

GOAL 3: GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

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ABSTRACT: *In order for tourism to promote good health and well-being for all, a comprehensive, cross-sectoral and people-centred approach is needed, which takes local people's as well as tourists' health and safety into account and puts a strong focus on equity in order to ensure that local people are not structurally disadvantaged.*

Governments and the tourism industry need to critically analyse health hazards and develop effective preventative measures in the destinations. They need to ensure that jobs created in tourism comply with labour laws, safety standards and pay fair wages that enable staff to cover their health insurance and medical bills. Tourism bears great potential to foster healthy lives and well-being for both tourists and local communities if the risks involved are reduced by effective preventative measures. For tourism to contribute significantly to Goal 3, revenues generated from tourism need to be invested in health care systems that are of good quality and accessible and affordable for all.

INTRODUCTION

The right to the highest attainable standard of health is a fundamental human right and a key indicator for sustainable development. Good health is a prerequisite for a dignified life and social and economic participation. Poor health, on the other hand, can negatively affect other human rights, e.g. pose a threat to a child's right to education and limit women's and men's economic opportunities. Goal 3 calls for a healthy life for all at all ages. Central demands include universal health coverage for all, including access to basic health care as well as affordable medicines and vaccines.

Good health is closely linked to various aspects called for in other goals, such as food security (>> Goal 2), clean water and sanitation (>> Goal 6) or functioning ecosystems (>>Goal 14, >> Goal 15). To achieve good health, structural and systemic inequalities have to be overcome (>> Goal 10) in order to ensure universal health care access and equity. Underlying factors for discrimination, such as gender (>> Goal 5), race, caste, disability have to be surmounted in order to achieve not only economic but also social equality.

There are numerous ways in which tourism can influence health. Health and safety are key factors for many tourists when deciding where to spend their holidays. While there is an abundance of literature analysing health risks for travellers based on hygiene, water quality, epidemiology or the availability and quality of health services in the host country, there are only few analyses of the effects of tourism on the host population's health. Generally, tourism can influence their health either directly, e.g. through bad working conditions or infections from tourists, or indirectly, e.g. through environmental health hazards caused by tourism, such as contaminated drinking water.

MAJOR CHALLENGES

Tourism development and health of the local population

Increased tourism arrivals generate more revenues for a region. To what extent this leads to better health care for locals (and tourists) has not been studied well. There is little evidence that taxes generated from tourism are to a large degree invested into reforming public health care systems in order to improve the health of local residents, especially those previously left behind. On the contrary, examples of negative impacts of tourism on locals' health dominate.

Tourism increases competition for scarce resources such as clean drinking water, access to traditional farm land or fisheries, or existing health care services. Tourism can displace local people and destroy traditional livelihoods. Resulting poverty potentially fuelled by tourism induced inflation can increase malnutrition, morbidity and mortality – most severely among vulnerable groups such as minorities, youth and the elderly as well as women.

Environment and health

Frequently tourism planning does not provide adequate solutions to harmful effects of tourism on the environment that pose health hazards for local communities (as well as tourists). Inadequate waste and sewage management not only damage the environment, but may also spread waterborne diseases.

On a global scale, tourism is responsible for about five percent of all CO₂ emissions (UNWTO, 2016) that are severely impacting the world's climate. "Climate change affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter. Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress", according to the World Health Organization (WHO, 2016).

Health and working conditions

Tourism may offer jobs to local people. However, many jobs are not complying with health and safety standards and can therefore have detrimental effects on employees' physical and mental health and even result in death. There is a lot of informal employment in tourism, leaving poorly paid workers with no health insurance and social security. The density of trade unions in the sector that could advocate for workers' rights to fair pay and health coverage is low. (>> Goal 8)

Health risks for porters

Frostbites, altitude sickness and even death can be the cost for porters carrying trekkers' equipment. Lack of shelter, inadequate food and clothing, and minimal pay are commonly faced problems. Nepalese porters suffer four times more accidents and illnesses than Western trekkers. Reports of porters being abandoned by tour groups when they fall ill are not unusual. Porters have even been abandoned in life-threatening blizzards while trekkers were rescued by helicopter.

Tourism Concern www.tourismconcern.org.uk/porters/

Interaction between hosts and tourists

The bigger the financial disparities between travellers and hosts, the more hosts may perceive tourists to embody progress, wealth and a desirable lifestyle. This can lead to cultural changes and the erosion of traditional social protection mechanisms, such as care for the elderly and sick. Tourists may introduce new forms of food, tobacco and drugs to a destination. Studies indicate that tourist destinations can be epicentres of demographic and social change as transactional sex, elevated alcohol and substance use, as well as internal migration can increase the risk of infection with sexually transmitted diseases, such as HIV (Padilla et al, 2010).

Happy Hour in Paradise

A study by the Swedish organisation Schyst Resande shows that tourists tend to drink more alcohol when on holiday, resulting in high risk behaviour such as unprotected sex (risking STD or HIV/Aids infections) or traffic accidents. Tourists' demand for alcohol increases the physical and social accessibility of alcohol and may also fuel consumption and high risk behaviour among local people. The study shows a strong influence of the alcohol industry on a destination's legislation in relation to alcohol. Furthermore, the alcohol industry uses images related to holiday-making in its marketing, while many offers by the tourism industry promote alcohol consumption.

Schyst Resande (2010): Happy Hour in Paradise.
www.schystresande.se/upl/files/111335.pdf

Globalization, tourism and health

The growing mobility of tourists is a risk factor, as it can contribute to spreading infectious diseases and epidemics. Via international air travel infection risks can reach nearly every corner of the world within hours or days, as could be witnessed during the Ebola outbreak in Western Africa in 2014/15. A total of 28,616 Ebola cases were reported in Guinea,

Liberia and Sierra Leone, with 11,310 deaths (WHO, 2016b). The first case of an infection outside of Africa was reported in September 2014 in the US. The patient travelled from Liberia to Dallas, Texas. He was treated in a hospital and died a couple of days later. Two nurses caught the Ebola infection while taking care of the patient, but could be cured and the disease was prevented from spreading further (Robert Koch Institut, 2016).

Tourists' risk perception

The spread of Ebola showed just how vulnerable the tourism industry is. The economy including tourism plummeted not only in the outbreak areas, but also in other parts of Africa. The common misperception of tourists from industrialized countries to view Africa as one homogenous area and not a diverse continent with 54 individual states, and undifferentiated media reporting on the Ebola outbreak resulted in an exaggerated fear of infection. Despite the fact that the outbreak areas are geographically closer to Europe than to Eastern and Southern Africa, safari companies there experienced cancelation rates between 20 and 70 percent. Heavy losses in the entire African tourism industry with detrimental effects on jobs and income were the result.

Patients without borders

Today, a growing number of patients (in 2014: over one million by conservative estimates according to Lundt et al, 2014) mainly from industrialized countries seek medical care in developing countries. Motives for medical tourism include relatively cheaper prices, shorter waiting lists or (experimental) procedures that are prohibited in the patients' home countries. While medical tourism has the potential to create jobs and encourage investments and innovation in the medical system, the risks for local communities and questionable ethics predominate.

Medical tourism diverts scarce health care resources from local people to tourists. Heavily subsidized institutions catering to the needs of well-paying tourists drain public health care systems of skilled staff. Medical tourism threatens to further commercialize and privatize the health sector in the host countries and increase inequalities in accessibility and affordability of health care. Medical tourism also reduces the pressure on governments to provide affordable health care for their citizens that integrates preventative measures, if medical treatment can be outsourced at low costs.

Medical tourism raises moral and ethical issues, especially in the fields of reproductive health and organ transplants. Because of the lack of available donors, every day 18 individuals worldwide die while waiting for a transplant of a vital organ (Smith 2012). Organ trafficking as a black market activity is lucrative. Affluent recipients often "buy" organs from the most disadvantaged and vulnerable, who may be forced or may technically give their consent, but may not be aware of the risks. Studies show that a donor's health often worsens after the surgery, costing them more in lost employment or out-of-pocket remedial care than the minimal 'donation' they receive for offering their organ to a broker (Hopkins et al, 2010). Organ trafficking and transplant tourism clearly violate the principles of equity, justice and respect for human dignity.

TANGIBLE WAYS FORWARD

In order for tourism to promote good health and well-being for all, a comprehensive, cross-sectoral and people-centred approach is needed, which takes local people's as well as tourists' health and safety into account and puts a strong focus on equity in order to ensure that local people are not structurally disadvantaged.

On a global scale, the risk of rapidly spreading infections due to more international travel has to be factored in when developing early warning mechanisms. The fact that more and more areas of the world get accessed by tourists can support the development of cures and vaccinations for health risks in the Global South which were earlier of little economic interest for pharmaceutical companies. However, these cures have to be made available and accessible not only to affluent tourists but to everyone at risk.

Tourism and HIV/AIDS

Tourism presents a high risk environment for HIV/AIDS (ILO, 2012). In many popular destinations in the Global South, HIV/AIDS prevalence is high and poses serious threats to the local population, to tourists and to tourism as an industry. Tourists tend to take more risks when abroad, including unsafe sex and drug abuse, risking infections and spreading HIV/AIDS. Marginalized groups such as sex workers, children living on the street, or personnel in the tourism industry are often unable to practice safe sex and risk infections from tourists. Businesses are challenged by the low productivity of a workforce with serious health issues and extremely high fluctuation rates.

In Namibia there is an average HIV/AIDS prevalence of 13.3 percent. However, in some regions it may reach up to 40 percent. A project by the "Evangelical Lutheran AIDS Programme" (ELCAP) educates employees in tourism to prevent HIV infections and to implement workplace policies that reduce stigmatization of people living with HIV. Through extended advocacy and health care, the program reaches employees, business partners, and local communities.

Taxes from tourist spending should be used to improve public health care systems, allowing for equity and access, particularly for vulnerable groups, in order to avoid further privatization and inflation of medical costs. It is the duty of governments to discourage a dual system of strong disparities where better quality services are reserved for foreign clients with a higher purchasing power while their citizens often lack access to basic health care. Governments in the Global South could set quota regulations, which require a set number of treatments of locals for every foreigner treated there.

Governments need to develop and enforce laws regarding bioethical questions with regard to tourism, such as organ trafficking, transplant and fertility tourism to effectively protect vulnerable groups within and beyond their borders in line with relevant international guidelines, such as the UN Convention against Transnational Organized Crime (UNTOC), specifically the Protocol to Prevent, Suppress and Punish Trafficking in Persons (which also includes organs and the Istanbul Declaration on Organ Trafficking and Transplant Tourism by the International Transplantation Society (TTS). Through transparent public donor programmes governments should strive to meet the demand for organs at the national level.

Not all forms of medical tourism involve surgeries or curative treatments. Beyond recreation, in the field of health-oriented travel there is a growing demand for alternative medicine and wellness treatments. This brings great chances for small-scale authentic tourism products that involve local and indigenous communities and their traditional concepts of medicine, health and well-being.

Until today, only a very small part of the world's population is able to take vacations and to travel internationally. Tourists should bear in mind that, for example, in Europe the entitlement for paid leave was a long and hard struggle by the Trades Unions for workers' rights to health and recreation. Tourists should critically reflect upon their personal consumer behaviour and make sure that it does not infringe on the local population's rights to a healthy and dignified life.

Tourism has great potential to foster healthy lives and well-being for both tourists and local communities if the risks involved are reduced by effective preventative measures. For tourism to contribute significantly to Goal 3, revenues generated from tourism need to be invested in health care systems that are of good quality and accessible and affordable for all.

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