

TOURISM AND HEALTH

(What successful managers in tourist destinations should know about health security as a key factor in establishing and therefore promoting a reliable, safe tourist industry)

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SUMMARY: The aim of the article is to present concisely the latest knowledge about health security as it affects tourism and to demonstrate how such knowledge can assist local management in improving the reliability and safety of their destinations in terms of holidaymakers' health. The information presented has been released exclusively by the relevant national and international professional organisations. The article also proposes specific solutions which, if implemented, could enhance the ability of communities to respond effectively and efficiently to new global threats concerning health security and tourist safety.

Key words: health, tourism, security, safety

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INTRODUCTION

The Program of Travel Medicine (2005) of the Canadian Agency for Public Health states, in relation to tourism and health, **“Staying healthy during travel is usually a matter of common sense, with extra attention to safety and security precautions. With minimum alterations of lifestyle your trip can be an exciting, healthy and rewarding adventure!”**

This describes a positive relationship between tourism and health. However, new threats to the security of international health have affected the idyllic relationship between health and tourism, so that today we find ourselves in a new situation of health under threat. Reflecting on this, on the occasion of this year's World Health Day Dr. Margaret Chan, Director-General of the World Health Organisation stated, **“We live, today, in a world where all nations are at risk (all nations are vulnerable) because of direct threats to international health security. And, on the positive side, our world's electronic transparency has made it difficult for any country to hide an outbreak. News will always seep out and be picked up.”** Dr. Chan's position (WHO) significantly explains the newly created relationship between health security and tourism safety. Thanks to contemporary advances in natural, technical, and biomedical sciences, as well as widespread access to information and increasing opportunities for engaging in travel, everyone is well informed about security, protection and health improvement. Because of this, regardless of new threats to health, we need to believe in our ability to find adequate answers to new dangers facing international health security. Knowledge about health security should also be expected from tourism employees in local destinations. They should possess a minimum level of knowledge about health, including specifics concerning their destination, health protection and tourist safety. In any event,

transparency and concern for health conditions in tourism are not only a question of ethics, but necessary conditions for the successful development of tourism, reputation and prestige (image) for the location.

Today there is a general demand (particularly in tourism) for new, authentic challenges. At the end of the 20th century, Ivan Illich made certain observations in relation to this subject. He said that in such a quest taboos disappear, senses are awakened and rituals are sought, along with the excitement of new, hitherto unexperienced forms of personal participation. Such a dynamic approach to living has become the norm of postmodern man's behaviour.

Most travellers (at least those who are healthy and/or well insured) primarily seek new participatory experiences through the challenges of tourism and travel. Health, as a goal, is only secondary. However, this does not mean that another segment of the population, those with special needs, for whom health is an important factor, should be neglected by tourism. They are the object of a specialised branch of tourism, health tourism. The focus of this article, however, is of common interest to all; improving health security and safety in tourism.

The aim of the article is to summarise knowledge currently available on the subject and make it accessible to those working in tourism, particularly those employed in local destinations. The purpose is to improve implementation of the relevant knowledge about health at the level of local destinations by tourism employees (non-medical staff), through specially tailored programmes. The application of the knowledge acquired could reflect positively on and improve the readiness, security, and safety of all services in the sector, particularly health care in local destinations.

DEFINITIONS OF HEALTH; PRINCIPLES, MODELS, AND ORGANISATION OF HEALTH CARE

The notion of health changes with time and geographical location. People everywhere have always nurtured positive thoughts about health. In the time of Cicero (1st century BC) health was considered a natural treasure. On the other hand, in the film "Hiroshima, 50 Years after" (2005) health is regarded as God's greatest gift to man. The World Health Organisation (WHO) however defines human health (most succinctly put) not only as the absence of physical, mental and social ailments, but also as a state of well-being. In more recent times, WHO has defined health as belonging to the public domain. Robert Beaglehole describes public health as, "collective action for sustained population-wide health improvement that will require a major reorientation of health care systems and a reformulation of public health, so that it can appropriately match global and national health challenges of this new era". Canadian Public Health Care maintains that health is a "Positive Concept of Life". Within new paradigms about health, one of the best discussions on health is to be found in the classic discussions on fairness within social security, welfare and health care systems by Amartya Sen (1992). According to Gordana Cerjan-Letica (2003), he distinguishes between the definition of health as well-being (quality of life) and the definition of health as freedom (of action). Here, freedom refers to the ability of an individual to set various goals and his efforts to realise them.

This emphasises the significance of health as a factor in the realisation of any goal. Sen's affirmation best fits the concept of tourist health, which in turn supports the Canadian affirmation that health is a positive state of being.

The principles under which today's health care operates are similar, or even identical everywhere. The basic tenets of health and health care systems are rooted in the foundational documents of WHO, and are to be found in the foundational documents of every nation. Health protection itself depends on the resources available in a given society for organising and securing effective, quality health protection for all (citizens, visitors and the environment). The meaning and purpose of any society is well-being. The most important measure of well-being is the quality of life of people enjoy, and health is essential to that quality and a basic condition for social development. While health is everyone's responsibility, society has the obligation to guarantee, on the basis of solidarity and of course fairness, equality, security, and stable financial conditions, equal access to health protection for all.

Current examples of various countries' health care strategies provide the best confirmation of the above. Canadian Public Health is based on the following principles; integrality of the system, inclusion and shared responsibility, through which fairness and equal opportunity of access to the system facilitate a vision of health for all. Canadian Public Health, in protecting the health of its citizens, particularly vulnerable segments of the population, focuses on factors which promote health.

The European Union bases its approach to public health on the same principles (with some slight differences). These differences are to be found in the attitude towards health promoting factors. The EU approaches this issue through an emphasis on consumer health protection and demands that all concerned share in a balanced responsibility toward health maintenance.

The National Health Care Strategy of the Republic of Croatia for 2006-2011 is directed towards conceptualising and "Europeanising" the Croatian health system, which essentially involves reorienting the system towards activities prescribed by EU Community *acquis* in regard to citizens' health protection. Health protection and consumer protection are parts of the European Community *acquis* which are particularly important for Croatia as a tourist destination. Our new National Health Care Strategy, along with the reorientation of the system, emphasises the need for decentralisation of responsibility and administration of the health care system. It identifies a vital need to strengthen primary health care protection, with the goal of better supervision of the administration capacities of secondary and tertiary structural levels of health care. Furthermore, it stresses the need for the primary structure to resolve 80% or more of all medical cases by itself. Emphasising the importance and meaning of the primary structure of the Croatian health care system is essential for health security and tourist safety.

Beginning with the reorganisation of health care in the city of Zagreb, conceptualisation of the value of the health care model in force in Western Europe needs to be achieved.

Obviously, today's problem of providing health care for all is not in the principles of health care. It is the financial aspect which is limiting. The problem is, as Dr. Gro H. Bruntland emphasises, that "the challenge we face is to translate the best science into public policy" in practice (i.e. in the application of principles and in the ways professionals behave within the system of health care). Therefore solidarity in health care is necessary, fairness is possible, and equal access to the health care system for everyone is desirable.

Organisational models of health change with time and through geographical factors, as does the definition of health itself. Common to the majority of today's models of health care is the idea of serving a common public interest, with emphasis on factors which promote health and the desire to advance (improve) the health (well-being and functioning) of the entire population.

Today, Croatia is leaving behind Semaskov's self-governing model of health protection (fixed salaries, a centralised system, no private sector, fairness, free access to the system for everyone), and is attempting to apply the "European Model" of health care, whose mutually exclusive principles of health care are fairness and economic effectiveness. Otherwise, two models of health care (with certain variations) dominate in Europe today; Bismarck's model of mandatory health insurance and Beveridge's model of national health protection. The Croatian health care system is based on the principles of accessibility, fairness, effectiveness, quality, and the safety of citizens while using health protection services).¹

Organisationally, health care is an integral-continual (complete-uninterrupted) system of institutions offering professional medical protection and health improvement. It consists of private and public health care. The system of public (government) health care is divided into public (preventive in a narrower sense) and clinical health care. In keeping with professional levels, the system is divided into primary, secondary, and tertiary levels of expert medical health protection. The primary health care level comprises dispensaries, emergency medical assistance, and certain parts of the Institute for Public Health Care. Secondary care comprises hospitals (general and specialised), and the tertiary level comprises clinical hospitals, institutes, universities and certain parts of the Public Health Care Institute.

Here we need to differentiate between emergency hospital medical care and outpatient emergency medical assistance. Emergency hospital medical services form part of regular hospital care, while emergency outpatient medical assistance is a developed segment of outpatient medical care and includes medical transportation. When we talk about going to the "emergency room" or needing an "ambulance", we are typically referring to this service. Public health, in the narrower sense of the word, is the basic preventive sector of the national health care system. The essential role of this sector is the prevention of disease and the promotion of health. It comprises institutes, agencies, and offices. Every county has its own public health facility.

Public health care institutions and their branch offices, along with community health care centres, hospitals and specialised hospitals are what health tourism, tourist medicine, and tourist health rely on. In order to promote an uninterrupted, international, vertical connection between various national health care systems, WHO now has an office in the Republic of Croatia.

HEALTH SECURITY FOR TRAVELLERS AND TOURIST SAFETY

In individual countries, as well as globally, health is secured, horizontally and vertically, through a connecting network of expert institutions belonging to a health care system. The starting point (the base) of the network of public health care institutions is at the level of the local destination (community health centres, emergency medical services, and local branches of the Public Health Institute). This network stretches vertically through the secondary and tertiary levels of health protection, ending with the WHO Office, as the highest level of an integrated system of health care. Such a health care system is an important determiner of tourist safety.

THE POSITION OF THE WORLD HEALTH ORGANISATION IN RELATION TO HEALTH SAFETY

On the occasion of this year's World Health Day, Dr. Margaret Chan, Director-General of WHO, stated that the whole world is universally sensitive to health threats. "Since new diseases partly arise from fundamental changes in the way humanity inhabits the planet, the emergence of new infectious diseases is likely to continue, if not escalate. In the last decades of the 20th century, new diseases began emerging at the unprecedented rate of one or more per year. From 1973 to 2000, 39 infectious agents capable of causing human diseases were newly identified. During 2006, 197 major outbreaks were registered", reported Dr. Chan on that occasion. Even more ominously, the rate of drug failure due to the development of microbe resistance has outpaced scientific discoveries of replacement drugs.

This state of inter-relatedness demands a collective defence. We can defend ourselves by dividing responsibility equally among all sectors required for the creation of an effective defence system. We are primarily referring to defence against infectious diseases which are manifest in the form of epidemics. With changes in the dynamics of modern living, these epidemic diseases, when they surface, threaten veritable catastrophes for life and work on earth. Viewed positively, the development of electronic transparency permits news to travel quickly, making it impossible to conceal undesirable information and at the same time facilitating defence plans. In this sense, for the first time in history, WHO has the authority to react directly to media news in the event of danger and, in the interests of defence, warn the world without having to first receive confirmation from official (government) sources within national health care systems. This change represents a shift from preventive to pre-emptive action. In essence, this is a strategy of pro-active health risk management for better security of life.

New threats cross national borders and possibilities, and as such have a direct effect on the collective security of mankind and the safety of tourism.

Important issues of health security (as WHO emphasises) which individually and collectively deserve our full attention are; emerging diseases, economic stability, international crises and humanitarian emergencies, CBRN terrorist threats, environmental changes, sexually transmitted diseases, building health security, and strengthening health systems. From this position it is clear that the search for an appropriate defence response to new threats to collective health security (personal, national, and international) is urgent.

As the co-ordinating international organisation for health care, WHO, even before the emergence of a new state of health under threat and the beginning of a general discussion about international and personal health security, was active in the area of public health systems, both concerning individuals (travellers) and the travel industry. WHO covered this theme exhaustively in its manual “**International Travel and Health**”. The issue is so important that the manual is revised and reissued every year. The focus of the manual is directed at issues of health while travelling.

For tourists, according to the position of WHO presented in this Manual, travelling is linked with many forms of health risks. In most cases, these risks can be avoided or reduced by responsible behaviour, adequate preventive health protection measures (caution) before travelling, while staying at the destination, and after returning home. In order for travelling as a venture to be successful, all participants (travellers, health care systems, and the tourist industry) must all shoulder their own (shared) responsibilities towards health protection. Certain aspects of the health protection of travellers are discussed in greater detail. These are air travel, specialist travel, senior travel, health protection while travelling for women, children, young people and individuals with special needs, as well as questions of ecology in relation to successful tourism. Part of the manual is devoted to infectious diseases, vaccinations, personal medical kits for travellers, and International Health Regulations. For the health professional the manual represents a summary of knowledge from selected medical fields. For travellers it is a significant source of valuable medical information on protecting personal health, while for managers of tourist destinations it is a guide detailing the important health measures responsible management must undertake in the interests of the prestige of their location and the success of their business.

However, there is also an emphasis on the role of others employed by **the tourist industry** (tour operators, travel agencies, airline companies, cruise line operators, etc.). All are important links in the chain of shared responsibility for the security of health and the image of the local destination. They may be in contact with the tourist very briefly, especially before the journey but this is still an opportunity not to be missed in providing information, perhaps of critical importance, about the situation, conditions, health risks, and the system of health protection available in the chosen destination. It is in the interests of the travel industry that travellers have the fewest possible problems while travelling to and visiting destinations, especially in foreign countries. As it says in

the manual, the following health related guidance for travellers should be provided: **“Prevention** - information on mandatory vaccination requirements for yellow fever, the need for malaria precautions at the travel destinations, the existence of other important health hazards at the travel destinations, the presence or absence of good-quality medical facilities at the destination.

Advise travellers to consult a **travel medicine clinic** as soon as possible after planning a trip to any destination where significant health risks may be foreseen, particularly those in developing countries, preferably 4-6 weeks before departure. Advise last-minute travellers that a visit should be made to a travel medical clinic, even up to the day before departure. Advise travellers if the destination presents any particular **hazards to personal safety** and security and suggest appropriate precautions. Encourage travellers to take out comprehensive **travel health insurance** and provide information on available policies. Inform travellers of the procedures for **obtaining assistance and reimbursement**, particularly if the insurance policy is arranged by the agent or company”. The manual does not elaborate on the role of tourist destination management in travellers’ health protection. Management, as an important segment of tourism security and safety, is *a priori* included in the workings of the existing local safety net.

NATIONAL AND OTHER SOURCES OF INFORMATION REGARDING TRAVELLERS’ HEALTH SECURITY

Since health is such an important part of everyone’s life, it is natural that many different types of institutions and organisations, with a variety of profiles, forms and professional levels are operating in this field. This results in a flood of information regarding health in the media. So this article will deal exclusively with information about health from WHO and other relevant national institutions of the developed world.

As the problem of health security comes under the auspices of national bodies bearing responsibility for citizens’ health, each member state has its own institution which deals with issues regarding travellers’ health.

In Croatia the professional (expert) organisation that oversees the protection of travellers’ health and tourist health safety is the Croatian Public Health Institute (HZJZ). The national system of health safety is horizontally and vertically tiered. County branches of the Institute for Public Health, with Community Health Centres (at destination points), along with primary health protection, emergency medicine, public and private clinical health care all rely professionally on the national Public Health Institute. In that sense, the HZJZ, along with regular health monitoring of tourist destinations, offers a wealth of medical information in relation to tourist health protection.

Apart from the Ministry of Health Care, the Ministry of Foreign Affairs, the Office of National Security, the pharmaceutical and tourist industries, private insurance companies and other organisations, as well as alternative and related professions, all participate in the field of responsibility for health safety in tourism.

The Canadian Agency for Public Health has its own special Program of Travel Medicine. This programme is made up of information relating to travellers’ health aimed at the continuing education of doctors and other health care workers in the field of travel

medicine. The education of management in tourist destinations includes institutions of the third tier of the health care system. Furthermore, as might be expected, the media is omnipresent in the field of health. For them, health is an area of enormous interest in both everyday and exceptional circumstances.

We can therefore affirm that the area of health (particularly travel health) is virtually saturated with useful information available to everyone. However, regardless of readily available knowledge about health and the implementation of health protection measures at the practical level (both individual and community) it continues to be a complex problem. In addition, there are new challenges that require the permanent strengthening of all levels of the sector and related systems of health safety. In this, the role of the local destination is crucial. In Croatia this role is often deficient, and therefore represents a weak link in health and tourism safety. As new threats to health security emerge, additional education targeting everyone (citizens, medical workers and destination management) is urgently needed.

TRAVELLERS' HEALTH AS A COMPONENT OF TOURISM SAFETY

As the focus of the World Tourist Organisation (UNWTO) is tourist safety, and as travellers' health is a significant factor in tourist safety, UNWTO readily responded to the position taken by WHO on the occasion of this year's World Health Day. Through the EMS (Emergency Management System), or more accurately, TERN, (Tourism Emergency Response Measures Network) this organisation immediately joined current activities in the field of global health security.

Thus the demonstrated that it considers health security and tourist safety closely related issues on all levels and that new, growing threats to public health, such as new, infectious diseases (SARS, bird flu, etc.) can threaten international health and the safety of tourism. In addition, the UNWTO also showed that there is still a large task ahead of the international community, one which needs to be approached in a co-ordinated manner in order to produce expert answers to the threat of new epidemics of infectious diseases. In these new circumstances, UNWTO has called on all member states to continue expanding their capacities of prevention, detection, reporting and responding to existing and future threats to the health security of individuals and the community at large.

The established position of UNWTO toward travellers' health security can be found in the WTO manual "**Tourist Safety and Security, Practical Measures for Destinations**". This article deals with contents of the WTO manual directly related to the role of health care and all levels of responsibilities faced in regard to safety in tourism. Without entering into scientific medical matters regarding health protection, UNWTO adopts the position of WHO in relation to traveller's health, as stated in the International Health and Travel Manual:

a) "The risks to health connected with travel are a joint problem with shared responsibilities of all those participating in tourism (health care, tourist industry and travellers)

b) Key health risk factors during travel are: the destination, the duration of the visit, the purpose of travel, traveller behaviour, as well as the safety of (local) health care, accommodation standards, quality of food and water, and sanitation and hygiene of the environment at the destination”.

WHO’s position lends weight to UNWTO’s efforts to draw attention to issues connected with health risks during travel. In fact, UNWTO stressed the importance of this matter years before anyone else. Moreover, it offered specific, practical solutions, considering the health of everyone involved in tourism as a key issue in tourism security and safety. Taking a proactive stand, UNWTO continually stressed the importance of the role of health care systems in the safety of tourism. In this, it differentiated between responsibility of the community at a national and local levels.

A CONCEPTUAL FRAMEWORK FOR QUALITY STANDARDS IN TOURISM AND HEALTH

Professional principles and ethics governing health care activities are incorporated as a matter of necessity in the conceptual framework of quality standards and safety for tourism, with both fields adhering to ISO standards for professional activities. In both sectors, hygiene is one of the basic elements in creating quality, security, safety, and accessibility within the system. Traditional hospitality, as a fundamental tenet of civilised tourism, also has a specific, important place in health care. Thus a smile, greeting, or kind word enhance the process of healing disease and improving health. In addition, the basic tenet of the art of healing, *primum non nocere* (first, do no harm) ideally applies to tourism.

Finally, since the common interest of all involved in tourism is to promote the development of tourism, it is important to understand and apply quality standards, health security, and operational safety in all participating professions, as basic, national and local priorities of the highest order. (Of course, in order to achieve this, communities will need to formulate and implement strategic documents.)

RECOMMENDED TOURISM SAFETY MEASURES AND HEALTH

(International co-operation, preventive measures in tourism, and measures to facilitate assistance to travellers)

The recommended measures for tourist safety are for the most part the same as general medical measures for the prevention of health risks and promotion of health. Medical professionals are therefore unnecessarily confused about this issue. Tourism is by nature an interdisciplinary field of work in which many participants are involved. This does not mean that some activities in the field of tourism have preferential status; it simply means that everyone involved is called to on participate, in the best interests of all those engaged in tourist activities and for the creation of the safe, sustainable development of the area of mutual interest – tourism.

Recommended measures for the promotion of tourism safety were accepted by the General Assembly of the WTO in Resolution A/RES/284(IX) in 1991. The same measures were then adopted by national authorities and developed to create a

comprehensive solution to the problem of tourism safety. (Support for creating and maintaining safe environments for world tourism and monitoring tourism-associated risks.) We can expect UNWTO to react with the same correctness in regard to more recent WHO efforts to advance the cause of health safety and incorporate the results of this action into improving tourism safety.

Since virtually all preventive measures aimed at tourism safety, including measures facilitating assistance to tourists, also apply to tourist health, a new situation in the field health care system activities regarding tourism has apparently been created. In fact, the question is simply one of applying adequate measures to protect and improve health through integrated systems of health care in the field of tourism. So, logically, the manual emphasises prevention. Prevention must be emphasised, because even after taking all possible preventive measures (or not, as is often the case) numerous health risks can affect travellers and unexpectedly endanger their security, safety and purpose in travelling.

Furthermore, since tourism is an industry which presumes that people will come together at a specific location and specific time, additional health protection measures are required. Yet in regard to tourism, the government health care system is not required to take preventive measures that would not be undertaken in other situations.

In tourism safety, individuals participating in tourist activities tend to believe that the operational safety of all branches of tourism is planned and prepared for ahead of time. Through promoting corresponding services, tourism safety is boosted, while regulatory conventions adopted by member states ensure that it is also guaranteed by law.² Finally, it is important to emphasise that participants in tourism expect the harmonic, stable development of tourism. Safe operating practices in all professions and businesses involved in tourism (including the safe functioning of tourist destination health care) form the basis of that expectation.

TRAVEL MEDICINE (Tourism medicine), TOURIST HEALTH (A plan of action and health protection programme for destinations), NEW THREATS TO HEALTH and a NEW PARTNERSHIP FOR HEALTH (Coalition of professions in destinations, and forum for health security and tourism safety of destinations)

Today, health is again being threatened globally. It is protected, in accordance with resolutions passed by international organisations focusing on tourism and health, by sharing responsibility among the relevant, participating professions. Responsibility for the health of travellers is primarily shared between national and local levels and this division must be consistently implemented and co-ordinated, in the interests of all. Every level of the community must have a plan and programme detailing how various professions involved in tourism should behave.

The health care system holds an important position within the organisational chain of responsibility that the community must take, for the health of all participants of tourism. A reliable (safe) system of health care is most important at the level of the local destination.

It is therefore expected that at the level of the destination there will be at least primary care in the form of expert medical health protection. This should be much more than Emergency Medical Assistance. It is a basic part of the integrated network and national system of health care institutions.

In the past 20 years medicine has explored the best way of participating in the field of tourism. The concept of travel medicine arose out of the efforts of the profession itself. Other terms, such as health tourism, tourist medicine and tourist health are used in more limited ways. Health tourism, which was previously the most important type of tourism, is today a specialised form of tourism, while tourist medicine is in fact travel medicine. Travel medicine covers all branches of medical specialisation (the entire health care system, both private and public) and, in keeping with the mission of the International Society of Travel Medicine (ISTM), carries out activities aimed at rendering travel safer and healthier. Along with the promotion of travel, experts in travel medicine are involved in educational efforts, updating their own knowledge, educating tourist industry employees, and informing travellers.

The concept of tourist health has not developed as expected into a new branch of public health. This concept was promoted towards the end of the last century by Dr. Walter Pasini, director of the WHO Collaborative Centre for Tourist Health and Travel Medicine, and others. The term is best suited to the needs of public health, particularly to the needs of health care in local destinations and therefore should not be abandoned. In essence, it encompasses a plan of action and programme promoting health protection and improvement with national and local levels of community responsibility, as well as special programmes of health protection, administered by health institutions at both levels of community responsibility. The emphasis is on operational quality standards, i.e. on the excellence of the health care system, particularly the local destination health care system.

CONCLUSION: POSSIBLE SOLUTIONS TO EXISTING PROBLEMS

We have established that health is secured at all levels of society, both horizontally and vertically, through a multi-layered network of institutions belonging to the system of health care. However, as the security of health is once again globally threatened, experts from all professions connected with tourist health need to be continuously educated in the changing challenges threatening health security and tourist safety.

To this end, the World Health Organisation has continuously supported health security by means of specific projects, such as Healthy City and Healthy County, while UNWTO has readily supported WHO's actions. This was confirmed this year on the occasion of World Health Day. Renewed initiatives by WHO and UNWTO should inspire those responsible at national and local levels to institute new programmes for the regular, continuous education of professionals in local destinations, in the interests of health security.

There is no doubt that all those participating in tourism (including tourist health care) wish to see the tourism sector of their community continue its development. It is possible

to attain this goal through improving health security and advancing the safety of tourism in destinations. In the event of new threats to health, it is important to implement consistently existing health protection programmes at the level of the destination, and to adapt to newly-arising threats to health security. One way in which it is possible to respond to new challenges, raising the level of response preparedness of the profession, is to form new mechanisms aimed at improving the security of health, alongside existing Health Commissions. These would include, for example, a coalition of professions in the destination or a forum of interested institutions and individuals at a certain level of responsibility in regard to health. The activities of these forums and coalitions could strengthen civil-public and public-private partnerships for health. Forums, coalitions and partnerships need to be activated at all levels of responsibility for tourism and health.

NOTES:

1. Problems in the Croatian Health Care System

i) Inertia (professional passivity) in the Institute for Public Health and its satellite offices. These offices need to be the most enterprising participants in health care in local destination tourist health. However, there are many obstacles to the dynamic functioning of these services, whether professional, individual, or at the level of the services themselves. They all produce excuses for being passive and so passivity continues. In spite of great tradition, institutes are slow to embrace the professional innovations of the developed world. In reality they should be the vehicles of detection, prevention and promotion, improvement of diagnostics, lowering of costs, and improvement of professional safety and health security at both levels.

ii) There is a continual tendency for hospitals to be turned into clinical hospitals, while specialised hospitals are in general being closed down.

iii) On the Adriatic coast, particularly in the Dubrovnik-Neretva, Split-Dalmatia, Primorje-Gorski Kotar and Istra counties, there is an inadequate distribution of hospitals.

iv) Croatia lags behind Europe in the number of nurses and medical technicians employed in the health services. We need to remember that the EU will not intervene in the internal regulation of public health care systems in member states, but will intervene in certain matters concerning the transportation of patients, keeping an “open” employment market for professional positions, etc.

Sources: National Health Care Strategy 2006-2011; (2007), www.mziss.hr/

Additional note: According to Ken Blakemore there is an increasing tendency in governments in the world today to facilitate preventive medicine services, public health and health promotion, which could be an important support for tourism safety.

2. Funding for tourist security in the Republic of Croatia in 2007

At the beginning of the 2007 tourist season Croatia set aside HRK 1.6 million for programmes targeting improved tourist safety. Funds were allocated to the counties, police, mountain rescue services and health care. The largest amount was given to

improve health protection during the tourist season, particularly emergency medical assistance.

SOURCE: Official statement (2007);

<http://press.croatia.hr/priopcenja>

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APPENDIX:

1. Emergency assistance for tourists:

States should undertake to designate or indicate appropriate public or private health services for tourists and make information about such services available to tourists and their representatives.

Access of tourists to ... diplomatic representatives and to external public communications: States should undertake appropriate measures to notify the diplomatic or consular representatives of the tourist's country or his or her family directly when a tourist is a victim of a natural disaster, major accident or serious offence against his or her person or who suffers a serious health problem and as a consequence is unable to make such contacts.

Repatriation of tourists - States should undertake appropriate measures to 1) facilitate repatriation to tourist's state of origin of a tourist when he or she is a victim of a natural disaster, an accident, an offence or a health problem and who, because of his or her impaired condition, cannot continue his or her tourist travel or stay, nor can undertake to return to his or her home country, 2) facilitate the tourist's state of origin or its specialised services to repatriate the body of a tourist who has deceased during his or her trip.

SOURCES: www.unwto.org/quality/safety, Madrid, UNWTO;

Recommended measures for tourism safety, including health (2007).

2. Checklist for the traveller:

Obtain information on local conditions

Depending on destination: risks related to the area (urban or rural), type of accommodation (hotel, camping), length of stay, altitude, security problems (e.g. conflicts), availability of medical facilities,

Prevention:

Vaccination - contact the nearest travel medicine centre or a doctor as early as possible, preferably 4–6 weeks before departure.

Malaria - request information on malaria risk, prevention of mosquito bites, possible need for appropriate prevention medication and emergency reserves, and plan to use bed nets and insect repellent.

Food hygiene - eat only thoroughly cooked food and drink only well sealed bottled or packaged cold drinks. Boil drinking water if doubtful. If boiling is not possible, a certified well-maintained filter and/or disinfectant agent can be used.

Specific local diseases - please consult the appropriate section of this volume.

Accidents related to: traffic (obtain a card showing blood group before departure). animals (beware of snakes and rabid dogs), allergies (use a medical alert bracelet), sun (pack sunglasses and sunscreen).

Get the following check-ups:

Medical, dental, ophthalmological and other according to specific conditions (e.g.

pregnancy, diabetes, etc.).

Subscribe to medical insurance with appropriate cover abroad, i.e. accident, sickness, medical repatriation.

SOURCES: WHO, International Travel and Health 2007; www.who.int/

3.- The Responsible Traveller (Seven Tips for Responsible Travel):

Be informed. Travel allows us to discover natural beauties, historical sites and all the diversity of other societies and people. Be an informed traveller before leaving home and discover what the people you will meet at your destination can teach you.

Be open-minded and patient. Experience other cultures and lifestyles.

Be respectful. Local people welcome you. Show gratitude and respect. Respect local customs by the way you dress, your behaviour at religious sites, displays of affection.

Avoid exploitation. As travellers we are perceived as rich. Be generous in a constructive way by promoting the local economy. Avoid and denounce exploitation of the local people (e.g. low salaries, overwork, child abuse and sex).

Protect the environment. Avoid overuse of water, wasting food, littering and damaging sites.

Leave a good impression. A positive experience with local people will pave the way for those coming after you leave.

Respect and mutual discovery will make your trip a wonderful experience and will promote your security and your health too. So enjoy yourself and have a good trip.

SOURCES: International Society of Travel Medicine (ISTM); 2007, www.istm.org/