

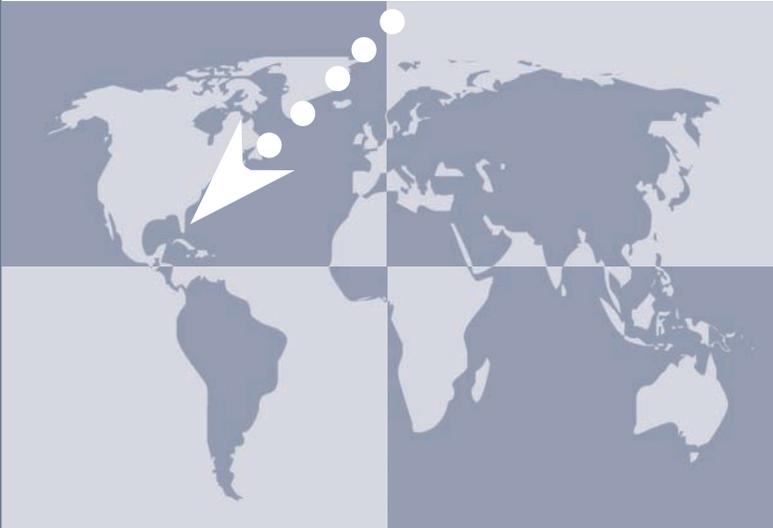


WORLD TOURISM ORGANIZATION  
ORGANISATION MONDIALE DU TOURISME  
ORGANIZACION MUNDIAL DEL TURISMO  
ВСЕМИРНАЯ ТУРИСТСКАЯ ОРГАНИЗАЦИЯ  
منظمة السياحة العالمية

# Travel and Tourism under Pandemic Conditions

## Second Review and Preparation Exercise

*Nassau, The Bahamas  
16-17 September 2009*



# Travel and Tourism under Pandemic Conditions

Second Review and Preparation Exercise

*Nassau, The Bahamas  
16-17 September 2009*

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# Table of Contents

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<b>Table of Contents</b> .....	<b>iii</b>
<b>Acknowledgements</b> .....	<b>v</b>
<b>Aim of Exercise</b> .....	<b>1</b>
<b>Opening Session</b> .....	<b>3</b>
<b>Roundtables</b> .....	<b>7</b>
First Roundtable Session .....	7
Second Roundtable Session .....	11
Third Roundtable Session .....	15
<b>Conclusions and Recommendations</b> .....	<b>19</b>
<b>Presentations</b> .....	<b>21</b>
The Situation of Pandemic (H1N1) 2009 in the Americas – Today and Tomorrow Dr. Paulo Fernando Piza Teixeira <i>Regional Advisor on Urban Health, PAHO</i> .....	21
Travel and Tourism in Perspective Dr. Dirk Glaesser <i>Chief, Risk and Crisis Management Section, UNWTO</i> .....	39
ICAO Activities for the Aviation Sector and the CAPSCA Americas Project Mr. Michiel Vreedenburgh <i>Deputy Regional Director, North American, Central American and         Caribbean Regional Office, ICAO</i> .....	47
ALTA Update on Air Transport under Pandemic (H1N1) 2009 for the Americas Ms. Misty Pinson <i>Director of Communications, ALTA</i> .....	65
Overview of CDC’s 2009 (H1N1) Flu and Travel Health Campaign Dr. Kelly Holton <i>Team Lead, Travellers’ Health Communication and Education, CDC</i> .....	67

<b>Conference Programme .....</b>	<b>85</b>
<b>List of Participants .....</b>	<b>87</b>
<b>Annexes:</b>	
<b>Annex 1</b> Background Information and Key Terms .....	91
<b>Annex 2</b> Pandemic Influenza Vaccine Manufacturing Process and Timeline Pandemic (H1N1/09) .....	95
<b>Annex 3</b> Pandemic (H1N1) 2009: Timeline of Major Developments .....	97
<b>Annex 4</b> Responsible Travel - Second TERN Message .....	99

## Acknowledgements

The World Tourism Organization wishes to express its deepest gratitude to the participants and presenters who took part in this exercise for their valuable contributions, which will undoubtedly be of great interest to the different readers from the private and public sectors all around the world.

We would like to convey our sincere gratitude to the government of the Bahamas for their kind support and warm hospitality which made this exercise constructive and memorable.

Our special thanks and gratitude go to the Minister of Tourism and Aviation, Senator the Hon. Vincent Vanderpool-Wallace for his welcome remarks and his presence during the event. We would also like to express our sincere gratefulness to the Minister of Health, the Hon. Dr. Hubert A. Minnis for providing a keynote address at the opening session of the event.

We would like to thank the staff of the Ministry of Tourism and Aviation, especially Mr. Earlston McPhee, who supported us in the preparation and management of the event with dedication.

The following persons contributed to the organization of the exercise and the preparation of this publication:

Dr. Dirk Glaesser (Chief of Risk and Crisis Management Section), Ms. Anud Abbassi, Ms. Lorna Hartantyo, Ms. Ana Ilic, Dr. Monica Li, Ms. Krystel Obaña from the Risk and Crisis Management Section and Ms. Katharina Holzfuss from the Publications Department.

## Aim of Exercise

In view of the current pandemic (H1N1) 2009 and in joint collaboration with the Ministry of Tourism and Aviation of the Bahamas, the World Tourism Organization hosted a two-day workshop, the second of a series of workshops on *Travel and Tourism under Pandemic Conditions*, on the 16th and 17th of September 2009 in Nassau, the Bahamas.

Since the outbreak of the influenza virus in April 2009, the travel and tourism sector has been extremely challenged. Fortunately, the mild character of the virus in most countries caused only limited impact on the sector. However, an influenza pandemic is likely to span the entire planet and last for up to several months, with possible recurrence known as 'waves' within a year of the start of the pandemic.

Primarily aimed at the region of the Americas, the objective of this review and preparation exercise was to address the current challenges as well as upcoming ones in view of the current pandemic, and how to best adjust the preparations of the travel and tourism sector.

The exercise was designed in an interactive way to identify and address the following:

- The rapidly changing situation of the pandemic (H1N1) 2009 and the further spread pattern of the virus in the months to come, including pandemic risk factors, virus severity and vaccine access.
- Key challenges for the travel and tourism sector in response to the pandemic, including targeted communications, balance of information between warning and assurance, and cross-sectorial cooperation.
- Further repercussion of the pandemic on the travel and tourism sector as the situation evolves, including issues such as absenteeism, travel behaviour and state actions.
- Strategies to help limit the negative impacts on the travel and tourism sector and lessons learned since the onset of the pandemic.

## Opening Session

### Opening Remarks

Senator the Hon. Vincent Vanderpool-Wallace  
*Minister of Tourism and Aviation of the Bahamas*

In his welcome remarks at the Opening of the exercise, Senator the Hon. Vincent Vanderpool-Wallace, Minister of Tourism and Aviation, highlighted the importance of doing all that is necessary to ensure that issues related to travel and tourism are addressed in the most effective and efficient way during this pandemic, as tourism constitutes 25% of the GDP of the region and serves as the driving force of the Bahamian economy.

Senator Vanderpool-Wallace stressed that safety and security at the destination are fundamental since people who consider travelling during times of outbreaks would avoid what they believe to be risky destinations.

He also emphasised that the Ministry of Tourism and Aviation is committed to create a safe environment for travellers visiting the country, and is working at the same time to ensure that citizens of the Bahamas are protected.

The Senator closed his remarks by welcoming the participants to the Bahamas and wishing them a successful workshop.



Senator the Hon. Vincent Vanderpool-Wallace, Minister of Tourism and Aviation of the Bahamas, delivering the opening remarks.

### Keynote Address

The Hon. Dr. Hubert A. Minnis, M. P.  
*Minister of Health of the Bahamas*

The Hon. Dr. Hubert A. Minnis, Minister of Health, highlighted in his keynote address that a close cooperation between the health and tourism sectors is crucial for the continued success of travel and tourism even during times of a pandemic.

As the experience of the Bahamas with pandemic (H1N1) 2009 virus has shown, avoiding travel during a pandemic will not contain the spread of infection and it is likely to inflict unnecessary harm economically as well as socially.

The Minister indicated that the Ministry of Health monitors closely the local and global situation with regards to the pandemic (H1N1) 2009 virus and the country's ability to do so has been strengthened through its adherence to the International Health Regulations (IHR) which came into effect in June 2007. As a member of WHO and PAHO, the Bahamas responded quickly to the pandemic (H1N1) 2009 outbreak. The surveillance programme is supported both locally, by laboratory capacity through the public health authority and internationally, through the Public Health Agency of Canada (PHAC) and the Centres for Disease Control and Prevention (CDC) in the United States.



The Hon. Dr. Hubert A. Minnis, M. P., Minister of Health of the Bahamas, giving the keynote address.

The experience of the Bahamas has shown that the country's capacity to identify risks early on and to implement prevention and control activities at the community level has been further reinforced by the relationships developed with a broad range of agencies. On the national level, these include the travel industry, personnel at international airports and seaports and the cruise line industry. As a result of these strengthened relationships, regional guidelines have been established for the management of pandemic (H1N1) 2009 in the cruise line industry, which is a major contributor to tourism in the Caribbean and the Bahamas.

It was noted that the ability to respond with evidence-based practices to the pandemic (H1N1) 2009 has led to a well-ordered implementation of a pandemic response plan for the Bahamas. The interface between the emergency operation centre of the National Emergency Management Agency (NEMA) and that of the Ministry of Health, has allowed for a coordinated response among these agencies. The representation of key tourism stakeholders and the NEMA emergency operation centre has increased the ability to maintain communications about the event as it continues to unfold. This coordinated response among governmental and non-governmental agencies has reinforced the country's ability to react in a timely manner.

The Minister concluded his speech by urging a continued cooperation and communication between tourism and health agencies to accurately assess and respond to the situation, maintain the safety of nationals and visitors, and contribute to the economic welfare of the countries.

## The Situation of Pandemic (H1N1) 2009 in the Americas – Today and Tomorrow

Dr. Paulo Fernando Piza Teixeira  
*Regional Advisor on Urban Health, PAHO*

Dr. Paulo Fernando Piza Teixeira briefly introduced PAHO as the regional branch of the World Health Organization (WHO) and highlighted the importance of cooperation between the tourism and health sectors. He gave an overview of the current situation of the pandemic in the Americas in relation to the emergence of the virus and its overall epidemiology, the disease outcome, the vaccine production, the International Health Regulations (IHR) and the uncertainty of the virus in his presentation. For the full presentation see pp. 21-37.



Dr. Paulo Fernando Piza Teixeira, Regional Advisor on Urban Health, PAHO, presenting at the opening session; to his left Dr. Dirk Glaesser, Chief of Risk and Crisis Management Section, UNWTO.

## Travel and Tourism in Perspective

Dr. Dirk Glaesser  
*Chief, Risk and Crisis Management Section, UNWTO*

Dr. Dirk Glaesser presented the activities of UNWTO in response to the pandemic (H1N1) 2009 since the outbreak of the virus in April 2009. He explained the functions of the UN system with relation to the pandemic, the International Health Regulations (IHR) and the Tourism Emergency Response Network (TERN). He also shared the lessons learned so far from the first wave of the pandemic, especially the conclusions and recommendations from the first UNWTO Review and Preparation Exercise for Africa, Europe, and the Middle East, held in Spain on 26th and 27th August 2009. He concluded with a presentation on the challenges for the travel and tourism sector in the months to come. For the full presentation see pp. 39-46.



From left to right: Senator the Hon. Vincent Vanderpool-Wallace, Minister of Tourism and Aviation of the Bahamas; Dr. Dirk Glaesser, Chief of Risk and Crisis Management Section, UNWTO; Mr. Earlston McPhee, Director of Sustainable Tourism Planning and Development, Ministry of Tourism and Aviation of the Bahamas; The Hon. Dr. Hubert A. Minnis, M. P., Minister of Health of the Bahamas.

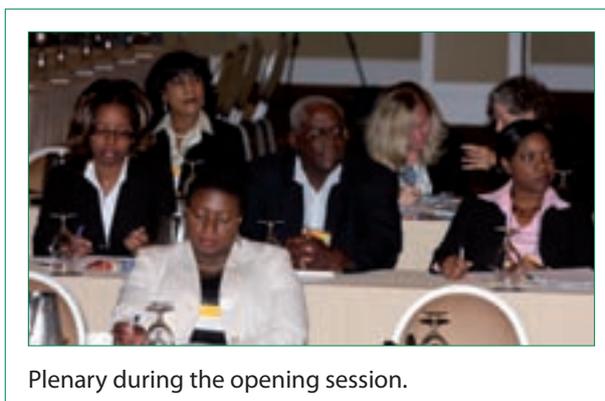
## Framework and Goals of the Exercise

Dr. Dirk Glaesser

*Chief, Risk and Crisis Management Section, UNWTO*

Dr. Dirk Glaesser explained the framework and goals of the exercise and stressed the importance of understanding the assumptions of other relevant stakeholders for the next months.

While most of the activities during the first wave highly benefited from the preparation work that was undertaken for a possible H5N1 pandemic, the different fundamentals of the current pandemic (H1N1) 2009 make it necessary to use the available resources to review and properly prepare against this new scenario.



Plenary during the opening session.

Therefore, the set-up of the review and preparation exercise into three different roundtables aimed at reviewing the fundamental data and identifying what went right and wrong during the first wave.

The participants had then to focus on the assumptions that they had for the coming wave. This was done in three parallel roundtables: travel behaviour patterns, political and ethical dimension and operational challenges and business continuity. Based on these assumptions the last session of the roundtables focused on identifying relevant and effective strategies and actions, which would help limit the adverse impacts of the pandemic on the travel and tourism sector.

# Roundtables

The participants were divided into three separate roundtables to discuss simultaneously the experiences and lessons learned from the first wave of the pandemic (H1N1) 2009, the key challenges for the travel and tourism sector in the months to come, and the strategies and actions to help limit the impact of this pandemic on the sector and travellers. The discussions were brought back to the plenary in the form of presentations of the findings of each roundtable.

## First Roundtable Session

### Topic

Roundtables on experiences and lessons learned from the first wave.

### Objective

Identifying country and sector experiences from the first wave.

### Main Questions

- **Country experiences:** How was travel and tourism affected, addressed and dealt with?
- **Sector experiences:** What are the experiences from transportation, accommodation, recreation and entertainment, tour operators and travel agents, and travel services?
- What have we learned from the first wave?
- What major challenges have you encountered? How were these challenges addressed?

### Main Points

- Complacency vs. overreaction
- Consistency
- Confidence
- Communications
- Business continuity
- Rate of absenteeism
- Marketing strategies
- Economic slowdown

### Points raised by the participants\*

- The experience with pandemic (H1N1) 2009 has so far shown that uncertainty of the situation remains high and therefore a smooth flow of information has to be ensured at all times. In this regard, constant monitoring of the situation and adjusting of plans are crucial.
- The issue of communications:
  - Timely, accurate and transparent communications is important.
  - Monitor the information sent out and evaluate how it is interpreted and understood.
  - Assess, improve and update health and travel information constantly.
  - The approach of two-way communications is proven to be especially important as the situation continues to evolve.
  - Constant training and awareness-raising is needed so that perception issues are handled adequately.
- The increasing international and local media coverage on the pandemic event made communications a critical issue to address. It was suggested that media should be integrated into the decision-making process on how to get information across to the public at the local and international level. PR agencies could serve as core focal points for sending out messages with one voice for external communications.
- Continued communications and cooperation between different agencies including the health sector, travel and tourism sector, airports, cruise ships, etc., is of vital importance in response to the changing situation of the pandemic. Regular meetings held with key stakeholders including the private sector were considered important to ensure effective communications and sound cooperation.



Participants sharing ideas at a roundtable.



Mr. Clarence Rolle, Senior Manager of Public Relations, Ministry of Tourism and Aviation of the Bahamas, summarizing major points of roundtable discussion.



Ms. Gayle Outten-Moncur, Disaster Manager, NEMA, presenting on behalf of a roundtable.

\* The following points were raised by the participants and do not necessarily reflect the views of UNWTO. They are listed here to offer those who were not present at the event an insight into the discussions that took place.

- Travel and tourism should be well integrated into the public and private sector networks. Coordinated efforts among different agencies enabled the maintenance of high compliance on recommendation and information sent out to the local population as well as visitors to the country.
- The use of existing emergency mechanisms and generic protocols in response to the situation has been proven to be more beneficial than the establishment of separate structures. Countries benefited from the practice of considering pandemic preparation as part of the national emergency management plan and adopting generic protocols in dealing with the current pandemic.
- Clear guidelines and carefully prepared public statements are necessary to avoid complacency or overreaction.
- Country experiences:
  - Inter-ministerial cooperation proved to be crucial especially between the Ministry of Tourism and the Ministry of Health.
  - Visitors' access to health care information at destinations was brought up as an imperative issue. In this regard, it is recommended to use cell phone roaming messages upon visitors' arrival to the country, which seems to be an efficient way to inform.
  - First identified case in Barbados did not have a travel history, indicating that not all cases will be identified at the ports of entry and public awareness of the event at the local level is thus important.



Ms. Annette Hearn, Regional Planning Officer, OCHA, presenting at the plenary.

## Second Roundtable Session

### Topic

Roundtables on key challenges for the travel and tourism sector in the months to come.

### Objective

Identifying the assumptions and challenges for the months to come.

### Main Questions

**On what assumptions is your government/organization/company currently basing its actions for the next wave of the pandemic?**

The following assumptions were addressed:

- Severity of the virus
- Morbidity rate
- Mortality rate
- Duration of the pandemic
- Timeline for vaccine readiness
- Rate of absenteeism

Based on these assumptions, the participants were asked to identify the key challenges facing the travel and tourism sector from the perspective of travel behaviour patterns, the political and ethical dimension and operational challenges and business continuity.

### Points raised by the participants\*

#### A. Travel behaviour patterns

- Assumptions:
  - Given that the virus could mutate, it is difficult at this stage to forecast what the second wave would be like.
  - The high level of uncertainty is challenging particularly for the countries that are highly dependent on tourism.
  - Experience has shown that, when adequately supported with accurate and timely information, travel patterns will resume and tourism will rebound.

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\* The following points were raised by the participants and do not necessarily reflect the views of UNWTO. They are listed here to offer those who were not present at the event an insight into the discussions that took place.

- Challenges for the travel and tourism sector:

- Media coverage on the pandemic has a great impact on what travellers see and hear before and while travelling. Effective communications and sound media relations are therefore of vital importance.



Participants at the roundtable of Travel Behaviour Patterns.

- Continued education of the general public is needed so that people remain cautious and avoid complacency. Factual information about the vaccines and their side effects (e.g. if you can get the flu from taking the vaccine) is necessary.

- Issues of business continuity and absenteeism are pertinent not only to the travel industry but cut across all sectors. Preparedness plans for the pandemic can benefit from other documents prepared for other crisis situations.

- It is especially important for the countries in the region that are highly dependent on tourism to be proactive, to identify gaps in preparedness planning, and to get better prepared in advance in case the second wave is severe.



Ms. Francia Jordan, Director of Research and Planning, Ministry of Tourism of Barbados, presenting the results of a roundtable.

- Although the health sector is the leading actor in public health events, all sectors need to share responsibilities and work together in a coherent manner.

- Effective communication and cooperation between the health and tourism sectors are called upon to implement and improve practical preventive procedures (e.g. hygiene measures, duty of care, food preparation).

## B. Political and ethical dimension and operational challenges and business continuity

- Assumptions:
  - The virus is currently mild. However, influenza viruses are known to be notoriously instable and the situation could get worse.
  - Mortality rate might be equal to that of the seasonal flu<sup>1</sup>.

<sup>1</sup> On 30 October 2009 WHO updated the data for the pandemic (H1N1) 2009 and stated that between 1% and 10% of patients with clinical illness require hospitalization. Of hospitalized patients, from 10% to 25% require admission to an intensive care unit, and from 2% to 9% have a fatal outcome.

- Morbidity rate could be about 40-50%.
  - Projected overall absenteeism in population would be around 40%. People would be absent from work because they are sick, worried about getting sick (fear factor), or serving as care providers for sick family members, kids or the elderly.
  - First vaccines would be ready toward the end of the year, but only for limited share of the world's population.
- Operational challenges – absenteeism:
    - The issue of absenteeism is especially challenging for the region due to its high dependency on tourism and the number of people employed by the sector. Although mild, the impact for the sector is still considerable.
    - It is important to take proactive measures, prepare alternative business continuity plans and concentrate on preventive tasks in view of the next wave of the pandemic.
    - Recommended practices include reviewing guidelines, discovering gaps, identifying key staff in charge of critical activities, cross training of staff to fill in absent posts when needed, advancing maintenance work and refilling stocks.
  - Operational challenges – decrease of international travel:
    - The issue of financial compensation and to what extent companies have the cash flow to deal with the situation was brought up. As learned from the first wave, supportive measures from governments in the area of cash flow are particularly important for the travel and tourism sector which is mainly dominated by Small and Medium-Sized Enterprises (SMEs).
    - The issue of voluntary isolation and its application in the cruise ship industry was discussed. Practices of some companies were shared, such as the Future Cruise Credits (FCC) system where the proportion of cruise time missed during sick days turn into future cruise credits for those who report being sick and practice voluntary isolation.
    - It was found that the segment of Meetings, Incentives, Conventions and Exhibitions (MICE) would be particularly affected due to the uncertainty of the situation and should be given special attention.



Participants at the roundtable of Operational Challenges and Business Continuity.



Ms. Deborah Fox, Senior Nursing Officer, Ministry of Health of the Bahamas, sharing main points of roundtable discussion with the participants.

- The issue of the recommended isolation period was also brought up. Inconsistencies relating to the issue caused some confusion and needed clarification, as some recommend waiting 24 hours after the disappearance of symptoms and others recommend 7 to 14 days after the onset of symptoms.<sup>2</sup>

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2 The World Health Organization (WHO) recommends in normal situations to wait for 24 hours after symptom resolution or 7 days after onset of symptoms, whichever is longer.

## Third Roundtable Session

### Topic

Roundtables on strategies and actions to help limit the impact of this pandemic on the travel and tourism sector and travellers.

### Objective

Identifying from a public and private sector's perspective strategies and actions that help limit the impact on the travel and tourism sector and travellers.

### Main Questions

- What strategies and actions can be recommended to help limit the impact?
- Especially in view of:
  - Marketing: how to promote travel and tourism
  - Duty of care and responsibility
  - Business continuity

### Points raised by the participants\*

#### Marketing: how to promote travel and tourism

- It is recommended to present and highlight normality of the destination by doing interviews with tourists and collaborating with celebrities to showcase the safety of the place. At the same time, the importance of the environmental health benefits of the region (air, sun, sea) should be stressed.
- It is suggested to take the following into account in the area of marketing:
  - Test marketing messages in advance. Relevant stakeholders as well as the health sector should be consulted. Promotional campaigns should reflect and be tested against complementary messages from the health sector.



Participants at a roundtable summarizing their discussion.

\* The following points were raised by the participants and do not necessarily reflect the views of UNWTO. They are listed here to offer those who were not present at the event an insight into the discussions that took place.

- Abstain from risky statements as the situation is uncertain. Messages should not only be suitable for the situation of mild virus but should also take into account the possible changes in severity.
- Focus on positive messages and highlight safety at the destination and excellence of service provided.
- Include information on health measures taken at the destination. Keep balance between highlighting normality of situation and reassuring readiness.
- It is important to maintain targeted and constant communications with the trade:
  - Keep the trade well informed on measures taken by the sector in response to the changing situation of the pandemic.
  - Collect and address the concerns and views from the trade in the decision making process.
  - Provide and distribute core fact sheets in Question and Answer format through trade channels to ensure consistent messaging and support efforts.
  - Address in all cases, ideally in the languages of the travellers, the important question of what to do if someone falls sick when visiting the country.
- Continued collaboration between tourism and health communications professionals is stressed to deal efficiently and adequately with the evolving pandemic.
- Customer loyalty should be made use.
- It is recommended to use guarantees as an instrument to support the MICE segment.
- Web cameras and real time video can be used as important tools to transmit verifiable impressions of normality to travellers.
- As the pandemic continues to develop, it is vital to base the responses and actions of the sector on good and updated market intelligence.



Participants at the plenary.

### Duty of care and responsibility

- Relevant guidelines and operational protocols for the current pandemic situation are rare. The dissemination of those was encouraged.
- Travel and health insurances are identified as important instruments to cover the possible extra costs of cancellation, hospitalization or isolation while travelling.
- Continued partnership, cooperation and sharing of responsibilities among different agencies, including the health and tourism sectors, are important to ensure that travellers when falling sick are assisted in an adequate and efficient manner.

## Business continuity

- Contact details of governmental agencies, institutions, private sector partners as well as critical staff should be kept on file and updated constantly.
- It is recommended to identify staff members who can work remotely, either from home or from other locations, and plan flexible work practices, including use of blackberry phones and internet.
- It is suggested to analyze the impact of the pandemic on the sector and improve business continuity planning through technical and inter-operational measures such as designating delegation of authority, ensuring staff access to guidelines and directions, advancing reporting obligation to the public and other authorities and revising cash flow impacts.



Participants listening to a presentation.

## Conclusions and Recommendations

The purpose of this exercise for the Americas, which took place only three weeks after the regional exercise for Africa, Europe and the Middle East, was to reassess, re-envision and reinvigorate the sector's response to the challenges presented by the pandemic (H1N1) 2009. The discussions during this workshop built on the recommendations from the previous exercise, developed them further and identified additional recommendations for a region characterized with high dependence on travel and tourism.

The recommendations and conclusions reached at this workshop for the Americas are important for the tourism sector but also for other social and economic activities depending on travel and tourism. Travel and tourism is nowadays a common social and global phenomenon that affects many more sectors than during the time of the last pandemic, some 40 years ago.

The discussions during this review and preparation exercise benefitted enormously from the previous workshop, which took place only three weeks prior to this event. The participants confirmed the validity of the recommendations developed during the first workshop. In addition the following issues are important to be highlighted:

- Several countries in the Americas have a very high dependency on travel and tourism. Interestingly they have addressed the pandemic challenges as a fully integrated element of their overall emergency response, usually by activating protocols for health emergencies. The high dependency on travel and tourism, often challenged by natural disasters, caused well established structures and procedures to deal with the pandemic challenge. Generic protocols were used and complemented where necessary with the specifics of this pandemic. This proved to be effective and efficient. A good inter-ministerial coordination (especially among tourism administrations, civil protection and health as well as with the private sector) was seen to be very beneficial.
- The effects of the first wave were felt differently in the region. While some countries' travel and tourism sector was hardly hit, others were able to benefit, especially as the virus had not spread at that stage into their countries. The economic losses in countries such as Mexico were in their majority borne by the travel and tourism sector.
- The Cruise Liners played a crucial role for the region, especially in the Caribbean, which was also reflected by the strong participation from this sector. The protocols and systems in place benefitted from previous experiences, especially related to the Nora virus. The experiences from the cruise liners is of special interest to the hotel and restaurant sector, which benefitted from the lessons learned and protocols, especially the outbreak prevention plans when dealing with the virus.



Dr. Dirk Glaesser, Chief of Risk and Crisis Management Section, UNWTO, presenting conclusions of the exercise.

- Also airlines and consequently airports played a crucial role for the region to ensure accessibility. In this context, ICAO's efforts, through its Cooperative Arrangement for Preventing the Spread of Communicable Diseases through Air Travel (CAPSCA) to help limit the spread, found the full support of the participants.
- The high dependency of several countries on international travel and tourism made it even more important to identify crucial staff and include them into the priority lists for vaccination and ensure proper business continuity planning across the sector. Advancing administrative and maintenance work, refilling stocks, ensuring flexibility of staff, identifying single service providers, were some of the aspects highlighted during the discussions.
- The presentation from the Center for Disease Control and Prevention (CDC) regarding its forthcoming communication campaign aimed at travellers (H1N1 Flu and Travel Health Campaign), was highly welcomed. The enormous signalling effect and the importance of the US outbound market for the countries of the region made this presentation very timely. As the discussion showed, the cross-sectorial exchange of information is beneficial for both the tourism and the health sector, which are currently shouldering most of the consequences.
- The discussions related to the support of measures for the travel and tourism sector benefitted from the experiences of Mexico where deferred payments of taxes, contributions and fees helped limit the impact on the cash-flow of travel and tourism enterprises, especially for small and medium-sized enterprises.
- Among the many instruments used to support behavioural change, in particular to encourage travellers to act responsibly, are incentives such as future cruise credits, which encourage voluntary isolation. In practice the travellers receive a compensation for the days when they are actually sick on board of a cruise ship through complementary days on their next cruise. This helps the operator to act fast and responsibly. These instruments are beneficial to both sides and contribute in a feasible and responsible manner to limit the impact of the pandemic.
- Consistency of actions and recommendations was constantly highlighted as being of fundamental importance to help reduce the negative impact of this pandemic on the travel and tourism sector. One of the current challenges relates to the recommended time of self isolation, which differed significantly between countries. The role of regional and international organizations and associations was considered to be crucial to ensure the early detection of those inconsistencies and to provide recommendations and guidelines.<sup>1</sup>

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1 The World Health Organization (WHO) recommends in normal situations to wait for 24 hours after symptom resolution or 7 days after onset of symptoms, whichever is longer.

## Annex 4 – Responsible Travel – Second TERN Message



### Responsible Travel

Today, global travel is commonplace and large numbers of people move around the world for business and leisure. Despite of the recently declared pandemic influenza phase 6, and the current World Health Organization's (WHO) assessment of the severity of the influenza A(H1N1) virus as "moderate", limiting travel and imposing travel restrictions would be highly disruptive to the global community and would have very little effect on stopping the spread of the virus. Travel restrictions are therefore not recommended.

While the world community continues its close monitoring of the current influenza A(H1N1) situation; travelers, individually, are cautioned to act in a responsible manner towards themselves, towards those around them and in the host communities of their destinations.

Personal responsibility is the most important step that people can take to protect themselves and others. People should familiarize themselves with the simple prevention practices that apply in daily life and while travelling such as hand-washing and normal cough etiquette. It is essential to stay informed as the situation evolves, especially while travelling. People who are ill should delay travel plans. Returning travellers who show influenza symptoms should contact their health care provider.

Travelers are responsible not only for their own well-being but for the well-being of those around them. Travelers should assume responsibility for themselves and those close to them by correctly identifying symptoms and in taking recommended steps for personal hygiene. It is crucial to realize that travelling when sick is not responsible - but that travelling when healthy is to be recommended.

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Valid as from 19<sup>th</sup> of May 2009