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### HEALTH AND TOURISM: FINAL REPORT

#### Background

1. In 2009, the 49th Directing Council of the Pan American Health Organization (PAHO) reviewed and adopted the report on Health and Tourism (Document CD49/15) (1) through Resolution CD49.R20 (2). This resolution recognized health and environmental factors that threaten sustainable tourism in the Region of the Americas. It called for raising awareness of the health/tourism interaction and promoting national tourism policies that are favorable to health, with the participation of private enterprise, communities, and the mass media.
2. The purpose of this document is to inform the Governing Bodies on the results of the implementation of this resolution, using regional evidence and best practices documented by Member States and the Pan American Sanitary Bureau (PASB or the Bureau).

#### Situation Analysis

3. Tourism is an important sector in many countries and territories in the Region. The tourism economy was responsible, in 2019, for 26% of gross domestic product (GDP) in the Caribbean and 10% in Latin America. In the Caribbean, the tourism sector accounted for 42% of exports of goods and services overall and for over 70% in the Bahamas, Barbados, and Grenada, a profile that reflects the Caribbean subregion's high dependence on foreign (as opposed to domestic) visitors. In Latin America, 10% of exports resulted from tourism. In this subregion, tourism is concentrated in a few cities and local communities and relies heavily on domestic visitors, who constituted more than half of all tourists in Argentina, Brazil, Chile, and Peru. The tourism economy is labor intensive, accounting for 35% of jobs in the Caribbean and 10% in Latin America (3).
  4. Sustainable tourism in the Region is threatened by health and environmental factors, and a number of significant public health events have negatively impacted the tourism sector in the past decade. These include a Chikungunya outbreak in 2013; the Middle East respiratory syndrome coronavirus (MERS-CoV) infection in the United States of America in
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2014; a few imported cases of Ebola virus that were reported in the Region during the outbreak in West Africa in 2014; a Zika virus outbreak in 2015; an upsurge of yellow fever activity in Brazil in 2017; and the emergence of SARS-CoV-2, the novel coronavirus, beginning in 2020.

5. The COVID-19 pandemic interrupted a yearly growth in tourist arrivals in Latin America and the Caribbean, causing tourist arrivals to drop by 50% and 100% in March and April 2020 respectively (4). The cruise industry, which was growing at 8% a year, suspended operations. Job loss in the hotel and restaurant sector in Latin America and the Caribbean between 2019 and 2020 was 44.7%, almost double the overall job loss. The employment reduction disproportionately affected women, young people, migrants, outsourced or subcontracted workers, and those in the informal economy (5).

### **Analysis of Progress Achieved**

6. In response to the recommendations of Resolution CD49.R20 (2), progress has been achieved in three broad areas related to health and tourism: *a*) governance, *b*) capacity building, and *c*) public-private partnerships.

#### ***Governance***

7. A regional plan of action for Central America on health and tourism was drafted in 2012. This plan was developed through a partnership with the Central American Tourism Integration Secretariat of the Central American Integration System (SITCA/SICA) and was the product of multisector stakeholder workshops on tourism and health (El Salvador, 2012). PASB also supported national plans on health and tourism (e.g., in the Dominican Republic).

8. The Bureau provided technical support to countries in the Caribbean—such as the Bahamas, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, and Suriname—to build their national food safety emergency plans. The plans include intersectoral cooperation and communication mechanisms to combat unexpected foodborne outbreaks.

9. The 16th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 16) in 2012 called attention to global events and activities, including tourism, that have led to the appearance and spread of emerging infectious diseases (6). During the 17th Inter American Ministerial Meeting on Health and Agriculture (RIMSA 17) in 2016, Member States were urged to strength their food safety programs, taking five components into consideration: food safety laws, regulations, and policies; competent authorities; surveillance and control; inspection; and education (7). In addition to health and agriculture, tourism is one of the relevant sectors to be incorporated in this effort.

10. During the 6th meeting of the Pan American Commission on Food Safety (COPAIA 6) in 2012 (8), members discussed experiences with sustainable tourism and food safety in Central America and reviewed the proposal for an updated regional plan of action for technical cooperation in food safety. Members recommended that PAHO create mechanisms to promote the exchange of successful experiences with ensuring food safety

in mass gatherings at the country and subregional levels, such as experiences related to sustainable tourism in Central America.

### ***Capacity Building***

11. The Bureau has been improving risk-based food inspection capacity in the Americas to prevent risks along the food value chain. In 2019, PASB published the Risk-Based Food Inspection Manual for the Caribbean, which includes guidelines for street food vendors, restaurants, and markets, among other entities (9). PASB has been providing in-person technical training to countries in Latin America and the Caribbean to ensure that they enforce control mechanisms to prevent food hazards, including in restaurants and vending sites that are frequented by tourists. High food safety standards are needed not only to protect the health of local consumers and tourists, but also to protect the country's international image and by extension its economy, as any food safety incident may affect tourists' choice of destination. Trainings primarily target government officials in the health and agriculture ministries of Argentina, the Bahamas, Belize, Bolivia, Bonaire, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, French Guiana, Guyana, Honduras, Jamaica, Mexico, Paraguay, Peru, Suriname, Trinidad and Tobago, and Uruguay.

12. The Bureau continues to provide training on risk communication to build coordinated communication strategies in response to food safety risks and emergencies. These trainings are providing authorities with background knowledge and tools to build their internal and external messaging strategies for informing different audiences about food safety incidents. Any ambiguity or misinformation about a food safety issue can influence tourists' perception of the risks in a country and affect their travel decisions. The latest online training on risk communication in the Caribbean attracted 64 participants from the health and agriculture ministries of Antigua and Barbuda, the Bahamas, Belize, Bonaire, Guyana, Jamaica, Suriname, and Trinidad and Tobago.

13. Based on the recommendations of the RIMSA 17 and COPAIA 6 meetings, PAHO has sought to promote a culture of food safety. This means building the technical capacity of food safety professionals as well as of broader audiences, including the public. PASB and the United Nations Food and Agriculture Organization (FAO) jointly prepared a manual for food handlers in Dutch, English, French, Portuguese, and Spanish, which has been adapted and implemented by countries in Latin America and the Caribbean (10). The manuals are intended to build awareness of food safety among the public and food safety professionals, including those working in the tourism sector.

14. The Bureau has provided in-person training in food handling to countries in Latin America and the Caribbean on a regular basis since 2009. Between 2019 and 2022, an online training for food handlers has been offered through the PAHO Virtual Campus for Public Health, in Dutch, English, French, Portuguese, and Spanish (11). These trainings are designed to increase understanding of basic food safety and hygiene measures so as to prevent any food contamination during handling. The trainings and manuals have been adopted by several countries (e.g., Panama) as a prerequisite for employment of food

handlers in various establishments. To date, the courses have reached 26,850 participants from 42 countries and territories in the Region, with 57.8% from South America, 25.1% from North America, 14.3% from Central America, and 2.9% from the Caribbean. There have also been several hundred participants from outside the Americas.

15. Since 2020, PASB has worked to increase awareness of the need to improve food safety in traditional food markets. A guide to good practices in traditional food markets in the Region of the Americas (forthcoming in 2023) will provide national and local authorities with guidelines for improving the basic infrastructure and hygienic-sanitary conditions of these markets to reduce food safety risks. The guide also offers recommendations for traders, intermediaries, administrators, and consumers, who play a key role in keeping food safe. Authorities in Colombia and the Dominican Republic are receiving technical support to upgrade the capacities of selected markets.

16. The Health and Tourism Manual: Training Guide for Facilitators for Central America and the Dominican Republic was published in collaboration with SITCA/SICA and the Federation of Central American Chambers of Tourism (FEDECATUR) (12). Training in use of the manual was conducted in El Salvador and Honduras in 2012.

17. At the end of July 2014, PASB substantially intensified its activities to support Member States in their Ebola virus disease preparedness efforts. These included: *a*) development of the Framework for Strengthening National Preparedness and Response for Ebola Virus Disease in the Americas (13), which is broadly applicable to any emerging or reemerging infectious disease; *b*) development and dissemination of technical guidelines, including protocols for the shipment of samples for confirmatory tests to the World Health Organization Collaborating Centers at the US Centers for Disease Control and Prevention in Atlanta, Georgia, and the Public Health Agency of Canada in Winnipeg; *c*) creation of a regional stockpile of personal protective equipment in the PAHO warehouse in Panama; and *d*) provision of training on clinical management, laboratory biosafety, and risk communication at the national, subregional, and regional levels. Between 2014 and 2015, PASB led multidisciplinary technical missions (with a duration of three days on average) involving several partner institutions in 25 Member States.

18. Guidance was provided to countries on matters related to travel and health, especially in relation to mass gatherings that often attract tourists. Technical cooperation was provided to national authorities in Member States in regard to hosting mass gathering events, including the 2016 Summer Olympics in Rio de Janeiro, Brazil.

19. PAHO has continued its joint activities with other international specialized agencies and organizations. Regional initiatives were conducted with *a*) the International Civil Aviation Organization, within the framework of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA), at the Sixth CAPSCA Americas Meeting held in Panama in September 2015 and Seventh CAPSCA Americas Meeting in Mexico in September 2016; *b*) the International Air Transport Association, with activities focusing on certification and recertification of national professionals with respect to international shipments of samples; and *c*) the FAO,

at the annual regional meeting of the International Food Safety Authorities Network held in Mexico in October 2015.

### ***Public-Private Partnerships***

20. PAHO and Airbnb agreed to collaborate on providing food safety information to the public, using educational materials to promote prevention of foodborne diseases and reduction of food safety risks. As part of the three-year agreement (2019–2022), PAHO supported Airbnb in developing safe food handling guidelines for “Airbnb cooking experiences” based on PAHO’s Five Keys to Safer Food program. PASB also developed communication materials on food allergens, dietary restrictions, food safety, and COVID-19, as well as an updated design for the Five Keys to Safer Food. The agreement also supported the translation of the food handlers training into French and Portuguese, now available through the PAHO Virtual Campus for Public Health. All materials developed under the agreement were shared with the hosts and guests of Airbnb to improve their food safety practices.

### **Lessons Learned**

21. By its nature, this topic required sustained intersectoral efforts. The first step was to build governance structures with multistakeholder partnerships, including the health sector. Guidance materials were more successful when developed using a multisectoral and multistakeholder approach, which allowed progress on topics related to mass gathering events, guidance for street food vendors, and safer food handling practices.

### **Action Needed to Improve the Situation**

22. Increased collaboration is needed with Member States and international partner organizations and agencies, including the International Air Transport Association, the International Civil Aviation Organization, the Cruise Lines International Association, the Caribbean Public Health Agency, United States government agencies, and the Public Health Agency of Canada.

### **Action by the Directing Council**

23. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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