

directing council



**PAN AMERICAN
HEALTH
ORGANIZATION**

XXXVI Meeting



**WORLD
HEALTH
ORGANIZATION**

XLIV Meeting



Washington, D.C.
September 1992

Provisional Agenda Item 5.10

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30 June 1992
ORIGINAL: ENGLISH

HEALTH AND TOURISM

The annexed document puts the subject of health and tourism in the context of health in development, which was accepted in 1990 by the XXIII Pan American Sanitary Conference as one of the strategic orientations for the Pan American Health Organization for the quadrennium 1991-1994. Health, as an indicator and an instrument of economic development, must have a role to play vis-à-vis a sector such as tourism, which is becoming increasingly important for the economic survival and growth of the countries of Latin America and the Caribbean.

The size of the tourist industry as well as data on the importance to national economies of international tourism are also included in the document and the relationship between health and tourism is explored. Reference is made to the health problems which tourists may encounter in their travels, the need for accurate health information for tourists and the fact that destination countries need to be aware of the effect of tourism on their health services. Tourism may affect and be affected by the health problems of the local population, and tourist density will have repercussions on the environment which itself is one of the attractions of most tourist destinations. Health tourism is introduced as a relatively new phenomenon for developing countries.

Suggestions are made as to possible areas of action in the Member Countries, and proposals for PAHO technical cooperation are outlined. The document emphasizes ongoing program activities and the interprogrammatic nature of the effort, stressing particularly the mobilization of resources, information dissemination, and research as PAHO's major thrusts.

The Executive Committee welcomed the initiative and approved its direction and the activities carried out so far. Stress was placed on the need to exchange information and for the health sector to use this area as an entry point for dialogue and discussion with the tourism and other sectors. Several members referred to the importance of tourism to their economies and the need for a good health infrastructure which would contribute to and benefit from tourism. The Committee noted with satisfaction that the activities carried out so far by PAHO had involved minimum costs.

The Executive Committee adopted the following resolution for consideration by the Directing Council:

RESOLUTION X

HEALTH AND TOURISM

THE 109th MEETING OF THE EXECUTIVE COMMITTEE,

Having examined the document on health and tourism (Document CE109/16),

RESOLVES:

To recommend to the XXXVI Meeting of the Directing Council the approval of a resolution along the following lines:

THE XXXVI MEETING OF THE DIRECTING COUNCIL,

Having examined the document presented by the Director on "Health and Tourism" (Document CD36/ _);

Noting the increasing importance of tourism to the economic growth of the countries of the Americas and thus indirectly for the capability of these countries to provide health services for their citizens;

Agreeing that the health of the people, the state of the environment and the availability of health services may impact on the attractiveness of the countries of the Americas as tourist destinations;

Aware of the need for collaboration between the health and tourism sectors to their mutual benefit; and

Accepting the importance and relevance of the activities already carried out and being planned by PAHO,

RESOLVES:

1. To note the actions taken by PAHO to stimulate interest and promote activities at the regional, subregional, and national levels in this area.

2. To approve the proposals for technical cooperation by PAHO contained in Document CD36/ ____.

3. To urge the Member Governments to:

a) Explore the potential of the health and tourism interaction in the context of health and development as a mechanism that may strengthen the health sector;

b) Promote the development of joint activities between the health and tourism sectors along the lines proposed in Document CD36/ ____.

*(Adopted at the eighth plenary session,
25 June 1992)*

Annex

*executive committee of
the directing council*



**PAN AMERICAN
HEALTH
ORGANIZATION**

*working party of
the regional committee*

**WORLD
HEALTH
ORGANIZATION**



109th Meeting
Washington, D.C.
June 1992

CD36/20 (Eng.)
ANNEX I

Provisional Agenda Item 4.9

CE109/16 (Eng.)
8 April 1992
ORIGINAL: ENGLISH

HEALTH AND TOURISM

The document puts the subject of health and tourism in the context of health in development, which was accepted in 1990 by the XXIII Pan American Sanitary Conference as one of the strategic orientations for the Pan American Health Organization for the quadrennium 1991-1994. Health, as an indicator and an instrument of economic development, must have a role to play vis-à-vis a sector such as tourism, which is becoming increasingly important for the economic survival and growth of the countries of Latin America and the Caribbean.

The document indicates the size of the tourist industry and presents some data on the importance to national economies of international tourism which continues to increase, in spite of various world crises. The relationship between health and tourism is explored. The health of the persons and the health of the environment in the destination countries will affect tourist flows and the health of the tourists themselves. It is pointed out that the health of the tourists affects the health of the local population, and reference is made to the well-known effects of tourist density on the environment. Health tourism is introduced as a relatively new phenomenon for developing countries.

Suggestions are made as to possible areas of action in the Member Countries, and proposals for PAHO technical cooperation are outlined. The document emphasizes ongoing program activities and the interprogrammatic nature of the effort, stressing particularly the mobilization of resources, information, dissemination, and research as PAHO's major thrusts.

The Executive Committee is being asked to review the document, discuss its relevance in terms of the technical cooperation of the Organization with the Member Countries and advise on further steps which might be taken in defining a plan of action for work in this field.

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HEALTH AND TOURISM

I. HEALTH IN DEVELOPMENT

The XXIII Pan American Sanitary Conference in 1990 approved the "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994", and requested the Director to apply them in formulating biennial programs and budgets. The principal strategic orientation was "Health in Development", and this recognized the need for the Organization to broaden the scope of its activities as regards health.

The document on the topic (CSP23/14) addressed the broad issue of development in the Americas and pointed out the need for activating the "structures and forms of production that satisfied the basic, material needs of the population." There had to be coordination of activities of heterogenous sectors in order to sustain development. The Conference agreed that it was human development which was important and accepted the thesis that health had a major role to play in the formation of the human capital necessary for the economic growth of the countries of the Americas.

Health was seen not only as an indicator of human development, but also as a resource to spur economic growth and thereby development. Health has an important, but not the only, role to play in development, and the health sector should therefore relate to and collaborate with other sectors. It is in this context of intersectoral collaboration, and promotion of the concept of the health sector being a development sector, that PAHO has elected to explore the issue of "Health and Tourism".

The process of economic development widens the life choices available to the individual, and one of the more important of these choices is health. Although wealth does not lead to health, in general, the richer the country, the better the social indicators, such as health. If, as is the case in many countries, tourism sustains economic performance, then it must improve the possibility that the population will enjoy better health.

II. TOURISM AND DEVELOPMENT

1. Nature and Magnitude of the Tourist Industry

This document makes reference to tourists as a broad group, implying all international travellers, and to international tourism as: "the temporary, discretionary movement of people to destinations outside their normal place of residence, the activities undertaken during their stay in these destinations and the facilities created for their

needs." However, considerable emphasis is placed on tourism for pleasure, which involves the temporarily leisured person who voluntarily visits a place away from home for the purpose of experiencing a change.

Tourist Arrivals

The number of tourist arrivals is perhaps the broadest yet most significant single, empirical statistic of the international tourist industry. Recent data from the World Tourism Organization (WTO) on international tourism arrivals worldwide (excluding day visitors) indicate that total arrivals increased from 69 million in 1960 to 160 million in 1970, and to 425 million in 1990 (Table I). International arrivals increased at an average annual rate of 6.1% between 1983 and 1989, 7.9% between 1986 and 1987, and 8.5% between 1988 and 1989. Data for 1990 show total arrivals in the Americas at 84 million, and a steady increase over the past 30 years. The combined total for all countries of the Americas was 78 million tourist arrivals from abroad in 1989, with 65% going to North America; 14% to the Caribbean; and 10% each to Central and South America.

TABLE I. SHARE OF GLOBAL INTERNATIONAL TOURIST ARRIVALS*
AMERICAS, 1960-1990 1/

Years	World (in millions)	Americas (in millions)	% of World Total for the Americas
1960	69.3	16.7	24.1
1970	159.7	36.7	23.0
1980	284.8	53.7	18.9
1990	425.0	84.0	19.8

* Excludes day visitors (excursionists)

1/ Data from the World Tourism Organization.

Tourism Receipts

The contribution of international tourism to the hemisphere in terms of foreign exchange (tourism income) is appreciable. Tourism receipts in the Americas amounted to \$65.9 billion in 1990, representing 28.7% of the world total, compared with \$25.5 billion, or 24.9%, in 1980 (Table II). In 1989, the total for the Americas was \$56.6 billion, of which the Caribbean had a 13% share; Central America, 10%; North America, 70%; and South America, 7%.

Excluding passenger fares and international transport, primary receipts from international world travel and tourism were \$230 billion in 1990, having grown at an average annual rate of 10% since 1980. World spending for both domestic and international travel in 1989 has been estimated at \$2,450 billion.

Projections

Estimates indicate that over the 1991-2000 decade, global receipts (at 1989 values) from international tourism will rise by approximately 9% per year, reaching more than \$527 billion in the year 2000 (based on 1980-1989 data) when it is expected to be the leading sector in the world's economy.

TABLE II. INTERNATIONAL TOURIST RECEIPTS WORLDWIDE
AND THE AMERICAS, 1980-1990*

Year	World (In US\$ billions)	Americas (In US\$ billions)	% of World Total
1980	102.4	25.5	24.9
1981	104.3	29.3	28.1
1982	98.6	25.2	25.5
1983	98.4	24.3	24.7
1984	109.8	32.0	29.1
1985	116.2	33.3	28.7
1986	139.2	37.4	26.9
1987	170.5	42.0	24.6
1988	196.5	49.6	25.3
1989	209.4	56.6	27.0
1990	230.0	65.9	28.7

* Excluding international fare receipts

Developing countries are poised to experience massive increases in tourist visits, and the Americas will be among the regions recording higher than average growth in terms of arrivals.

2. Development Implications of Tourism

The unprecedented expansion of tourism has given rise to a range of economic, social and environmental effects on destination areas and their populations. There has been disproportionate emphasis on the economic benefits of tourism, and the sociocultural, environmental and health-related costs and implications for development have tended to be overlooked. However, in recent years, greater attention is being given to all facets of tourism and its wide spectrum of impacts, reflecting the need for an integrated approach to tourist planning and development. Some important development implications warrant attention:

- Although concentrated largely in the private sector, tourism expansion requires the involvement of several local public service sectors. Infrastructural reinforcement from the public sector is provided through airports, transport, communication networks, and public services, such as water, electricity, and waste disposal. Tourism, must be integrated with, and directly complement, other development sectors.
- Tourism has implications for the use of some social services by residents. Because tourists tend to use some social services more than others, the tourist/host ratios are important to the provision of utility services. Therefore, in renovating or contemplating new plants for water supply, for example, care should be taken to incorporate projections for the tourist industry.
- Growing numbers of tourists can radically affect the carrying capacity of a country's physical resources and infrastructure. If capacity levels are exceeded, the very resources which initially attracted the tourists can be destroyed. The psychological dimension must be considered in addition to any concern for the physical saturation point, as the community's resentment may be heightened, ultimately repelling the tourists so that they leave the area and do not return. In areas with heavy concentration of tourists, care must be taken of the needs of both the tourists and the residents in national physical development plans.
- A common tendency is to view tourism as detrimental to the environment, but environmental impacts have not, however, been purely negative. Tourism has

been responsible for the adoption of administrative and planning controls, in order to maintain the quality of the environment. Tourism has also led to an increasing consciousness of the need to protect and conserve nature, and greater interest in the intrinsic, unique qualities of destination areas and their populations.

- Tourism is often automatically associated with travel to tropical destinations but there is a growing market for winter tourism in North America and countries of the Southern Cone.

III. THE HEALTH/TOURISM INTERACTION

1. Health Problems of Tourists

Concern with the prevention, rapid diagnosis and sound management of diseases of tourists has been the major concern of persons or agencies interested in the health/tourism interaction. Examination of issues addressed in various international conferences on travel medicine reflect this bias. The first conference on international travel medicine, held in Zurich, Switzerland, in 1988, contained major sections on health risks for travellers, malaria, vaccine-preventable diseases, travellers' diarrhea, sexually transmitted diseases and AIDS, various infections and intoxications, environment and in-flight problems, and health advice.

By far the commonest health problem of tourists is travellers' diarrhea, which affects approximately 40% of all travellers, and it is said that the frequency rate has not changed significantly in the past 20 years. The diarrhea is most commonly of bacterial origin, and E. coli is frequently implicated as the etiological agent. The high-risk behaviors are often included as part of the leisure behavior of tourists. Excessive alcohol consumption may lead to traffic accidents and contribute to drowning or near-drowning. Unsafe sexual practices lead to the acquisition and spread of sexually transmitted diseases.

Recently, the special health care needs of tourists have begun to be addressed, and emporiatrics as a new medical specialty has been steadily gaining prominence since its emergence in the early 1980s. In this branch of medicine, the training of health professionals in general medical practice is enriched with knowledge of regional epidemiology and maritime and geographic medicine in order to deal more effectively with the health problems of travellers.

2. Health Information for Tourists

The majority of tourists seek no health advice before they travel, or may obtain it from non-medical and unreliable sources. Lack of health preparedness among tourists often places the onus of providing health information on medical practitioners and other health care professionals in the destination area. Tourist or travel agencies and the media are usually the tourist's first sources of information on health-related travel issues.

The health sector should collaborate with the tourist industry and media on the generation and dissemination of health information to tourists. The information provided should cover pertinent issues, including the health status and epidemiological profile of the destination area; conditions which could predispose travellers to minor or serious illness; existing facilities and services for diagnosis, treatment and more specialized care; health risks and consequences of travel; personal precautionary and protective coping strategies; and the importance of guarding against deleterious changes in behavior and lifestyle for the duration of the travel.

3. Health Services for Tourists

The local health sector should provide an efficient network of quality health services which may even contribute to visitor satisfaction: it is also important to provide access to emergency care facilities or, in their absence, rapid transportation to appropriate facilities.

The average age of tourists is increasing, and there is greater possibility of serious, life-threatening diseases while they are away from home. The hospitalization of tourists for serious illness may drain already scarce local resources. In a study conducted in the United Kingdom, it was estimated that in 1986 the cost of hospitalization due to travel-related illness amounted to over US\$20 million.

In Barbados, for example, 1.6% of patients seen in the emergency room of the single public hospital and 2.5% of those admitted to the hospital were visitors. During the height of the tourist season in 1987-1989, approximately 25% of admissions to the intensive care unit were tourists. Costs of this medical care comprise a significant part of that country's health care expenditures.

4. Tourism and the Health of the Host Population

Tourism affects the health of the recipient population when tourists become vectors for communicable diseases and introduce the agent into the destination area. These diseases are rapidly spread when persons infected by the tourists infect others. A causal relationship has not been firmly established between tourism, prostitution, drug

dependence/abuse and the spread of sexually transmitted diseases in tourist destination areas, but enough evidence exists to suggest that tourist behavior has been a major contributor.

The health or diseases of the host population can have a profound impact on tourist trade. The recent example of cholera has shown how epidemic disease may devastate a country's tourist industry.

5. Tourism and the Physical Environment

Tourism depends to a large extent on the natural resources of the environment. As the economic potential of tourism has become more widely recognized, protection and conservation of both man-made and natural areas are considered an investment in the future growth of the industry. Tourism is not the only reason for the adoption and expansion of environmental conservation measures by a destination area, but it provides compelling justification for environmental planning. It stimulates conservation and, in addition, provides the economic means whereby such measures can be carried out.

Increases in the volume and type of tourist activities and in population density have a high potential for environmental destruction of tourist areas. Environmental disequilibrium occurs when undue pressure is put upon resources by large influxes of tourists, causing water shortages; air, water and noise pollution; energy deficiencies; and urban congestion. Large-scale tourist resort development in coastal areas leads to an increase in wastewater disposal. Studies carried out in several countries of the Caribbean region suggest that unsafe wastewater treatment and disposal are implicated in the deterioration of marine water quality, with possible consequences for public health.

6. Health Tourism

Health tourism is not new. It originates from one of the most ancient links between tourism and health: the "taking of waters" at mineral baths and hot springs, based on a belief in the therapeutic value of climate, fresh air, mineral springs, and sunshine. Increasing numbers of tourists now visit particular destinations for specialized medical care, recuperation, regeneration, relaxation, and weight loss through diet and physical exercise regimens. Several countries have acquired a reputation for providing health services not available at a comparable cost in the tourists' countries of origin.

Traditionally, travel for health purposes has been from the developing to the developed countries, but some of this traffic is being reversed as specialized centers are organized in developing countries and the cost of care in the developed countries escalates.

Given the existence of a sound health care infrastructure or the possibility that it can be developed, the provision of "health tourism" facilities and services warrants further investigation as a significant source of foreign exchange for resource-poor tourist destinations. Health tourism has been defined as "the attempt, on the part of a tourist facility or destination, to attract tourists by deliberately promoting its health care services and amenities, in addition to regular tourist attractions." This successful merger of health and tourism requires a pool of physicians with different specialties, specialized units with sufficient hospital beds, efficient transportation facilities, and an effective mechanism for promotion of the destination for health purposes.

IV. POSSIBLE AREAS FOR ACTION BY PAHO MEMBER COUNTRIES

Coordination between the tourism and health sectors in PAHO Member Countries has no historical precedence. Currently, responsibility for the national tourism product is assumed by ministries or directorates of tourism, tourism departments within ministries, or statutory boards/parastatals responsible for tourism. There is no evidence of any linkages between the sectors, either informal or official, except insofar as environmental health considerations have begun to be examined by the industry.

Preliminary findings of a survey carried out by PAHO indicate that poor coordination between the health and tourism sectors made it difficult to apply certain health standards in the tourist industry. The data also point to a generalized ignorance of information given to tourists on health conditions and requirements in the countries. Most countries do not provide timely and accurate data that facilitate informed appraisal of likely impact of tourist activities on the host country, and enable tourist projects or programs to be classified or categorized according to their relative contribution to different sectors.

Guidelines for health/tourism collaboration might specify the most feasible and effective mechanisms for initiating action by governments within the scope of their particular development objectives and circumstances. Collaboration between the health and tourism sectors would have several advantages:

- Health indicators could be included among other performance and achievement indicators used in tourism.
- Health impact analysis could form part of tourism industry feasibility studies.
- Norms, standards, and regulations governing different areas of the tourist industry could be jointly developed or revised with the health sector to ensure the inclusion of a health perspective.

- The inclusion of health considerations by means of participatory planning by the two sectors could introduce a dynamic new element into planning, promoting and marketing of tourism.

Liaison could also be established with the regional and national tourist organizations to coordinate efforts. Such associations could act as catalysts within the sector to promote among their members the concept of a health/tourism linkage. They could also serve as useful intermediaries between the health sector and private sector agencies, with the aim of eliciting interest and commitment with regard to issues such as the provision of venture capital for specific projects.

V. PROPOSALS FOR FUTURE ACTION BY THE PAN AMERICAN HEALTH ORGANIZATION

1. Background

Much of the technical cooperation being offered by PAHO to its Member Countries involves areas relevant to tourism. PAHO has maintained the position that its primary efforts should be to assist countries in improving the health status of their citizens. This is still the primary focus. However, given the importance of tourism in the Region, and the interrelationships that have been discussed here, it is worthwhile to examine the current technical cooperation activities and determine if any might be refocussed or new directions taken. The main programmatic areas of technical cooperation that impinge on tourism are as follows:

Environmental Health

Through its regional and national activities related to water supply and sanitation, prevention and control of environmental pollution and, more marginally, in occupational health, PAHO has assisted governments in aspects of their health development that affect tourism. Perhaps the most pertinent activities relate to water supply, water quality, and the disposal of solid and liquid waste.

Food Protection

Efforts are being made to reduce morbidity and mortality caused by food-borne diseases in the Americas. Poor sanitary conditions of food handling and inadequate conservation are important factors contributing to food contamination, particularly in improvised establishments, such as ambulant food vendors that lack basic elements for hygiene and conservation. Efficient inspection services and sanitary control programs

are lacking. These factors may contribute to outbreaks of food-borne disease with potentially disastrous effects for residents and tourists alike.

The PAHO Veterinary Public Health Program aims to improve food protection in the Americas through the organization of integrated and comprehensive national food protection programs to ensure safety of food at all critical points from production to consumption. With this purpose, the Directing Council approved in 1991 the regional plan of technical cooperation for food protection in Latin America and the Caribbean. The major components of the plan are:

- i) The development of integrated food protection programs. This means the integration of existing local services into national and local systems capable of maintaining high sanitary standards and detecting potential critical break points or hazard areas in the food processing and distribution chain. This component involves the adequation and harmonization of food legislation, covering all aspects related to tourism: food catering, handling and preservation during flights, in restaurants, hotels and cafeterias, as well as the conditions for street food vendors.
- ii) The development and strengthening of local laboratory services, able to detect both microbiological and chemical contamination in food. The last will involve the implementation of regulations to control chemical use and waste production by the food-processing industry.
- iii) The development and strengthening of inspection services. Emphasis will be made to develop adequate inspection services at all phases of the food chain, with special emphasis on the use of the Hazard Analysis of Critical Control Points (HACCP) method.
- iv) The development of local programs for the surveillance and control of food-borne diseases. (This will involve improvement of local health services and community participation.)
- v) The promotion of consumer protection through community education and participation. Tourism is a complex industry where many private agencies and institutions participate as well as tourist and local residents. A good program of food protection in a tourist area will require the participation of food producers, suppliers, vendors and consumers.

Health Services Development

The pertinent aspects of the technical cooperation relate to the development of the local health systems, most of which would have responsibility for health services in the tourist areas.

In contemplating the need for services in tourist areas, it has become clear that there is little or no systematic information on the capacity of the services to respond to the increased demand. This demand arises not only from the influx of tourists, but also from the seasonal increase in the local population which works in tourism. PAHO has appreciated that any technical cooperation activity related to health services and tourism must involve the whole health sector (official, private, NGO's, etc.). The already overburdened ministries of health are unlikely to be in a position to provide new services exclusively for tourists.

PAHO also cooperates with countries in improving and standardizing their emergency and other hospital services. Emergency services are those which are most likely to bear the brunt of any increased institutional demand in tourist areas.

Health Promotion

The high prevalence of problems associated with substance abuse--particularly alcohol--in tourist destinations, gives particular relevance to PAHO cooperation with the countries most affected. There is every reason why PAHO's efforts to assist Member Countries in developing health promotion programs should take account of nationals as well as tourists in their places of transit and destination. Tourists can be made aware of their personal responsibility to avoid risky and potentially health damaging behaviors such as smoking during and after their holiday. PAHO's efforts in assisting countries in developing healthy public policy complementary to the focus on individuals and communities must have relevance for countries in which many health related policies (food importation for example) are heavily influenced by the need to satisfy the tourist industry.

Health Situation and Trend Assessment

PAHO's program of technical cooperation with countries in this field is of direct relevance to tourism and important for tourism/health interaction. The strengthening of the national health information systems, and particularly the development of these systems at the local level, can provide valuable data on health conditions in tourist areas and allow analyses of the impact of tourism on local health. The systems of epidemiological surveillance will permit countries to identify disease outbreaks which may be of relevance to tourist flows.

The Caribbean Epidemiological Center in Trinidad and Tobago has continued to be the most constant source of information on disease trends and tendencies in a subregion which is heavily dependent on tourism. The surveillance and training activities of the Center are also important in strengthening the national capabilities to prevent or control diseases which are important in terms of potential impact on tourism.

2. PAHO Activities to Date

The Director has formed an interprogrammatic group to initiate PAHO activities in the area of health and tourism. Members are drawn from the programs of the areas of Health Systems Infrastructure and Health Programs Development. The major activities so far have been in the preparation of basic documents to define the scope of possible work in the field, establishing contacts with possible collaborating institutions, developing a document data base, stimulating research, promoting activities at the national level and disseminating information to interested groups. PAHO also undertook a preliminary inquiry in the countries to determine the level of tourism health interaction and to acquire some basic data on tourism.

PAHO has supported national conferences on the topic in Trinidad and Tobago and in Mexico where a National Association of Health and Tourism has been formed, and participated in the International Congress on Travel Medicine. Contacts have been established with the WHO Collaborating Centre on Tourist Health and with the WTO. More direct programmatic coordination has been developed with the Food Protection Program in WHO Headquarters in Geneva.

3. Future Technical Cooperation

The future activities of the Organization will be within the context of its regular program of technical cooperation that emphasizes its support to national activities. The following is a description of the types of activities which can and should be developed, but no attempt has been made to construct a definitive plan of action which would describe more specific outputs, activities and time-frames. This can be done if the Executive Committee so wishes. The possible areas of action are set out under the five basic functional approaches of PAHO's technical cooperation.

Resource Mobilization

The political resources may be the most critical. The appreciation of the importance of the link between health and tourism at the national level can be heightened through stimulating vigorous interministerial collaboration. The mechanisms for doing

this will vary from country to country, but the role PAHO can best play is providing to the ministry of health the information and documentation that will strengthen its position vis-à-vis other sectors.

Resources may be mobilized through contact with organizations and groups. The nongovernmental organizations in this area are usually directed exclusively to tourism and do not consider health. Mobilization of such organizations should have as its major purpose the education of people about the importance of health and the environment to the tourist industry, and vice versa. Environmental and conservation organizations may be of special interest in this regard. PAHO may promote, sponsor or participate in congresses, international meetings and more restricted workshops related to health and tourism. The Regional Meeting on Food Protection and Tourism being sponsored by the Government of Mexico, PAHO and WHO is an example of this.

The private sector has to be involved, since it is the major partner dealing with tourism. PAHO can introduce health considerations into the agendas of such agencies as associations of hoteliers and the travel industry, including travel agents and the owners or managers of the major forms of transport.

National institutions, such as universities and foundations, can be mobilized to include health considerations in their tourism activities. Many of the Region's universities and technical institutes should include health in their teaching and research related to tourism.

Few, if any, of the countries have resources in the ministries of health assigned specifically to tourism. PAHO might assist in the development of projects to assist the ministries of health to mobilize financial resources, either nationally or internationally, to address the health aspects of tourism. The major financial institutions respond to national requests for inclusion of health considerations in their tourism projects, and vice versa, although there seems to have been a decline in interest in tourism in these institutions.

Special attention should be paid to the national or subregional tourism organizations. Their focus is principally on marketing and promoting the growth of the tourism sector but efforts should and can be made to develop a regional approach and consensus on the inclusion of health in their tourism agenda.

Dissemination of Information

Information on health related to tourism is needed for different audiences, and PAHO can assist in providing some of these:

- Information to the tourist: PAHO may assist countries in establishing the mechanisms for providing accurate information on the national health situation, risks and precautions to be taken, to the agencies from which tourists actually get information. There are excellent handbooks prepared by WHO which could be disseminated more widely. In addition, PAHO might consider using the travel industry for promotion of health.
- Information to nationals: PAHO might assist individual countries in providing information to their own institutions on health and tourism. The following types of information might be considered initially:
 - . Information about the national programs and activities, e.g. data on the organization of health tourism, or successful approaches to intersectoral collaboration;
 - . Information about specific technical programmatic issues, e.g. food protection, handling, inspection;
 - . Updated environmental and health profiles of individual countries.

Development of Policies and Plans

PAHO may assist and advise governments on health inputs into their tourism policies and plans. Countries often have independent authorities, boards, or commissions which regulate tourism, but few have incorporated health concerns into their policy documents. Attention is paid to the physical environment, but it is unusual to view this, or other aspects of tourism policy or action, from a health perspective. Similarly, many of the public health policies or legislation may not take into account the needs of tourist areas.

Handbooks of guidelines may be prepared for health and regulatory agencies involved in planning and regulating environmental health facilities in tourist areas. These guidelines may refer to issues such as standards for waste and sewage disposal as well as bathing water quality.

Training

The major technical cooperation would be through encouraging the inclusion of health material into schools of tourism or courses for workers in the tourist industry. PAHO can promote or establish interest in emporiatrics in schools of public health or medicine. PAHO might introduce the topic of tourism and its relevance to health into some of its own training activities. PAHO is already collaborating with WHO in

developing training activities, particularly related to food protection. Training in environmental impact assessment might include health and be applied to tourist development projects.

Research

PAHO has already carried out and promoted some preliminary research. The Veterinary Public Health Program has undertaken a study on the "Characterization of Health Risks for the Health of Tourists" in selected countries. The Health Services Development Program has become very aware of the need and opportunity to develop research on the capacity of the local health systems in tourist areas to respond to the demand for services. Through use of the rapid assessment method it will collect data from a select number of countries on the health services in relation to tourism, in order to explore various methods of organizing the services to respond to the demand. PAHO might stimulate further research into areas such as:

- The economics of health tourism.
- Health of tourists in places of transit or destination.
- Health impact of tourism at the national level.
- Occupational health of women and tourism.

The suggestions given above may be included within the regular program of technical cooperation with the Member Countries, and as part of the regional or country program contribute significantly to expanding the Organization's activities in the area of "Health in Development."