

REGIONAL TOURISM AND HEALTH STAKEHOLDERS WORKSHOP
October 4-5, 2017, InterContinental at Doral Miami, Miami Florida

Remarks by

Dr. James Hospedales, Executive Director, CARPHA

Greetings and salutations to all CARPHA Member States, Chief Medical Officers (CMOs), Permanent Secretaries, Partners in Public Health Agencies in the hotel and tourism industry; the Caribbean Tourism Organization (CTO), the Caribbean Hotel and Tourism Association (CHTA), the Cruise Lines International Association (CLIA) and the Inter-American Development Bank (IDB). Welcome. I am very happy that everyone is here at this stakeholders' workshop for the Tourism and Health Program (THP). I have to mention we have Caribbean Community (CARICOM) and the Pan American Health Organization (PAHO) with us, because CARICOM and PAHO together with CARPHA are the core of the secretariat of the Caribbean Cooperation in Health which is the policy framework under which we operate.

During the last few weeks, we have seen unprecedented events in the region, and we don't know what else is going to happen in the future. It is almost as if the planet wants to send us a message about climate change. 'Unprecedented' events occurred in which fifteen (15) countries and territories were impacted, (English, French, Spanish, Dutch) though most destinations remain open overall. Our resilience was stretched and tested almost like it was never tested before, and there were lessons learnt about how health works. Collaborations are therefore needed more than ever to increase our resilience in the face of natural disaster and issues of recent weeks.

CARPHA is the sole Public Health agency in the region comprising of five (5) former institutions and we work closely with the Centers for Disease Control and Prevention (CDC), the Public Health Agency of Canada (PHAC), Public Health Agency of England (PHE), the National Institutes of Health (NIH) as international partners in this part of the world, because many of our tourists and travelers are derived from the United States (US), United Kingdom (UK), Canada, France, Holland, Germany and Japan and more.

CARPHA's story of the journey began for me 20-21 years ago when the Chief Executive Officer (CEO)/General Manager of a large major hotel came to our offices in the Caribbean Epidemiology Centre (CAREC) and asked for help to improve food safety following much publicized hotel based outbreaks. My initial thoughts were to question if this was my concern in public health, and I quickly realized that these problems (outbreaks) were preventable and was costly, and that the region's main industry overall was travel and tourism. For many in our region, this was the most important valued commodity, so it was then that my thought processes began to change to realize that the safety, security and quality of the industry was our business; it was a common agenda, though we didn't realize it at the time. Special thanks to the Inter-American Development Bank (IDB) for the funding that has come along. I advocate it quite a lot, along the way with the CHA, CTO and with Ministries of Health at the time on the need for attention to health safety and environment as part of quality and competitiveness.

I was not the first to see this connection between tourism and health; Sir George Alleyne in 1990 wrote a very interesting paper on the issue of tourism and health. He writes very simply, health and tourism impact each other in the Caribbean so it is both appropriate and necessary to those concerned with tourism in the region to consider the health issues. The health and environment of the Caribbean could

have good, or bad effects on the health of visitors, and tourism has health consequences for local residents in turn. Tourism for health purposes (which is medical tourism) also needs to be considered, but that's not the particular focus of this program. This output points at the major issues related, and indicates the data needed that suggests lines of actions for the future.

In short, we have a common agenda; countries, MoHs, Tourism, Industry partners, even if though we are not always comfortable. Problems are preventable with health monitoring, standards and guidelines, well trained staff, and monitoring systems to detect early warnings and contain reputational and economic damage to properties/destinations. It therefore requires partnership and trust.

I recall earlier attempts in CAREC days; Quality Testing and Controls (QTC) for quality tourism for the Caribbean, (which was also funded by the IDB) as to recognizing the common agenda of member states, public sector health and tourism of partners and interregional institutions. And so, the recommendation for preventability was health monitoring of outbreaks; signs and guidelines; training of persons with the right policies; and trust in health networking. Only then could have the shared agenda been advanced.

And that is what we are here for, that common agenda. The main areas of concern of interest is not only about diseases, but how to avoid it; profitability of company quality. Putting it in a position of a common agenda of competitiveness; of minimizing economic damage. We have a mandate of governmental agreement to a program like this, an innovative program, and this region needs it more than anywhere else in the world, given our dependence on it. It's an integrated program approach; those of you who are familiar with it and its different dimensions of standards and training. The evidence of this program's work comes from many places including the United States' Vessel Sanitization Program (VSP) which was launched in the mid-seventies; to monitor surveillance, provide trainings, standards and guidelines that greatly brought down the rate of problems that they had then. Other factors that were needed were policies that works at different levels, and partnerships, which is the heart of this workshop; funding; getting recognition for what we are doing here as being unique. In health, we often talk about the discovery deliver gap; that is when somebody discovers something, and it takes seven to eight (7-8) years to fully get implemented, because of the need to mobilize everyone and create an alliance to do it. It can take twenty (20) years.

Let me conclude by talking about this common agenda and threading it through the story. This is not a necessarily, natural, easy partnership. We're all not natural partners; there are a lot of sensitivity and difference between public and private; how people perceive the value of time; how people perceive the public sector; how to consult and to talk to everybody in the private sector. Understanding those differences are important; your differences within sectors, within Ministries of Health, who doesn't talk to who, who shares doesn't share, and as Mr. Comito was saying, that that sharing is very important if we are going to succeed with this common agenda. Different values systems, different sensitivity, what we consider interesting and data to look at, and what lessons the private sector may not want and might think it potentially harmful for reputation and to keep it quiet. We have to move past that, and responsibly manage information so it doesn't cause economic damage; but instead use it to nip things in the bud, to get on top of things before they get out of hand. So those sensitivities and different values systems, touches of cultures is also at play here and it's a challenge to implement a common agenda. But it is a common agenda, as we have all been saying, and I look forward very much to the working of these two (2) days. This is an important event for us, as a lot of time and effort has gone into this, and I look forward to your participation; getting to know folks better, and having good relationships, knowing

very well that it is very difficult to get to the point of really working together in this synergistic manner on this common agenda.

To implement this common agenda is not easy. We have to work at developing relationships and communication to be able to see common interests and issues and options. We have different value systems - private sector values time and action; public sector slower moving, more consultative; sensitivities on data on all sides, private and public.

And those need to be recognized as we journey on this road towards sustainability of the Tourism and Health Program and CARPHA's mandate towards an innovative integrated program with a multi-disciplinary Tourism and Health Information System (THIS), Training Modules, Guidelines and Standards, Partnership and Networks.

I thank you very much.