

# Communications and Incentives: The Importance of Fast and Sincere Reporting

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**Communications and Incentives: The Importance of Fast and Sincere Reporting**

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A special word of thanks to the moderator Prof. Dr. Peter Keller, Director of Tourism of the State Secretariat for Economic Affairs of Switzerland and to the speakers: Dr. Sasithara Pichaichannarong, Permanent Secretary of the Ministry of Tourism and Sports of Thailand, Ms. Ruth Anderson, Technical Officer of the World Health Organization, Dr. Emil Agustiono, Executive Vice Chairman of the National Committee on Avian and Human Influenza of Indonesia and Dr. Rosemawati Arifin, Disease Control Officer of the Ministry of Health of Malaysia.



Last but not least, UNWTO is grateful to the Government of Indonesia, particularly to the Ministry of Culture and Tourism, for hosting the workshop and providing valuable insight into the subject of AHI and communications seen from the perspective of the country and the region.



## Preface

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*“Avian and Human Influenza (AHI) still continues to be a major threat to society. According to the World Health Organization an AHI pandemic is most likely with only the timing being an issue. But unlike other pandemics, and for that matter any disaster, we have today the opportunity of being prepared. The biggest challenge is therefore our biggest chance. Within the UNWTO we have undertaken a wide range of activities related to AHI prevention and mitigation with simulation exercises playing a critical role in identifying weaknesses and providing a training ground in international cooperation.”*

Prof. Geoffrey Lipman  
Assistant Secretary-General, UNWTO

Within this context UNWTO realized, after the first AHI simulation exercise held in Paris in March 2007, that communications played a vital role in mitigating the effects of an AHI pandemic. WHO and other health authorities have stressed the value of fast and sincere reporting of outbreaks of AHI particularly in poultry. The present workshop attempted to analyse the role of fast and sincere reporting of AHI through a general overview by WHO and specific case studies of the situation in Indonesia, which has been particularly vulnerable to AHI, Thailand and Malaysia. While penalties for non compliance of reporting did exist in the case studies it was basically incentives that won the day. One of the points for consideration was an “incentive solution” through the creation of a public fund that will compensate the tourism sector for losses suffered in the initial stages of fast and sincere reporting.



Prof. Geoffrey Lipman, Assistant Secretary-General,  
UNWTO.



# Introduction to the Workshop

Prof. Dr. Peter Keller  
*Director of Tourism*  
*State Secretariat for Economic Affairs (SECO), Switzerland*

I welcome you to a workshop which has one objective: to think about new ways for consistent messages and fast and sincere reporting of avian and human influenza cases in tourism.

By doing this we have to take into account that it is in the utmost public interest to avoid the world wide spread of influenzas through containment. We also have to consider that there is a public interest to promote the positive externalities of international tourism particularly in the developing and emerging countries.

It is a challenge for us since you all know that public interests are competing. We are also aware that national interests do not always coincide with the interests of the international community.

Having stressed on this initial situation I have the pleasure to give the floor to Dr. Dirk Glaesser, Chief of Risk and Crisis Management and the author of a bestseller on crisis management, who will summarize the results of the “First International Avian and Human Influenza Simulation Exercise” organized in Paris. He will also reflect on the discussions you had yesterday.

Instruments available and their suitability to influence sincere and fast reporting and applicable in tourism

The Health Authorities have explained to us why fast and sincere reporting on Avian and Human Influenza is so important. We want to elaborate on this very pertinent discussion which we consider as a sort of brainstorming.

By doing this we have to think about two principles that are meaningful and vital given the strong impact of the phenomenon:

- The principle that the waiting costs in the case of unclear and late reporting are always higher than that the costs of error which occur when the information is wrong.
- The “weak signal concept” which says that we should react as soon as possible even when there is no empirical evidence yet.

Sincere and fast reporting of avian and human flu cases is not taken for granted. Representatives of the tourism related industries may pressurize the governments to wait until empirical evidence of such cases is given before



From left to right: Prof. Dr. Peter Keller, Director of Tourism, State Secretariat for Economic Affairs of Switzerland and Dr. Dirk Glaesser, Chief, Risk and Crisis Management, UNWTO.

any action is taken. The main reason for this is that the operational tourism sector has to support the costs of heavy losses in international receipts if avian and human flu cases are reported to the public. This may be particularly the case in countries which depend strongly on international tourism.

The tourism potential can be fully exploited only when the state can put forward attractive framework conditions. International visitors need guarantees for a healthy stay that is not a threat to physical wellbeing or even life. The new "Tourism Competitiveness Report" of the World Economic Forum (WEF) stresses strongly on this factor.

We therefore have to ask how the Authorities should stimulate sincere and fast reporting through incentives and discriminate those who do not comply. Outlines for possible solutions are outlined in the basic report to this Workshop.

One of the possible solutions could be the creation of a public fund which compensates the export oriented tourism related industries for losses they suffer in the initial stage of fast and sincere reporting.

One could envisage that interested governments agree on paying a sort of a "insurance premium" to the fund. The price for this premium should be differentiated by taking into account the existing risks in a given country. It should consider the "moral hazard" and "adverse selection problems". "Moral hazard" can occur if a country does not fulfil its law in the field of hygienic conditions. "Adverse selection" takes place when countries should pay the losses of the countries which suffer damage. It would need the creation of specific mechanism and institutions for implementation.

Such solutions and any others must be discussed and negotiated between the public and the private sectors of the interested tourism countries. The government should have the possibility to ask a contribution from the tourism related industries as well.

As this short presentation shows new incentives and penalties are complex, they can fail not due to market failures alone but also as a result of government short comings.

It is necessary to discuss this matter further in theory and in practice. The potential benefits of such measures must be significantly higher than the costs.

# Communications and Incentives during an AHI Pandemic

Prof. Dr. Joachim Genosko  
*Chair of Economic and Social Policy  
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Prof. Dr. Harald Pechlaner  
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One of the findings confirmed by the “First International Avian and Human Influenza Simulation Exercise” in Paris on 28-29 March of 2007 is that international tourists tend to avoid destinations where news of a possible outbreak of bird flu becomes public knowledge. If a possible outbreak and the threat of a pandemic are communicated, the destination and its actors are to suffer economic disadvantages. As a result, destinations only have a limited interest in fast and sincere reporting, as it means economic losses for enterprises and damage to the image of the entire destination. Destinations thus find themselves facing a dilemma.

Destinations which are locations that a number of visitors (or a segment of visitors) choose as a place to travel provide visitors with all facilities needed for a stay: board and lodging, entertainment, activities etc. Destinations are thus competitive units that need to be managed as strategic business units as tourism products, or as product components, that are produced by a large number of independent companies. Therefore, destinations can be considered enterprise networks that, as a whole, provide services for the market.

Decentralised decisions of the actors ensure the best possible utilisation of information about needs and possibilities. As a result, decentralised decision-making structures lead to best results because the information gathering takes places locally rather than centrally (Woll, 1984). However, acting in one’s own interest can also lead to unwanted developments with negative consequences for all concerned. Market failure occurs when an individual tries to pass the consequences of his or her decisions on to others. These so-called externalities always occur when private sector activities and public goods are linked (Pech-laner/Tschurtschen-Thaler, 2003). In tourism these externalities and the problem of public goods can take on various forms: attractions and infrastructures are in most cases facilities accessible to everybody without the possibility of demanding any kind of payment.

Externalities are considered negative when those responsible for the associated costs do not pay but leave it to others to pick up the tab. Health, as one public good, and tourism as another one have some major points of contact: health risks present negative external effects whose impact extends beyond individual destinations, such as the collapse of tourism of an entire region due to the effect of an epidemic or a pandemic. The tourism industry is facing the challenge of preventing negative external effects that can be expected from the spread of epidemics.



Participants of the Communications and Incentives workshop.

Tourism, which is a complex social and economic phenomenon, is treated as a specific field of economic policy in many countries. The strategic importance of tourism in terms of globalization requires governments to increasingly debate about both positive and negative externalities of tourism. Local regulatory policies of environment, regional planning, education, transport and culture can contribute substantially to a favourable framework for tourism. Attractive state services have a direct influence on the competitiveness and market success of tourism. Thus, the State can be seen as a tourism co-producer, making available relevant public goods and services (Keller, 1999).

In conclusion it can be said that tourism as a collective good can be linked to various factors, which lead to a discussion of specifics in relation to negative external effects. Tourism is a heterogeneous sector with a dual structure. On the one hand, there is the travel and tourism industry with tourism functions that include organization, information and transport (travel agencies, airline industry). And on the other hand we have destination-oriented, small-to-medium-sized enterprises (SMEs) whose tourism functions are the welcome, hospitality and leisure. These SMEs include companies in accommodation, food & beverage, and similar sectors. The fragmentation of the chain of services due to this domination of small-to-medium-sized enterprises (SMEs) is common in many tourism destinations. This frequently results in sub-optimal solutions and promotes asymmetric information between the state level, i.e. a national tourism organization, and the operational level. Cooperation makes sense for the fragmented SME sector as a way of bringing down costs and increasing profits (Keller, 2004). It is doubtful, however, that all the various tourism actors can have the same interest in maintaining the competitiveness of a destination. Interest groups can prepare collective goods in order to prevent negative external effects. However, no one can be excluded from the utilisation of a collective good, which means that even those not taking part in creating the good are free to enjoy the advantages (Olson, 1968). Another factor that needs to be taken into consideration is international tourism. When there is a crisis in one country, tourists will switch to other countries, which means that the benefit is enjoyed in countries other than where the problem has arisen. The mentioned factors are reason enough for considering crises – in this case the avian influenza pandemic in tourism destinations – increasingly from the information and institutional economic points of view as unique challenges, and to discuss these complex issues from various points of view in an effort to find concrete solutions.

From a national economy perspective, tourism destinations are a resource, allowing the respective countries to earn income. The flow of earnings from tourism is considerably influenced by the tourism framework of a country. This framework determines what risks are involved in visiting a particular country as a tourist. Risks can vary from natural disasters to terrorist threats, or they may simply derive from the political situation or conditions of health and hygiene.

As a general rule there is an asymmetric information situation between national tourism organizations and (foreign) tourists, since State authorities can assess risks more precisely than tourists. This information asymmetry could be eliminated or at least reduced by means of a better information policy of tourism authorities.

Health risks differ from other risks in one essential way: they are associated with negative externalities that have an impact far beyond a country's own borders. Infectious diseases – depending on the degree of infectiousness – can be spread around the world by tourism. In other words, tourism can trigger epidemics or even pandemics (Breyer/Zweifel/Kifmann, 2004).

The World Health Organization (WHO) can contribute to reduce the asymmetric information situation in the case of infectious diseases with the help of its own actors who are partly independent from the national authorities and thus able to gather and disseminate objective information on health risks.

Health risks in particular confront national tourism authorities with a dilemma. If they alert the public about these risks in a timely manner then they help to reduce or even eliminate the danger to public health, possibly on a global scale. But at the same time they are certain to have a negative impact on the flow of tourists to their own country, and thus also on its tourism earnings potential. And the more the country's economy is dependent on tourism, the greater can the damage be. Therefore, national tourism authorities do have an incentive not to provide information on perceived health risks, and if they do, then they will attempt to "talk them down". This is all the more likely in the case of health risks that take the form of epidemics or pandemics, which can jeopardize the whole economic basis of a country. And

indeed the threat to the health of a country's own population will also undermine productivity in other sectors of the economy. Against this background the question that arises is how governments can be made to report accurately on health risks within their borders.

Another question that arises is the extent to which countries faced with new health risks that make it impossible to carry on with "business as usual" will continue to act rationally. A pandemic indeed can lead to "chaotic" circumstances within a country. However, contingency planning can be used to deal with possible major threats. In this context furthermore, international cooperation is essential in the interest of all concerned.

Finally, there is the question of distribution of responsibilities. Who should pick up the additional costs in the case of a pandemic: the countries that depend on tourism (tourism destinations) or the countries most interested in tourism (tourism source countries)? The following considerations focus on the most efficient possible solutions. The question of equity is difficult to answer in terms of economic theory. Since poor countries are more likely to trigger pandemics and, additionally, are very often overly dependent on tourism, the only conceivable solution would seem to be a development fund at the supranational level based on contributions from the richer nations, from which to pay compensation. However, the problem of distribution in this context needs to be considered entirely separately from the problem of allocation. In cases of doubt it might be appropriate for the richer countries to take on themselves the entire expense incurred by the poor responsible country, partly to protect themselves against pandemics and partly to avoid further aggravating the already unequal international distribution of resources (Atkinson/Bourguignon, 2006). The question of equity, however, would require a more lengthy philosophical treatment à la Rawls (1975), which would make this paper unwieldy. The European Union could take on a facilitator function on equity and the demonstrated considerations on the matter of allocation.

An initial approach to a solution could be that of an insurance. This would require the establishment of an insurance fund, to which all tourism countries would make contributions. These would have to be based on a fair premium. A fair premium is one that corresponds exactly to the claims that would have to be expected from a country in which a pandemic breaks out.

A fair insurance premium takes into consideration both the likelihood of claims being made and the probable size of the claims. In other words, the premium will be higher for a country in which the likelihood of claims being made and/or the amount of the claims is higher. This inevitably means that "tourism countries" – all things being equal – will have to pay higher premiums than countries in which the total number of tourists is smaller. Ideally the insurance approach would itself lead to an efficient solution in the sense of Pareto.

Before further inquiring into the feasibility of such an approach we should consider also briefly whether or not an insurance fund or pool of this nature could be organised by the private sector. In principle, private sector tourism insurance is a possibility, on condition that the parameters already mentioned can be managed properly. In fact, however, a private sector solution has the drawback of not redressing some of the points discussed further on, distorting efficiency. For these reasons, insurance should be provided by organizations, governed by international law, and able to act on that basis.

There are two fundamental problems with insurance-based solutions: "moral hazard" and "adverse selection". The "adverse selection" problem is that the insured party – in this case countries – try to appear as "better" risks than they are in reality. This enables them to save on insurance premiums and thus make a "profit" from the insurance. An insurance fund could contain this problem by offering countries insurance policies with varying equity contributions. Countries expecting low amounts of damages will acquire insurance policies with a high level of equity contribution. Countries would thus position themselves by means of "self-selection" according to their actual risks.

The "moral hazard" problem is a consequence of the fact that both the likelihood of claims and the amount of damage can be influenced by the countries in question. For instance, the hygienic conditions in a country play a major role in the outbreak (for the likelihood of claims) of an epidemic or a pandemic. Hygiene and hygienic behaviour can be improved by legal regulation, education on hygiene, etc. This is the responsibility of national authorities. The amount of damage depends to a considerable extent

on the quality of a country's healthcare system. In the case of a pandemic breakout, the presence of highly qualified doctors and the necessary diagnostic technology would make it possible to combat the pandemic rapidly and successfully. Countries that follow the rules described above will be able to lower their insurance premiums because of the reduced amount of damage. "Moral hazard" occurs when a country pretends to have taken precautions – thus reducing its insurance premiums – without in fact having accomplished the necessary hygiene and healthcare measures. Only a supranational control body would be able to combat this "moral hazard" successfully, a fact which argues strongly for a State rather than a private insurance solution.

The "Coase transaction cost theory" offers a second alternative. The so-called Coase theorem (Pareto) holds that efficient internalisation of external effects can be achieved by a precise determination of property rights through negotiations between those concerned, without any State interference. In this case the country responsible, i.e. the one which triggered the pandemic, compensates all other countries concerned. It pays the other countries to renounce their property rights, so that the country responsible can claim its own property rights (Coase, 1960).

Property rights derive from the elemental theory of the right of disposal. In principle, property rights consist of the right of use, the right to alter the appearance and substance and the right to transfer all or individual rights into property. Property rights also include such things as intangible rights and human rights (Furubotn/Richter, 1997).

This definition according to economic theory needs to be reformulated in terms of material rights. And at this stage reference must be made to international law. The space theory of state law is the prerequisite necessary for the exercise of State authority, since all state development and all state activities depend on spatial development. The right of territory in accordance with public law is thus merely a reflection of personal rule. This in turn leads to the concept of territorial sovereignty and the three-dimensional validity of state borders (Ipsen, 1990).

However, negotiations concerning property rights can only be carried out realistically if property rights can be quantified. A market price can be established for a good, as well as costs that must be incurred for health care or medical care. In any case it would not be sufficient to attempt to cover the value of the good known as "health" with the health costs. A superficial approach might look upon health as a priceless or invaluable good. Such an assessment, however, does not lead anywhere. A far better way is to deduce the value ("price") of health from two factors:

- Only a healthy person can earn income in the labour market.
- The benefit a consumer might derive from income depends on the consumer's state of health.

So the value of health can be measured in terms of lost income and lost benefit. This value has to be added to the other negative external effects to determine the total compensation package at issue at negotiations (Breyer/Zweifel/Kifmann, 2004).

A third possibility – similar to the case of the European growth and stability pact – is to impose punishment in form of a kind of "tax" on States that fail to meet their reporting obligations, to be paid to a supranational organization. Theoretically, the "tax" could be interpreted and designed as a "Pigou tax", its size being dependent on the externalities in question. Ideally, this "tax" would exactly match the sum of the externalities (e.g. measured by the number of victims of the disease or sickness). The "Pigou tax" would then be divided between the "rest of the world" in proportion to the contamination in each case, i.e. non-originating countries would be compensated from the tax revenues. If this first solution is not possible for technical reasons, then



Mr. Omar Nawaz, Coordinator, Risk and Crisis Management, UNWTO.

the revenues must serve to improve health information or the healthcare system worldwide, in order to increase the Pareto efficiency.

Apart from the technical design problems, such a “tax” has two substantial disadvantages. A levy that is perceived as a “tax” by those concerned will inspire efforts to avoid it. This is true not only for individuals but also for countries. To prevent this avoidance, control organs have to be created, which in turn generate compliance costs which – all other things being equal – are inefficient. There will be avoidance to the extent that countries will attempt to portray any outbreak of a pandemic as unavoidable, i.e. as something over which they have had no control – and again there is a strong parallel with discussions about the European growth and stability pact. Even more aggravating, however, is the fact that a country on which such a “tax” has been imposed, has to pay penalties exactly when due to the outbreak of an epidemic or a pandemic it finds itself burdened with additional health costs already.



Ms. Lorna Hartantyo, Risk and Crisis Management, UNWTO.

A final alternative would be the possibility of command and control measures based on international law. However, this proposal cannot be fruitfully discussed at this point, since such command and control measures would require international legitimation for implementation.

A review of all the proposals shows that the negotiation solution is the one most in conformity with the market, followed by the insurance solution. The “tax” solution can also be considered acceptable according to local regulatory policies. The “legislative” solution is a typical interventionist approach.

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# The Importance of Tourism for the National Economies in Asia and Pacific Regions

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## Tourism and the National Economy of Thailand

Tourism today comes after agriculture, exports of goods, provision of services, and foreign investment in the order of importance to the economy of Thailand. International tourist arrivals recorded 11.5 millions in 2005 – a drop of 1.01% over the previous year following the tsunami of December 2004. However, arrivals rose to 13.8 million arrivals in 2006, and is estimated to reach 14.6 million in 2007. Other events affecting Thailand's tourism subsequently have been the threat of an Avian and Human Influenza pandemic and political change.

## Regional and Sub-regional Cooperation

Thailand is an active member of the Association of South East Asian Nations (ASEAN) and the Mekong countries comprising Southern China, Cambodia, Lao PDR, Myanmar and Viet Nam. The tourism strategy calls for facilitation of travel, liberalization of tourism services, joint marketing and promotion, sustainable tourism development to alleviate poverty, and community based tourism to uplift the standard of living of local people.

## Risk and Crisis Management

Due to the importance of tourism to the economy and the vulnerability of the industry to external and internal factors, Thailand has placed sufficient emphasis on risk and crisis management. Learning from the tsunami experience the incumbent body handling the subject assures tourists of the safety of the destination. This is done in collaboration with the tourism industry since acts of support and solidarity help not only Thailand but neighbouring destinations as well.

## Role of UNWTO and ASEAN

Following the tsunami of December 2004, the Phuket Action Plan was drawn up by UNWTO which raised the awareness of risk and crisis management in tourism. As undue publicity to the negative aspects of the tsunami had a severe impact on the tourism industries of the affected countries and the region as a whole, ASEAN campaigned strongly in favour of accurate information on the impact of the disaster. This



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Ministry of Tourism and Sports of Thailand.

same action was continued later both with the support of UNWTO and ASEAN when Indonesia was affected by the earthquake in Java in 2005. This support was deeply appreciated by the Indonesian Government. Airlines and travel agencies were urged not to cancel trips to Indonesia. Collaboration with international organizations, the private sector and the media proved very useful. This would of course not have had the same impact if reliable information and timely action was not taken.

UNWTO's efforts in the field of risk assessment and crisis management have to be recognized and appreciated. The setting up of the Working Group on Risk Assessment and Crisis Management (RAMG) chaired by France, and co-chaired by Thailand and Canada is a case in point. Some other actions that have a bearing on tourism is the setting up of [www.SOS.travel](http://www.SOS.travel), close collaboration with the World Health Organization and the international simulation exercises in Avian and Human Influenza (AHI). The first AHI meeting in Paris in March has paved the way for this second meeting in Jakarta targeting Asia and the Pacific region.

ASEAN, within the region, is also focusing on crisis communication in tourism. The "Roadmap for ASEAN Integration" translated the commitment to develop an ASEAN Crisis Communication Framework and Action Plan by the year 2010.

An ASEAN Crisis Communication Manual which provides a common framework for National Tourism Organizations in managing communications in crisis was completed at the beginning of 2007. ASEAN member countries are translating this into their local languages and workshops and training will be conducted in the future.

The second Avian and Human Influenza Simulation Exercise is also integrated in the ASEAN Tourism Integrated Roadmap.

# The Importance of Consistent Messages and Fast and Sincere Reporting

Ms. Ruth Anderson  
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## Introduction

In 2005, the International Health Regulations (IHR) (1969) were substantially updated to meet the reality of communicable disease threat to growing, dynamic inter-related world. This presentation is framed in terms of the advances made by the 2005 Regulations over the 1969 Regulations. By linking disease surveillance to response actions it is envisaged that the 2005 Regulations will encourage countries to report sincerely, quickly and consistently. This will lead to early containment of a disease event, thus minimizing negative impacts on trade and travel.

## Background

The 1969 Regulations focused on the notification to the WHO of single cases of three diseases only – cholera, plague and yellow fever. These notifications were mandatory regardless of whether the country had the internal capacity to handle the outbreak and/or whether the disease was endemic to the country. The speed of information dissemination within a country was slow and reports of outbreaks took longer than is the case now to reach the national decision-making level. Countries were reluctant to report disease outbreaks to the WHO for fear of tourism and trade repercussions (stigmatization). Not reporting had a price, however. Neighbouring countries placed trade and travel restrictions on goods and services which often were only lifted a long time after the disease had been contained.

The 1969 Regulations provided a disincentive for countries to report disease outbreaks to the WHO because these notifications were published immediately in the WHO's Weekly Epidemiological Record. Countries tried to hide or minimize the extent of the problem by not reporting. WHO did not have a mechanism in place at that time to encourage the early reporting of a disease with real international public health impacts. The 1969 Regulations did not envision the many highly contagious diseases that have emerged over the past 30 years (ebola, Marburg, etc.) and the re-emergence of diseases that were once thought under control (e.g. dengue). A way needed to be found to encourage early, accurate and consistent reporting for the benefit of controlling international disease spread.

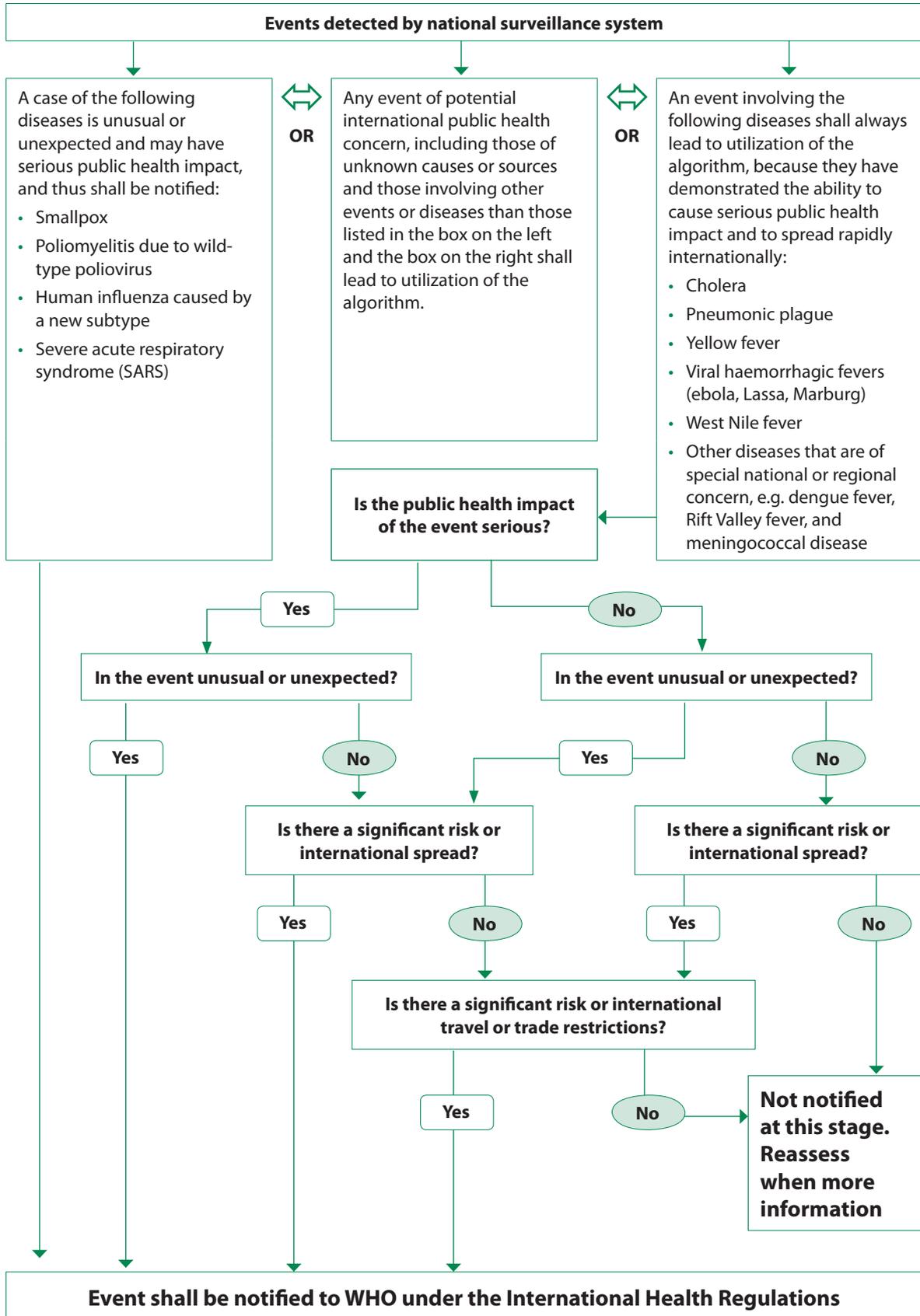
## The Solution

New and improved surveillance and response mechanisms can be found in the 2005 Regulations.

## Broader Scope

Instead of three diseases, States Parties to the Regulations agreed to and are required to notify WHO of events that met the criteria on the decision instrument. Below are the details of the decision instrument extracted from Annex 2 of IHR (2005).

**Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern**



**Examples for the applications of the decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern**

*The examples appearing in this annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.*

**Does the event meet at least two of the following criteria?**

<b>I. Is the public health impact of the event serious?</b>	<b>1. Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?</b>
	<b>2. Has the event the potential to have a high public health impact?</b> The following are examples of circumstances that contribute to high public health impact: <ul style="list-style-type: none"> <li>• Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier).</li> <li>• Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure).</li> <li>• Event represents a significant public health risk even if no or very few human cases have yet been identified.</li> <li>• Cases reported among health staff.</li> <li>• The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.).</li> <li>• Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party).</li> <li>• Event in an area with high population density.</li> <li>• Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.</li> </ul>
	<b>3. Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?</b> The following are examples of when assistance may be required: <ul style="list-style-type: none"> <li>• Inadequate human, financial, material or technical resources – in particular.</li> <li>• Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources).</li> <li>• Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs.</li> <li>• Existing surveillance system is inadequate to detect new cases in a timely manner.</li> </ul>
<b>Answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.</b>	
<b>II. Is the event unusual or expected?</b>	<b>4. Is the event unusual?</b> The following are examples of unusual events: <ul style="list-style-type: none"> <li>• The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown.</li> <li>• Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms.</li> <li>• Occurrence of the event itself unusual for the area, season or population.</li> </ul>
	<b>5. Is the event unexpected from a public health perspective?</b> The following are examples of unexpected events: <ul style="list-style-type: none"> <li>• Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.</li> </ul>
	<b>Answer “yes” if you have answered “yes” to questions 4 or 5 above.</b>

<b>III. Is there a significant risk of international spread?</b>	<b>6. Is there evidence of an epidemiological link to similar events in other States?</b>
	<b>7. Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?</b> The following are examples of circumstances that may predispose to international spread: <ul style="list-style-type: none"> <li>• Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of:             <ul style="list-style-type: none"> <li>- international travel (or time equivalent to the incubation period if the pathogen is known);</li> <li>- participation in an international gathering (pilgrimage, sports event, conference, etc.);</li> <li>- close contact with an international traveller or a highly mobile population.</li> </ul> </li> <li>• Event caused by an environmental contamination that has the potential to spread across international borders.</li> <li>• Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.</li> </ul>
<b>Answer “yes” if you have answered “yes” to questions 6 or 7 above.</b>	
<b>IV. Is there a significant risk of international travel or trade restrictions?</b>	<b>8. Have similar events in the past resulted in international restriction on trade and/or travel?</b>
	<b>9. Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other States?</b>
	<b>10. Has the event occurred in association with an international gathering or in an area of intense international tourism?</b>
	<b>11. Has the event caused requests for more information by foreign officials or international media?</b>
<b>Answer “yes” if you have answered “yes” to questions 8, 9, 10 or 11 above.</b>	

States Parties that answer “yes” to the question whether the event meets any two of the four criteria (I-IV) above, shall notify WHO under Article 6 of the International Health Regulations.

Source: International Health Regulation (2005), “Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern”, Fifty Eighth World Health Assembly, pp 50-53.

## Faster and More Efficient Reporting

Notifications to WHO of the events mentioned previously are handled by the National IHR Focal Point. A State Party must notify WHO within 24 hours of assessment of public health information concerning the event. The National IHR Focal Point (NFP) is the institution that communicates to WHO all information of an urgent nature concerning the implementation of the Regulations. At the same time, the NFP disseminates information to, and consolidates inputs from, all relevant sectors of the administration of the State Party. Both National IHR Focal Points and WHO contact points agreed to be accessible 24/7 for information sharing on events of an urgent nature (think of an hourglass, with NFP is the narrow part of the hourglass through which all relevant information passes from the local disease outbreak level through the national level and to WHO and vice versa).



Ms. Ruth Anderson, International Health Regulations Secretariat, WHO.

## Help is on the Way

The IHR (2005) ties surveillance to a response mechanism – help with developing and strengthening national capacities to respond to public health risks and public health emergencies of international concerns (PHEICS) and technical guidance and assistance, including the mobilization of international teams of experts. It is hoped that faster, more accurate reporting, coupled with improved international support will encourage countries to report urgent disease events early.

## Reminder

Many countries suffer trade and travel restrictions when an outbreak of disease threatens to spread beyond their borders. However, countries that report early and sincerely and do not try to hide relevant information are viewed as more trustworthy than countries that try to withhold this information. This has implications for the extent and duration of any travel and trade restrictions that may be imposed.

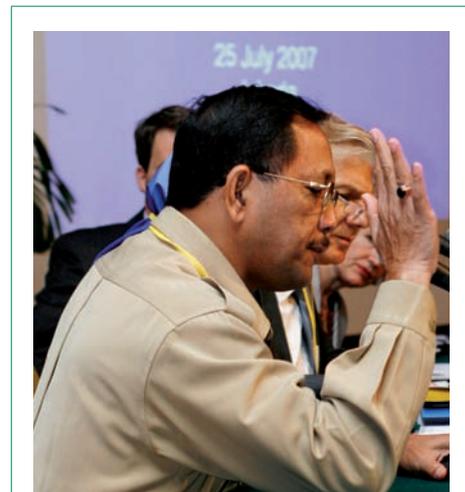


# Measures Taken by the Government of Indonesia

Dr. Emil Agustiono  
*Executive Vice Chairman*  
*National Committee on Avian and Human Influenza, Indonesia*

## Introduction

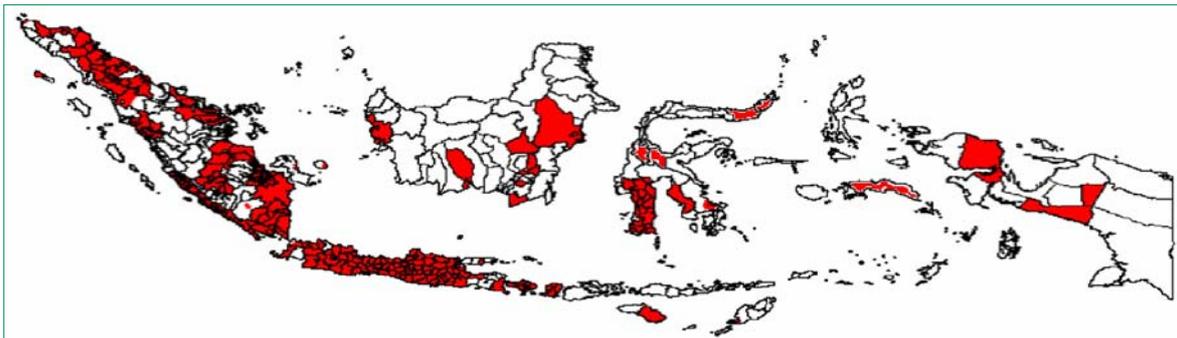
Since Indonesia is currently in “Pandemic Alert” stage, communications will play a key role in preparing for Avian and Human Influenza (AHI) and mitigating against a pandemic outbreak. Containment and intervention strategies rely in a large part on public awareness. Effective communication will help to ensure that the public understands the nature of the outbreak, how they can participate in containment and mitigation strategies, and how they can safeguard their families and their businesses. Talking to the media requires skills and techniques consistent with risk communication principles. It also calls for international networking and cooperation in mutual issues of concern including the emergence of an AHI threat.



Dr. Emil Agustiono, Executive Vice Chairman, National Committee on Avian and Human Influenza of Indonesia.

## Background

### Current situation of Highly Pathogenic Avian Influenza (HPAI) in birds/chicken in Indonesia



Source: National Committee on Avian and Human Influenza.

As of 24 July 2007, 31 out of 33 provinces and more than 209 out of 444 districts/municipalities had birds infected by the avian flu virus. The bulk of poultry was raised in backyard farms. At the same time, 102 human infections have been confirmed in 11 provinces and 31 districts, out of which 81 have been fatal.

## The Risk Factors

Infection depends on the combination of factors such as contact time, virulence and the vulnerability of the host. The human animal interface, where dynamic interactions between virus, humans, animals and environment occur, becomes dangerous if a high population density comes together with a high poultry density and an endemic H5N1 virus.

## Economic Impact

The visible **direct costs** are the recurrent costs for preventing Avian Influenza outbreaks, treating the already infected, culling of poultry and the respective compensation for the poultry farmers. In the Indonesian economy, one million birds (18% of the poultry population) have been culled or have died. Costs also derive from surveillance and diagnoses, movement control, administrative cost of enforcing regulations, farm bio-security measures and vaccination campaigns. A recent study indicated that the economic loss due to AHI in Indonesia might lead to a decrease of the GDP between 0.3% and 1.8%.

**Indirect costs** in the animal health sector arise from the fear that exists in public awareness. Because of the outbreaks in poultry, people tend to not buy chicken and poultry products any more. This is affecting farmers and the poultry market of course, by dropping poultry market prices and, as a consequence the overall decrease of poultry products within the market. Because of the loss in their earning source, compensation has to be paid to the farmers. Other significant indirect costs occur through the loss in tourism revenues. Abstractly it can be stated that indirect costs resulted from reduced levels of production because of temporary or permanent changes to management systems or markets. In addition costs are transferred from one stakeholder to another.

### Economic impact: different patterns in each country

Poultry systems in five South East Asian countries affected by HPAI in 2003-2005				
Country	Industrial	Large commercial	Small commercial	Backyard
<b>Cambodia</b>		< 1% poultry	< 1% poultry	99.9% farms, 90% poultry
<b>Indonesia</b>	3.5% poultry, export and national consumption	21.2% poultry	11.8% poultry	63.4% poultry
<b>Lao PDR</b>		Small	10% poultry	90% poultry
<b>Thailand</b>	70% production, export important	20% production	10% production, 98+% producers	
<b>Viet Nam</b>	Small	20-25% production, few producers	10-15% production, few producers	65% production, possibility 70% of poultry

Source: Rushton et al. (forthcoming).

**Economic impact: reducing household income, especially in poor families**

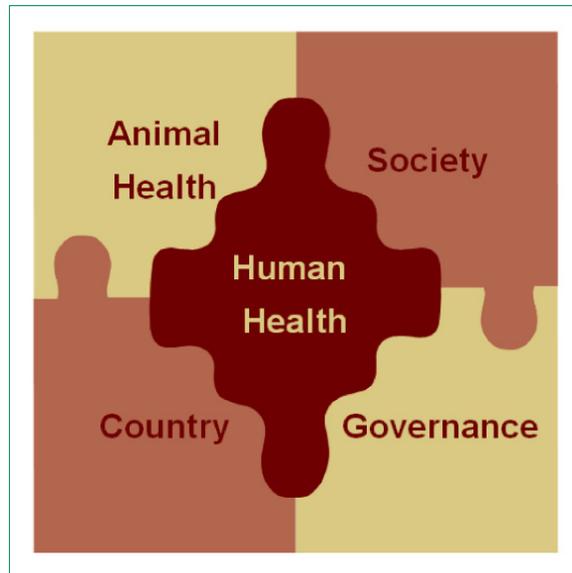
Population and household income in five countries affected by HPAI in 2003-2004				
Country	Population 2004 (million)	% population < USD 2/person/day	% Rural	% Labour in agriculture
Cambodia	13.4	77.7	82	75
China	1,321	46.7	60	64
Indonesia	238.5	52.4	52	45
Lao PDR	6.1	73.2	70	80
Thailand	64.9	32.5	75	49
Viet Nam	82.7	33.4	72	63

Source: CIA Website, 2004; FAOSTAT, 2004; UNDP Website, 2004; World Bank Development Indicators, WB, March 2005.

**Pandemic Mitigation**

The influenza threat has multiple dimensions that are highly inter-related. Therefore, emergency planning and preparedness is required, among and across all sectors and at all levels as seen in the following visual:

**Interrelation between different sectors**



**Risk Sectors that Need to be Protected**

According to the risks that derive from AHI, there are several sectors that need to be protected. These include trade, agriculture, investment, the income generated by industries such as pharmaceutical and life saving products. Tourism in general and destination and hospitality services in particular need to be monitored along with small scale enterprises and informal businesses such as vendors.

## Organization of AHI Control and Pandemic Preparedness in Indonesia

On the central level:

- National Committee of AHI Control and Pandemic Influenza Preparedness include the following:
  - Chair: Coordinating Minister for People’s Welfare;
  - Vice Chair: Coordinating Minister for Economic Affairs, Minister of Health and Minister of Agriculture;
  - Members: Minister of Home Affairs, Minister of Trade, Minister of Transport, Minister of Industry, Minister of Communications and Information, Minister of Education, Minister of Culture and Tourism, Minister of Foreign Affairs, Minister of Environment, Armed Force Commander, Head of Indonesian Police and Chairman of Indonesian Red Cross;
  - Secretary as Chief of Executive Officer.

On the provincial level:

- Governor and other stakeholders.

On the district and regency level:

- Mayor/Regent and other stakeholders.

## Strategic Level of Planning and Preparedness

To ensure business continuity, a National Integrated Emergency Plan was developed with the help of the following regional and global partners:

- Financing Partners: bilateral, World Bank, etc., and private initiatives;
- Regional Organizations such as APEC, ASEAN, etc.;
- OCHA;
- OIE;
- WHO;
- Other UN Systems.

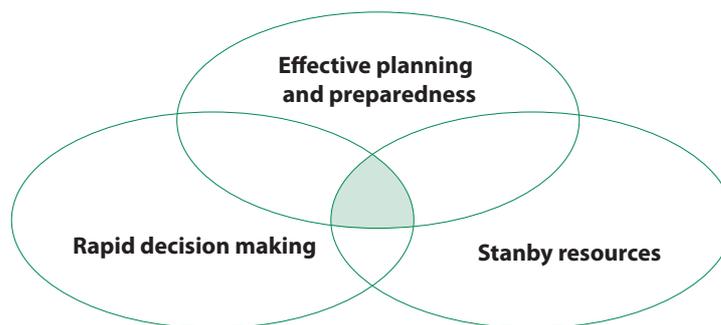
## Contingency Planning in Time of a Pandemic

During a pandemic, the previously prepared Contingency Plan needs to be supplemented by an Integrated Emergency Plan that will take into consideration the following:

- mechanism of activation;
- authority for information system;
- business continuity;
- economic protection;
- resource mobilization;
- coordination levels;

- business damage assessment;
- means to meet health needs;
- emergency team (function and composition);
- economic activities carried out during emergency;
- information during emergency;
- mass media.

### Effective emergency response needs 3 prerequisites



Source: National Committee on Avian and Human Influenza.

## Centre for National Communication Services

The Centre for National Communication Services in Indonesia manages and coordinates official media relations as well as mass media risk communications for the government and in affected provinces and districts. It operates as part of the command and control communication centre. It is supported by 10 to 15 staff and is equipped with computers and other telecommunication systems.

### Goals

The main objectives of effective risk communications is to provide the public with complete, accurate and up-to-date information in order to give them clear, effective, guidance. It must also build public trust and prompt compliance with official intervention strategies.

## Public Communications Challenge

On site, close to each epicentre of the AHI outbreak, a media centre and a tactical command post have to be set up. Since it is difficult to identify when or where an outbreak may occur, this is a challenging task. Furthermore it is impossible to know exactly how the virus will behave or will transmit.

Another problem might be the current stage of the communication infrastructure, particularly since the information to be shared is becoming more and more complex and has to be coordinated among large number of actors.

During a pandemic it is important that public communication will have to address misinformation and rumour. Confusion might also occur because of the wide variety of style, approach, tone and campaign themes. The sheer number of Public Service Announcements itself could potentially confuse the public, reduce media buying efficiency, overall awareness and hence have less impact.

Other problems that might occur during an outbreak arise from the fact that the media will be heavily cluttered. The lack of a joint campaign may also pose a problem. The level of knowledge is also not deep enough to describe the correct actions that will have to be taken in case of an outbreak.

Another handicap is the public perception that AHI is one among many health hazards and diseases that could kill, while not realizing the seriousness of the scale of a pandemic. Last but not least, staff in the communication sector may be affected and unable to perform their tasks.

## Coordinated Risk Communication Plan

Main objectives:

- before an outbreak: promote understanding what AHI and pandemic influenza is and why it poses a risk and how to prepare;
- during an outbreak:
  - provide situation updates and information on containment activities and strategies;
  - provide guidance on how to reduce risk to oneself, one's family and one's business;
  - how to best assist containment efforts;
  - address public concerns, dispelling misunderstandings and rumours;
  - provide specific messages for local population according to local threat levels and containment strategies;
  - provide local messaging that is linguistically appropriate.

## Public Communications in Indonesia

Media relations:

- develop official messages and promoting consistency based on appropriate surveillance;
- disseminate situation updates;
- address public concerns and misinformation.

Mass media risk communication:

- provide clear behavioural guidance to the public on how to reduce the risks of infection to people;
- how to assist in official containment efforts;
- implementing a mass media campaign to build awareness about AHI and pandemic influenza with the public and businesses.

## Strengthening Network of Related Agencies in Planning for Preparedness

- Chamber of Commerce;
- Trade and Industry Association;

- Government;
- WTO – Multilateral;
- APEC, ASEAN, ARF – Regional;
- Bilateral;
- OECD;
- World Bank, ADB, – IFI;
- Related NGOs.

## Summary

Avian and Human Influenza is becoming a global threat and it has an impact on several sectors of the economy in Indonesia, including tourism. Therefore AHI management needs multi sector and synergic risk communication coordination to respond to the need for an integrated preparedness plan including the description of roles, responsibilities, management of strategy, operation and approaches based on available resources. Integrated emergency planning and preparedness needs to be developed to respond rapidly in time before a pandemic. Particularly the tourism sector needs a multi sector commitment to be implemented in harmony with other sectors.

The prospect of an influenza pandemic is real. It is impossible to predict when a pandemic might occur. But it is certainly possible to be prepared.



# Measures Taken by the Government of Malaysia

Dr. Rosemawati Ariffin  
*Disease Control Division*  
*Ministry of Health, Malaysia*

### Background Information

Malaysia's territory covers 330,252 km<sup>2</sup> and consists of 13 states and of 3 territories with a population of 26.6 million inhabitants.

The Ministry of Health functions under the Federal Government. It consists of a National Health Department, and departments for each state, with offices in every district. It is the main organ responsible for matters relating to health.

The Ministry of Health provides the following facilities:

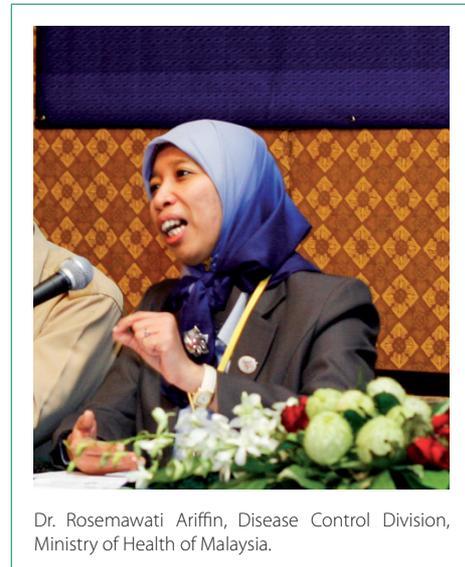
- 119 hospitals with 28,966 beds;
- 859 community polyclinics;
- 1,924 rural clinics;
- 93 MCH clinics;
- 165 mobile clinics;
- laboratories in each hospital;
- an institute for medical research;
- 4 public health laboratories.

Malaysian veterinary services are provided at a national level by the Ministry of Agriculture and the agro-based industry. The State Veterinary Department handles all matters at a national level. Administratively, it is under the control of the State Government. District wide services are supplied by the District Veterinary Services Offices. Malaysia also has a veterinary research institute and six regional veterinary laboratories.

### National Influenza Pandemic Preparedness Plan (NIPPP)

Preparation for a potential pandemic in Malaysia began in the year 2003 by the National Influenza Pandemic Planning Committee which consisted of a multidisciplinary, interagency and departmental group and of experts in the field. It was launched on 9 January 2006 by the Minister of Health.

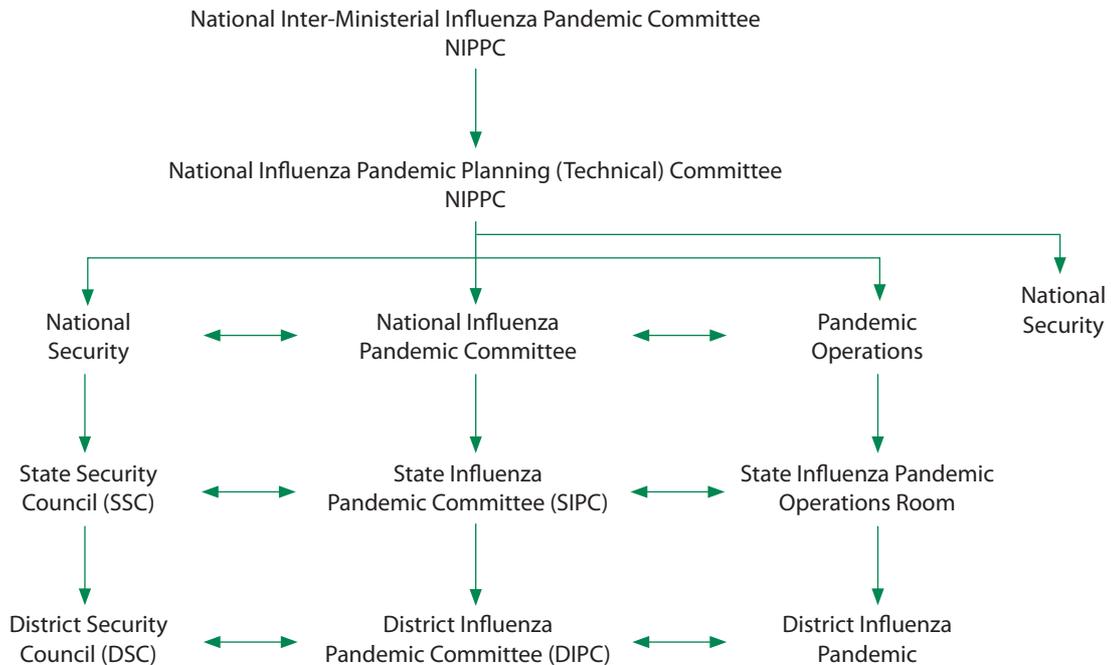
The NIPPP strategies consist of an organizational response that contains three main committees: a public health response, a medical response and a laboratory response and risk communications.



Dr. Rosemawati Ariffin, Disease Control Division,  
Ministry of Health of Malaysia.

The following organigram gives further detail into the structure and the inter-dependencies of the response to AHI pandemic:

### The organizational response structure to influenza pandemic in Malaysia



According to the pandemic phases and the corresponding strategic actions created by the World Health Organization, the main activities to prevent and control the Avian Influenza in Malaysia are implemented by two Ministries: the Ministry of Agriculture and Agro-based Industry and the Ministry of Health. They cooperate and collaborate with many different institutions such as the wildlife department, the police, the customs, local authorities and the National Security Division.

In practice, prevention and control is carried out by the Department of Veterinary Services (DVS) through surveillance, for example, by the enforcement of import bans, the control of entry points to detect smuggling or handing out movement permits. Education is also provided to the public and to farmers, to the latter to improve farming practices such as improving bio-security.

Another role of the Ministry of Health, is to control and to prevent through a public health response that consists of surveillance in terms of active case detection and monitoring private households. A medical response is given through triaging, referrals into designated hospital and case management. Virus surveillance and confirmation is the laboratory response. Furthermore there is a system of risk communication.

### Avian Influenza – Outbreaks and Response in Malaysia

So far four episodes of Avian Influenza among poultry outbreaks occurred:

- 2004 in Kelantan State (5 districts involved);
- 2006 in Kuala Lumpur (1 locality);
- 2006 in Perak State (3 localities in 2 districts) and Pulau Pinang State (1 locality);
- 2007 in Selangor State (1 locality).

The Ministry of Agriculture and Agro-based Industry and Ministry of Health have been the primary responders to these outbreaks while big outbreaks also need to be supported by other agencies. As a consequence institutions like the “Direction 20” were activated. This is one of the leading agencies of the Security Council (on district, state and national level).

The following table shows the actions taken by the Department of Veterinary Services according to the disease status of the Avian Influenza and level of the pandemic phase:

### Emergency response plan of the Department of Veterinary Services

Name of phase	Disease status	Action
<b>Alert</b>	L1: Outbreaks in neighboring countries or trading partners	Ban importation, border and entry points control, early detection
	L2: Outbreaks in quarantine station	Ban importation, back tracing, destruction of consignment
	L3: Outbreaks in Malaysia	Activation of phase II
<b>Activation and mobilization</b>	Single or multiple outbreaks foci	Teams activation and mobilization, culling operation, decontamination
<b>Eradication and surveillance</b>	Residual infection may present	Surveillance and stamping-out
<b>Recovery</b>	No outbreaks and evidences of infection	Plan for restocking
<b>Declaration of freedom</b>	Free of any evidences of infection	Free status application and declaration of freedom

### Emergency response plan of the Ministry of Health

Local alert level	Public health response	Clinical response	Laboratory response
<b>Level 0: No human and poultry case</b>	<ul style="list-style-type: none"> <li>• Continue Influenza-like Illness (ILI) surveillance</li> <li>• Rumour surveillance</li> <li>• Public health education</li> <li>• Collaboration with DVS</li> <li>• Continue influenza virus surveillance</li> </ul>		
<b>Level 1: Has case in poultry but not in human</b>	<ul style="list-style-type: none"> <li>• Enhanced ILI surveillance</li> <li>• Activate operation room</li> <li>• Active case detection</li> <li>• Home surveillance</li> <li>• Refer case to hospital</li> <li>• Restrict movement into affected areas</li> </ul>	<ul style="list-style-type: none"> <li>• Activate triaging system and isolation ward</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced influenza surveillance</li> </ul>
<b>Level 2: Has case in man but not in poultry (imported)</b>	<ul style="list-style-type: none"> <li>• Case must be isolated in designated hospital</li> <li>• Epidemiology investigation</li> <li>• Refer DVS to determine presence in AI in poultry</li> <li>• Activate op-room</li> <li>• Activate case finding</li> <li>• Home surveillance of close contact</li> <li>• Passive case finding</li> </ul>	<ul style="list-style-type: none"> <li>• Case admission for isolation and Mx</li> <li>• Practice barrier nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic workout</li> <li>• Enhanced surveillance</li> </ul>

Local alert level	Public health response	Clinical response	Laboratory response
<b>Level 3: Has case in poultry and human (local transmission)</b>	<ul style="list-style-type: none"> <li>All of actions in Level 1 and 2</li> </ul>	<ul style="list-style-type: none"> <li>Case admission for isolation and Mx</li> <li>Practise barrier nursing</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic workout</li> <li>Enhanced surveillance</li> </ul>

Information dissemination on Avian Flu cases is done through a press statement regularly as well as regular updating of the website (<http://agrolink.moa.my/jph>; <http://www.moh.gov.my>)

NIPPP preparedness activities consist of the following:

- surveillance;
- stockpiling;
- upgrade hospitals;
- training;
- information and communications;
- participation at high level international meetings;
- simulation exercise.

### Summary of discussions

The discussions during the workshop centred on certain core themes such as:

- compensation for income losses;
- penalties and incentives for fast and sincere reporting;
- cooperation between the tourism sector and other public/private entities;
- communications.

#### Compensation for income losses

Experience with compensation for the loss of revenue due to high mortality rates of infected poultry and/or mass-scale culling varied from one country to another. This subject dominated the discussion at an early stage.

The discussion underscored that poultry plays a central role in the life of the average Asian not only as a source of food but also as a domestic animal which is essential in maintaining an ecological balance. Most poultry, apart from those raised in industrial farms, belonged to backyard farms with millions of birds raised in the open air. It is in this context that the risk of H5N1 contamination and the subsequent transmission to humans was at its highest point. The debate and discussions on compensation centred around economic factors that had a bearing on leisure and tourism. The loss in revenue from a decrease in demand from the tourism sector for poultry products (particularly from hotels and restaurants) and its subsequent effects on the economy require further research and analysis. Some specific country experiences were nevertheless discussed.

In Malaysia a special fund was established with stipulated amounts as compensation. The payments were commensurated with the revenue losses of the farmers, with compensation paid not only for edible birds but also for pet animals that had to be culled. In Indonesia while compensation was generalised there had been cases of abuse of the system with unscrupulous profiteers importing poultry from unaffected areas to benefit from compensation. In the Philippines mass culling of poultry had taken place during an initial outbreak without any compensation.

The panel discussed the basic issue of compensation for the loss of poultry through the spread of the highly pathogenic H5N1, noting both direct and indirect implications for the tourism sector. On the one hand, there is a direct loss in



Dr. Sapta Nirwandar, Secretary-General, Ministry of Culture and Tourism of Indonesia.



Dr. Lee Vermon, Medical Officer, WHO.

earnings for the hotels and restaurants from decreased demand for poultry products. On the other, many persons dependent on the supply of these products suffered revenue losses through the multiplier effect. A highly relevant issue for future research would be to see whether a compensation scheme could be envisaged for the tourism sector, particularly for SMEs, affected by the loss in revenue through a decrease in arrivals to a country that is either affected or is perceived to be unsafe for travel as a result of the spread of the H5N1 virus.

## Penalties and incentives for fast and sincere reporting

One of the themes of the workshop was the role of penalties and incentives for fast and sincere reporting. In the related discussions at the workshop it was evident that penalties and incentives were a new concept. Participants were largely unfamiliar with penalties and incentives and in general were without institutional frameworks for their use. Only Malaysia confirmed that penalties did exist within the national laws for not reporting AHI cases but that their application was very limited. The consensus of the participants was that penalties may be easy to impose however incentives would be much more difficult to implement unless adequate compensation or remuneration was forthcoming. The discussions were taken a step further and concentrated then on how penalties and incentives could be applied at a country and international level as outlined in the report of Prof. Genosko and Prof. Pechlaner. Agreement was then reached that both penalties and incentives would be of interest to the insurance sector as risk management is part of their day-to-day operations. The recent involvement of insurance companies in climate change is a good example of closer interaction between the public and private sectors. It was concluded that insurance companies would prefer incentives to penalties and a way forward would be to facilitate a dialogue between insurance companies and the tourism sector.

## Cooperation between the tourism sector and other public/private entities

As AHI spreads, closer cooperation between the tourism sector and other institutions becomes vital. The representative from Malaysia mentioned that there was no interaction between their Health and Tourism Ministries during an outbreak and all communications were channelled through their Ministry of Foreign Affairs. The participants felt that any time lapse between a serious threat and official reporting could be critical to the tourism industry since the media was bound to make use of any available information and interpret it to their own advantage. However, with the new International Health Regulations of the WHO in place, it would be incumbent on the country concerned to report all AHI cases in the shortest possible time to WHO. Once again this underpins the importance of close collaboration and networking within the UN system organizations.

## Communications

Communication was repeatedly identified as a crucial tool in the fight against AHI. The experiences in countries reported during the discussions at the workshop touched on some basic problems of communication. In the case of Indonesia, education, culture and public perception had to be taken into account. For most Indonesians, poultry were considered to be pets, and thus there was a cultural barrier to be overcome before the message of the dangers of the virus could be accepted by the populace and subsequently reported. Culling was also a very sensitive issue. It was divulged that culling programmes in Malaysia were carried out during the night to avoid adverse reactions. In the Philippines 70% of the people did not take the issue of AHI seriously since messages were too numerous, sometimes contradictory, and often not communicated in the local language. UNICEF Indonesia confirmed that they carried out a mass communication campaign with over 100,000 information kits distributed. In the case of Thailand it was mentioned that their national website was updated with information on the evolution of H5N1 on a regular basis. Participants were also concerned with the high level of exposure given to

the issue through powerful media networks. While it was recognized that fast and sincere reporting was important, some participants felt that the tourism industry had neither influence nor control over communications in many Asian destinations. The participants also discussed information overload and the difficulty of the tourism industry has in sending positive, factual messages to reassure potential visitors particularly when the snowball effect of rumours and misplaced negative reports received more coverage.

On the downside it was also acknowledged that political motivations often led to the under-playing of the issue by public officials who did not wish to disclose the actual situation while communicating cases of AHI. This phenomenon was found not only in the least developed countries but in developed countries as well. Hence political commitment was seen as a very important aspect of communications.

Certain specific issues concerning the role UNWTO and NTOs to educate the public on AHI through communication strategies were raised. It was believed that the response of the tourism sector was not as robust as that of the health sector and that a closer link between the public and the private sectors in their communication strategies should be developed. UNWTO outlined the measures taken by the Organization to strengthen communications on risk and crisis management not only through its association with its Members and Affiliate Members but also through TERN and UN system organizations such as WHO, ICAO and UNSIC, to mention a few. In this respect the role of SOS.travel would prove to be pivotal in the future elaboration of communication strategies by UNWTO.



Mr. Tariq Moen, Deputy General Manager, Emergency Response Planning of Pakistan International Airlines.



## Conclusions

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Solving the challenges of fast and sincere reporting during a workshop would be an illusion but, not aiming at improving the knowledge about possible solutions, would be a chance not taken. As fast and sincere reporting and its impact on the information flow was identified during the first international simulation exercise in Paris, during the interactions of the participants, as an area of concern for the tourism industry, UNWTO took this subject a step ahead and focused on it in this separate workshop. The lessons learned were multiple:

- The tourism sector is identified once again to be the siren that warns, playing the role of the traditional canary in the coal mine reflecting frontline developments with, naturally, all its logical consequences. The little lead time, combined with pressure to react as alternatives for action will be fast evaporating over the little time left, puts a lot of pressure on the tourism sector. The complexity of the underlying topics shows in this case certain similarities to other man-made and natural disasters.
- The economic impacts on tourism, although widely known and recognized, are not clearly associated with the possible influence and finally failure of fast and sincere reporting. This has many reasons, but one of the most important is the fact that tourism is considered generally as a “soft industry” with limited understanding of the complexity of its business structures and contribution to the economy. Another handicap is the diversified stakeholder structure of Small and Medium Sized Enterprises with the known limitations of a lack of strong representation.
- As a consequence, systems to improve fast and sincere reporting have not considered the tourism sector specifically and are usually focusing mainly on the health and veterinary sectors.
- More complicated is the fact that countries where avian flu is prevalent within the poultry population often rank tourism and particularly international tourism as a high priority on their economic policy agendas. International tourism is mainly dependent on market forces and demand cannot be influenced by the countries affected by any possible outbreak. The widely known and always recurring reaction to any negative report of a pandemic is the delay in disseminating information for fear of market repercussions. In other words, the possible consequences of the report of any outbreak is beyond the control of the government concerned, which has, on the other hand, to also bear the economic and social consequences.
- The specific geographical, political and legal structures of the countries concerned and the important role the private sector plays within the tourism industry make it necessary not to focus on individual solutions but rather recommend a theoretical and structured approach which will form the basis for feasible and realistic solutions.
- The discussions revealed that the possible solutions lead to a rather incentive-based system. Penalties would be considered of limited use if applied following an outbreak. However, they can



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help structure the contributions to a central fund by differentiating the payments that are made either as an incentive or as a penalty.

- It appears that new ground is covered, which at this particular moment, will not have immediate implications, as the underlying mechanisms need to undergo a thorough pro-and-contra evaluation. This should not mean that the approach chosen will not be useful. In fact, the contrary seems to be the case. The number of external shocks to which the tourism industry is exposed and their enormous consequences for national economies, not forgetting the ripple effect this can globally cause, require such an approach or, at the least, a reflection at the earliest possible moment. It will definitely help to de-emotionalize the discussion and to ensure that tourism development will be seen to be globally sustainable. It will also help to unfold its best positive effects for the benefit of the Millennium Development Goals, not forgetting, the holiday season, usually the nicest moments of the year for most people.



Participants of the Communications and Incentives workshop.

## List of Abbreviations

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ADB	Asian Development Bank
AHI	Avian and Human Influenza
AI	Avian Influenza
APEC	Asia-Pacific Economic Cooperation
ARF	ASEAN Regional Forum
ASEAN	Association of Southeast Asian Nations
DIPC	District Influenza Pandemic Committee
DSC	District Security Council
DVS	Department of Veterinary Services
GDP	Gross Domestic Product
HPAI	Highly Pathogenic Avian Influenza
ICAO	International Civil Aviation Organization
IFI	International Financial Institutions
IHR	International Health Regulations
ILI	Influenza-like Illness
MCH	Maternal and Child Health
NFP	National Focal Point
NGO	Non-Governmental Organization
NIPPP	National Influenza Pandemic Preparedness Plan
NTO	National Tourism Organization
OCHA	United Nations Office for the Coordination of Human Affairs
OECD	Organization for Economic Co-Operation and Development
OIE	World Organization for Animal Health
PHEICS	Public Health Emergencies of International Concerns
RAMG	Risk Assessment and Management Group
SARS	Severe Acute Respiratory Syndrome
SECO	State Secretariat for Economic Affairs
SIPC	State Influenza Pandemic Committee
SMEs	Small and Medium-sized Enterprises
SSC	State Security Council

TERN	Tourism Emergency Response Network
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
UNSC	United Nations System Influenza Coordination
UNWTO	World Tourism Organization
WB	World Bank
WEF	World Economic Forum
WHO	World Health Organization
WTO	World Trade Organization