

CARPHA – CTO Tourism and Health program soft launch; Aruba Friday, May 2, 2014

Remarks of Dr. James Hospedales, Executive Director, CARPHA

Hon Dr Rufus Ewing, Premier of Turks and Caicos Islands

Hon John McGinlay, Minister of tourism, Antigua and Barbuda

Hon Dr Alex Schwengle, Minister of health, Aruba

Hon Otmar Odouber, Minister of tourism, Aruba

Ms Gail Henry, Caribbean Tourism Organisation

Dr Lisa Indar, coordinator, Tourism and Health program CARPHA

Chief Medical Officers of the Caribbean

Senior officials in health, tourism and environment from Aruba and other Caribbean countries

Colleagues from the Pan American Health Organization and CARICOM Secretariat

Ladies and Gentlemen, members of the media

It gives me great pleasure to welcome you here for this workshop on **Partnering to Strengthen the Link between Tourism and Health and Environment for More Resilient and Sustainable Tourism in the Caribbean**. And what a more fitting place than Aruba to have this activity a country which has remade itself to be the tourism success that it is!

I thank our host country for the support to this activity, the Caribbean Health Research Conference, and the many other meetings hosted here this week, including the CARPHA Technical Advisory Committee and the meeting of Caribbean Chief Medical Officers. In so doing, Aruba is deepening its participation in a long tradition of successful Caribbean Cooperation in Health.

I thank the ministers who are gathered here, and give a special thanks and recognition to Minister John Maginley of Antigua and Barbuda. He has been a man who has seen the need for and been a consistent champion for tourism and health to work together for mutual benefit. Further, he has put his money

where his mouth is by putting \$50,000 in seed money for the program, over and above his country's quota contribution. I encourage other countries to consider doing the same! ☺ It's a good investment in the quality, competitiveness of our main economic activity, in the people and families therein. ENVIRON The Benefits greatly outweigh the costs.

The Caribbean countries have made great progress over the decades. Tourism has been a driving force in our development, not without its naysayers about the negative impacts socially or environmentally, but overall, it's the mainstay of the Caribbean economy. It's can be a fickle business, vulnerable to a range of external and internal shocks. It the business of all of us in the region, whether we realize it or not, and we are partnering with the Caribbean Tourism Organization, and actively seeking and open to partnership with others with similar interests.

For many countries it's a significant part of the GDP, and often the main hard-currency earner. But I don't need to expand on this for this audience. Notwithstanding our progress, our countries and at the tourism industry are threatened by a range of health and environmental challenges which undermine the sustainability and resilience of the industry. Outbreaks of food and waterborne disease are perhaps the commonest problem. Problems with cruise ships and outbreaks of Noro virus have caught a lot of public attention and had major negative economic impact. In the early 2000's, within a five-year period, losses of over US\$250 million were estimated to have occurred in the tourism industry due to preventable outbreaks.

Within the last four months we have witnessed the arrival of Chikungunya virus to the region via St Martin. The countries in the region were prepared and are responding well, with support from PAHO and CARPHA, in educating their populations and taking measures to prevent and control the spread of the disease and reduce the impact. This disease, which is spread by the *Aedes aegypti* mosquito, the same mosquito that spreads Dengue fever, has now spread to 14 countries and territories in the

Caribbean with over 4,000 confirmed or probable cases reported to CARPHA as of April 28. National authorities of the region were well prepared by activities of the Pan American health Organisation and CARPHA during 2012-2013. So far we are not aware of any tourists acquiring the disease and we have agreements with CDC and other international public health partners for reciprocal notification.

Field investigations by CARPHA show that countries are managing well to date, mounting comprehensive responses including risk communications. Apart from the human illnesses, we need to be careful to avoid undue adverse impact on our economies or the tourism industry. In the Indian Ocean, in the country of La Reunion, a Chikungunya outbreak reduced tourism arrivals in 2006-2007 x 37%. No tourism destination in the Caribbean can stand this. Analysis of that situation has yielded lessons learned which we are applying on how to avoid media amplification and unnecessary fear and panic on the part of the tourism industry. It is clear that the key lesson is that early, prompt, accurate, regular communication with the population and the media are essential, and for tourism and hotel industry to work with Ministry of Health and all stakeholders. CARPHA is working closely with our member countries and partners to apply this and other lessons to minimise adverse economic impact and spread of the disease. But it's early days yet, as the problem has only now reached major population centres like Hispaniola. Keep looking at our website which is updated weekly.

Our countries and the tourism industry also face major environmental challenges including beach water quality. Hotels and tourism facilities face challenges of water and energy conservation to reduce carbon footprint, and we all face the overarching threat of climate change. The meeting of Chief Medical Officers earlier this week considered information from the Caribbean Centre for Climate Change and determined that joint action with the health sector and environment was essential to improve resilience and mitigate and prevent the problem. If the majority of the region's 3000+ hotels made a 10% improvement in their energy efficiency, this would be a significant contribution to reducing greenhouse gases, as well as improve the financial performance.

Within the industry itself we have an additional threat that is often not recognized. And here I refer to the health and wellness of the tourism workforce and preventable costly epidemics of overweight and NCDs affecting the entire workforce. Reflecting the general population, high levels of overweight and obesity, hypertension and diabetes, are prevalent among the workers and staff in the industry. Obesity is associated with 50% higher lifetime health costs and being of normal weight. These conditions impose additional costs on staff and families, direct and indirect costs to the industry. Measures to improve the health and wellness of the workforce can therefore improve productivity and reduce absenteeism and presenteeism, and reduce avoidable health costs. The project includes a component intended to do exactly that, which will be led by the Caribbean tourism organization, with support from CARPHA. The travel and tourism sector as the employer of over 2 million people would then be a remarkable platform for positive change.

Against this background CARPHA and the Caribbean tourism Organisation, as the premier regional institutions in public health and tourism, respectively, and with many decades of successful service to the region, have joined forces to develop a Tourism and Health Program which aims to improve the quality, competitiveness, and resilience of the tourism industry by applying evidence informed measures in health monitoring and response, food safety and environmental management, standards and certification, and health and wellness in the tourism workforce. Shortly Dr Indar will give some more details of the programme.

We expect the benefits of this program to bring triple bottom-line returns in health by having fewer and less costly outbreaks, in environment, and in the economy to reduce costs and improve productivity of the workforce. CARPHA and CTO have made joint application for regional public goods funding from the Inter-American Development Bank. I thank the countries that have signed up for the program and provided letters of support: Guyana, Belize, Trinidad and Tobago, Barbados, Jamaica and the Bahamas. In the Bahamas since February, at the small island developing states conference on tourism resilience, it

was agreed that these areas needed attention to ensure a better quality more resilient and competitive industry.

The funding from the IADB, if successful, will not cover all the CARPHA member states. Therefore we have also applied for funding from the 11th European Development Fund for the program to be implemented in the overseas countries and territories including Aruba. If successful with IADB, we will also apply to the Caribbean Development Bank for a similar project for that OECS countries. to increase chances of success, we would greatly appreciate your support in advocating within the IDB as it is a very competitive process. However, we believe that we have a good chance of success as the project proposal meets all the criteria for regional public goods funding.

Besides CARPHA and CTO, we have reached out to the Caribbean Hotel and Tourism Association, who's CEO has expressed strong interest in joining the program. Similarly we will reach out to the Florida Caribbean Cruise Association. CARPHA brings many other partners to the table in this endeavor, including the US Centres for Disease Control and prevention, the Public Health Agency of Canada, and the European Centres for Disease Control, and Public Health England.

As we move forward to realise the power and possibility of this partnership to benefit Caribbean people, it will be important to deepen and expand the relationships, and to plan for program sustainability.

Partnering to address health priorities is a major strategic priority for CARPHA.

We will be investing to strengthen our capabilities to partner with the private sector and civil society and to catalyse partnership and collaboration between public, private sector and civil society and academia and the media. This tourism and health program will be one of the focus areas for strengthening multisector action and partnership.

I would like to end by commenting on the great value to the Caribbean countries and people in this partnership between CARPHA and CTO as the Premier regional public health and tourism organisations.

CARPHA brings together many decades of successful service of five former regional health institutions in epidemiology and laboratory and disease control; food nutrition and food security; environmental health and sustainable development; pharmaceutical quality, and last but by no means least, health research. And indeed Aruba is hosting the 59th Caribbean health research conference which is currently ongoing. It's the first time the conference has ever been held in Aruba so that deserves applause.

CARPHA is the first international public health organisation of the 21st-century. It reflects visionary leadership on the part of the Caribbean countries to rationalise regional health arrangements to create greater synergy efficiency and effectiveness. I have the honour and privilege to be the first director. We believe it is within the scope and possibility for CARPHA, working with member states and partners, to greatly improve health and development prospects for the people and countries of this region over the next 10 years. We have charted a way forward to 2025 in which partnering to address health priorities is one of five strategic pillars. This partnership with CTO, a sister regional institution, is a reflection of that determination and adds value to the stakeholders both in CARPHA and in CTO. I'm excited by the prospect of the partnership to make a difference, especially if and when we can add CHTA and FCCA. I believe we are at the start of something big and important for our region in which public, private and civil society will work together; not without conflict sometimes, to be sure, but we will work together for those ministers were gathered here especially I hope that you will participate actively in advocating for this programme and encouraging others to join.

Let me close by again thanking all the participants in this workshop, and the Ministers of Health and Tourism who have demonstrated their commitment to this approach and the need for this program by being here.

We look forward to your participation in the discussion and working groups to follow.

Thank you.