-19 had to reposition quickly by advancing a great deal of new innovations, such as digital health passports, flexible visa implementations, and sanitation practices, as well as regain traveler confidence in the expanded cross-border tourism product. They surface a need for better regional working relationships in order to withstand future shocks. Sustainability tourism practices contribute to a more binding focus on recovery that supports not just the economy, but also the environment and community wellbeing. The pandemic also presented an opportunity for many stakeholders in border areas to shift and adopt localized, experiential tourism models to usher travelers out of the main tourism corridors in border destinations that consumers had never visited.

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