



ORGANISATION MONDIALE DU TOURISME  
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ORGANIZACION MUNDIAL DEL TURISMO  
ВСЕМИРНАЯ ТУРИСТСКАЯ ОРГАНИЗАЦИЯ  
منظمة السياحة العالمية

## **Toward a Safer World: The Travel, Tourism and Aviation Sector**

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With the aim of reviewing the pandemic experiences and contributing to the overall report *Toward a Safer World*, the UNWTO compiled in the following report experiences and challenges the sector has made and identified, which can serve all those well interested in improving emergency and disaster preparedness and management.

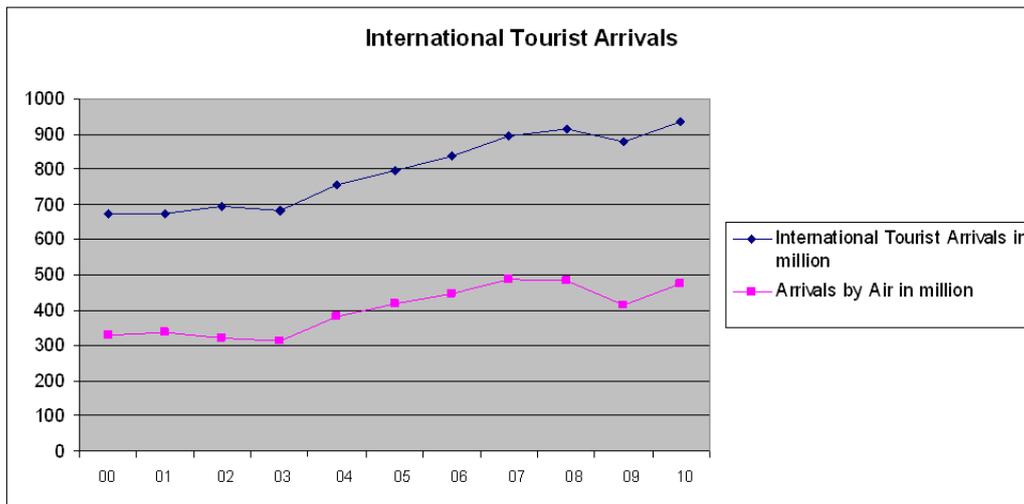
The report aims at answering the following 4 core questions:

- What are the key things that exist now as a result of pandemic preparedness that did not exist 5 years ago?
- What are the key achievements of pandemic preparedness for our sector?
- What are the most critical gaps that remain in pandemic preparedness in our sector?
- What are the key lessons that have emerged from the pandemic?

The report is based on research carried out by the Risk and Crisis Management department of UNWTO and includes the experiences and discussions of a workshop which was organized at UNWTO HQ on 9 and 10 December 2010 with key representatives from the travel, tourism and aviation sector (for the programme see annex 1, for the list of participants see annex 2).

### ***Background***

Travel and tourism is a growingly important economic and societal activity. Many countries are using travel and tourism as a priority tool for economic development. Closely linked to the travel and tourism activity is the aviation sector which is pivotal for any international tourism development. Of today's 900 million international arrivals, more than 1/3 are using aircrafts as mode of transportation.



However, travel and tourism is heavily depending on an intact environment, whether this is the natural, cultural, social or human or animal health environment. Though the travel and tourism sector is a resilient sector, it can be easily affected by negative events. This last decade had major events which affected tourism: 9/11 (2001), SARS (2003), Tsunami (2004), bombings in Bali (2002, 2005), Madrid and London (2003, 2005), hurricane Katrina (2005) just to name a few. Only in 2010 we have witnessed events such as the earthquake and tsunami in Chile, an earthquake in Haiti, Volcano eruptions in Iceland and in Indonesia and an oil spill along the coast of Mexico.

The economic and societal consequences can be enormous. Just to recall SARS in 2003 affected 26 countries, had 8098 cases, 774 deaths and caused economic losses of US\$ 60 billion. A similar experience was made in 2009; although the impact of the Pandemic virus was mild and caused mostly only limited impact, the consequences for the travel and tourism sector were in many countries and subsectors quite significant. In the specific case of Mexico the Pandemic (H1N1) 2009 caused economic losses in the travel and tourism sector of nearly 3 billion Euros according to the Economic Commission for Latin America (ECLA), half of the overall losses for the economy of Mexico.

**1. What are the key things that exist now as a result of pandemic preparedness that did not exist 5 years ago?**

The research showed that expanding the time frame is important to understand the triggers within the sectors better.

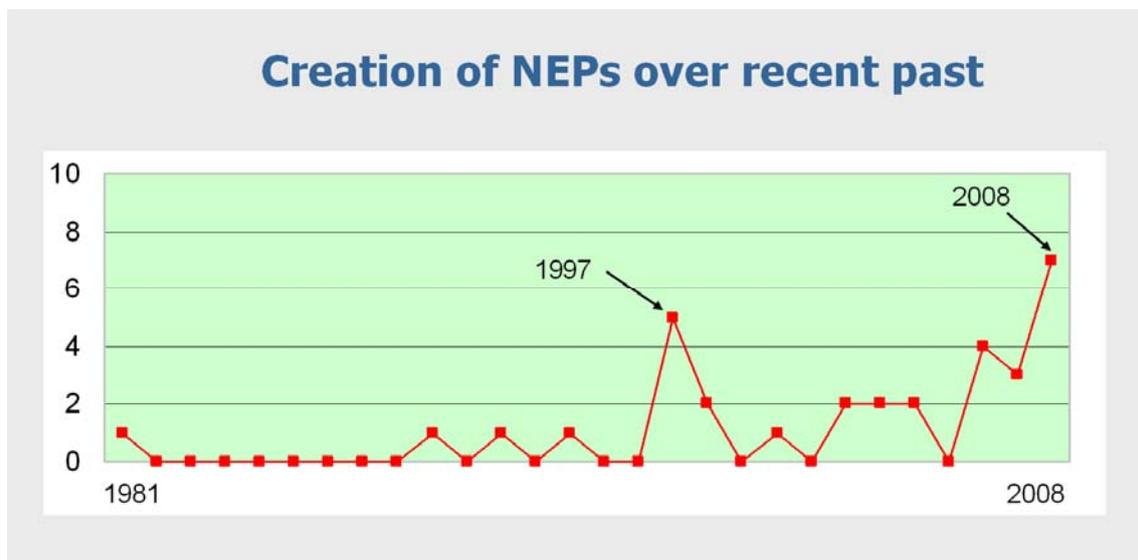
First of all it became very clear that SARS was actually a major trigger for the pandemic preparedness work for the travel, tourism and aviation sector. Not only financial and human resources were mobilized, more importantly if not the most important factor at all: the will to plan and implement was a direct result of

the impressions of SARS. It might be an anecdotal coincidence but during the research two persons were identified who were instrumental in their areas for pandemic planning (Crisis Manager, Ministry of Foreign Affairs of Germany and Director of Security and Facilitation, Airport Council International). Both were posted prior to their actual functions in Hong Kong during SARS. They both stated that their first-hand impressions of SARS were fundamental and triggers for their engagement in pandemic planning. Seeing the same personal history of the WHO's DG Dr. Margaret Chan, it can be expected that this personal factor played a role in the private and public sectors.

The second trigger was the Avian Flu threat, which caused numerous activities and actions in the sector and was the starting point for most of the pandemic preparedness works.

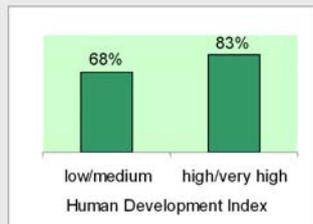
A third trigger can be found in the International Decade for Natural Disaster Reduction (1990-1999), which fostered the formulation of National Emergency Plans in many countries. UNWTO surveyed as from mid 2008 the integration of travel and tourism into the national emergency structures and procedures among the Member States of the Organization and obtained 67 responses. From those we found, that

- 72% (48 out of 67) have a National Emergency Plan (NEP)
- The majority of those plans have been created recently ( $x < 10$  yrs)

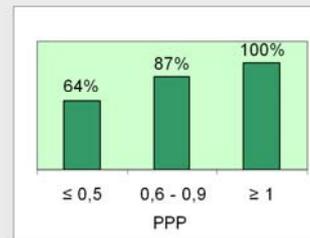


Analyzing the findings further we found that there is first of all a relation between the level of development (related to the Human Development index and Purchase Power Parity) and the existence of a National Emergency Plan.

### Existence of National Emergency Plans in relation to Human Development Index



### Existence of National Emergency Plans in relation to PPP



This is somehow an expected development and underlines that the higher the development level of a country is, the higher is the likelihood of an existing NEP. From a tourism point of view this is, however, a concerning circumstance as tourism in large parts is actually taking place in countries and to countries where the purchase power of the tourist is higher than in the country of origin.

The integration of travel and tourism into the NEP is of special interest as travellers are facing numerous unique challenges when being away from home: traveller and tourists are vulnerable as they are unfamiliar with the (emergency) infrastructure and systems, unfamiliar with many risks of the place and society, not prepared for extended stays and often not familiar with the languages of the destination.

Investigating then further what are the triggers for integration, we found that the improvements were so far driven by incidents in the countries. Especially those events with high losses in bookings and reservations caused that tourism was addressed specifically in the NEPs. We also found that with few exceptions: If there is a NEP, there is a Pandemic Plan and also that the threat of a pandemic made also that three countries without NEP (so far) prepared Pandemic Plans and that 7 countries strongly depending on tourism specifically address tourism in their Pandemic Plans.

From a private sector point of view pandemic planning was generally taken very serious. All major tour operators, airports, cruise liners, attraction parks or larger other service providers developed specific plans for the management of the pandemic. Though these efforts were usually triggered by the overall efforts of pandemic preparedness, it became clear during the research that these efforts were streamlined within the companies within the general crisis management efforts. This is insofar interesting as the private sector did in large parts use a generic approach and followed a path which started some 15 years ago when for large parts of the travel and tourism sector managing incidents grew into a holistic crisis management. This is however different in the aviation sector for which crisis management has a long tradition. However, a gap was clearly identified at the level of smaller tour operators and service providers where pandemic planning was not addressed with the same determination.

Ministries of Foreign Affairs usually take responsibility for the well-being of their citizens, especially during emergency situations. This caused in many countries an extensive planning process for pandemic preparedness which went beyond

the simple functioning of embassies during a pandemic and included the care for their own citizens abroad. However, the usual approach limited assistance to non-medical support as host nations do have the first responsibility for safety and security related to tourists. It was stated that those planning efforts were now integrated into the overall crisis management procedures and allow to provide services (especially consular services) to citizens without physical presence at embassies.

## *1.1 The challenges*

The travel and tourism sector paid special attention to the pandemic planning because of the time point of view and because of the peculiarities of the travel and tourism sectors.

First, from a time point of view, the travel and tourism sector still recalled SARS in 2003 and the Avian and Human Influenza (H5N1) in 2005; consequently the fear that another threat of this kind could become real was high. The effect on the first few countries affected showed immediately the enormous impacts that those incidents were causing on the travel and tourism sector. It was against this background that the General Assembly of UNWTO in 2006 asked the Secretariat to especially focus on the threat of H5N1 and undertake the necessary steps to prepare for and help limit the possible impacts.

Second, from the perspective of the peculiarities of tourism there are several points, which make it necessary that preparations are carried out for this kind of events:

### **The communications facet**

Communications play a crucial role when dealing with pandemics. Inconsistencies of messages deriving from authorities, whether they are from public health or sector stakeholders have to be avoided as much as possible. This is truly a difficult task and any outbreak situation brings the same challenge to the actors: Decisions have to be taken and explained against a background of incomplete information. The objective of containing any outbreak of a communicable disease right at the beginning brings additional complication, which needs to be carefully reflected in the communications efforts.

### **The sensitivity**

Because, as with other service products, the tourism product is predominantly immaterial, this makes the service that is to be provided difficult to assess. This uncertainty increases as the tourism product is produced and consumed in the future and in a place different from the usual place of residence. Expressed in information-economic terms, the tourism product is a trust and belief product that demands that the supplier is able to reduce uncertainty and risk, above all, in relations with potential customers. Therefore, when it comes to crises, trust and belief products are much more challenging to handle than other products.

### **From 6 months to 6 weeks**

Different to previous pandemics, travel and tourism became a factor of

unprecedented global importance: not only because of the increase in the number of international arrivals from 25 million in 1955 to 935 million in 2010, but also because of the overall socio-economic importance of the sector. But, the frequent links and speedier connections of international travel were also enabling the faster spread of a communicable disease. This fear was confirmed and caused that the Pandemic (H1N1) 2009 spread around the globe in 6 weeks like the previous pandemic had done in 6 months.

### The logistical challenge

With 5 to 8 million international travellers en route, on average, on any given day of the year, logistical questions have a more complex nature. International travellers are often unfamiliar with the emergency structures and procedures of the host country. Often international travellers are not in command of the local languages, nor are they prepared for extended stays. The increasing number of individual travellers not using the services of tour operators is complicating issues even further. Taking also the much larger number of domestic travellers into account, the logistical challenge becomes clear.

## 1.2 Preparing for

### TERN

A comprehensive study of emergency networks, which was undertaken in 2005 by UNWTO and the World Economic Forum (WEF) unveiled the insufficiencies of emergency systems when addressing those challenges. Consequently, the need to fill this gap was of great importance. Several key elements had to be taken into account when doing so. Firstly, it was essential to build any kind of global network on existing structures. Only that way it could be ensured that the network would stay active and relevant after being established and while no crisis occurs. Secondly, networks should allow for fast reaction and communication and contribute to a global picture while emphasizing the relevant elements from the local and sectoral level. Thirdly, all partners of such a network should be equal partners. Such a system was established with the Tourism Emergency Response Network (TERN), in 2006. The Network grew gradually during the Pandemic and – as a living system – always adjusts to the needs and changes the sector is facing and adapting to.

#### Box 1: TERN members

• <b>AAPA</b> Association of Asia and Pacific Airlines	• <b>IATA</b> International Air Transport Association
• <b>ACI</b> Airport Council International	• <b>IFTO</b> International Federation of Tour Operators
• <b>AEA</b> Association of European Airlines	• <b>IH&amp;RA</b> International Hotel and Restaurant Association
• <b>AHLA</b> American Hotel and Lodging Association	• <b>ISF</b> International Shipping Federation
• <b>ALTA</b> Asociación Latinoamericana de Transporte Aéreo	• <b>MPI</b> Meeting Professionals International
• <b>ASTA</b> American Society of Travel Agents	• <b>NTA</b> National Tour Association
• <b>ATO</b> Arab Tourism Organization	• <b>PATA</b> Pacific Asia Travel Association
• <b>ATTA</b> African Travel and Tourism Association	• <b>SKAL</b> International Association of Travel and Tourism Professionals

• <b>CHTA</b> Caribbean Hotel and Tourism Association	• <b>TOI</b> Tour Operators' Initiative for Sustainable Tourism Development
• <b>CLIA</b> Cruise Lines International Association	• <b>UFTAA</b> United Federation of Travel Agents' Associations
• <b>CTC</b> Canadian Tourism Commission	• <b>UNWTO</b> World Tourism Organization
• <b>CTO</b> Caribbean Tourism Organization	• <b>UST</b> US Travel
• <b>ETC</b> European Travel Commission	• <b>WTAAA</b> World Travel Agents Associations Alliance
• <b>FIA</b> Fédération Internationale de l'Automobile	• <b>WTTC</b> World Travel and Tourism Council
• <b>IAAPA</b> International Association of Amusement Parks and Attractions	• <b>WYSETC</b> World Youth Student and Educational Travel Confederation

TERN evolved differently to what was initially planned, becoming a group which met through telephone conferences, which proved to be the most effective instrument for the situation. At the beginning of the pandemic, it met as often as twice a week, and counted with the constant participation of all key players, the World Health Organization (WHO) and International Civil Aviation Organization (ICAO). The WHO participated through different departments, but at all meetings the department of the International Health Regulations Coordination (IHR) was represented.

### **Influenza Focal Points**

As part of the preparatory work, Influenza Focal Points were nominated to UNWTO from tourism administrations of UNWTO's Member States. These focal points received constantly the information, findings and guidance, as they were being developed and disseminated by the Secretariat, WHO and other agencies, and liaised back with the Secretariat, to ensure good and timely two-way communications.

### **Simulation Exercises**

As part of the preparatory efforts of UNWTO and its Member States, a number of international Simulation Exercises were conducted. These were always aimed at a wide private and public sector participation, in particular from as many different public sector areas as possible, whether from the travel and tourism sector, health, transport, foreign affairs, interior, civil protection or communications, and with a strong participation of international organizations, especially from the group of UNSIC. The Simulation Exercises allowed a continuous and further development of assumptions, which were the basis of all pandemic planning and preparedness activities.

## ***2. What are the key achievements of pandemic preparedness for our sector?***

### **Information management – The importance of alerts**

On Saturday 25 April 2009, at 7.35 a.m. local time in Madrid, the World Tourism Organization's (UNWTO) Risk and Crisis Management department received an alert from the Department of Public Information of the United Nations (UNDPI) that an unusual development of swine flu cases (H1N1) had been observed in

Mexico and the United States of America, which required international attention. Together with the alert, first background information was provided. To ensure consistency, a one voice-one face approach was agreed with the World Health Organization (WHO) as the lead agency.

The Management of UNWTO was immediately informed. As the Secretary-General ad interim of UNWTO at that time was about to board a plane to Mexico to open, along with President Felipe Calderon of Mexico, the tourism fair of Acapulco, this notification had an unexpected additional importance. WHO and UNDPI were immediately informed of this previously arranged trip of the Secretary-General and talking points were agreed on to ensure the best support through UNWTO for the travel and tourism sector.

At 10.50 a.m. the Tourism Emergency Response Network (TERN) was alerted by UNWTO and the first talking points prepared by the Secretariat were provided. This information was to be used as a heads-up and to allow a consistent communications approach right from the beginning of the situation.

In the evening of Saturday, WHO, after consultation with its Emergency Committee and following the protocol of the International Health Regulations (IHR), declared this situation as a public health emergency of international concern. As from that moment and the weeks onwards, UNWTO was highly engaged into a new process of emergency coordination and communication.

### **High importance of targeted and two-way communications**

Targeted communications proved extremely helpful during the beginning of the pandemic when sector stakeholders and Member States were informed directly. This enabled them to take the necessary measures, to prepare further and ensure the well being of their own stakeholders and customers. Undifferentiated communication efforts through classical press releases would not have achieved the same objective and efficiency. Informing and consulting the Influenza Focal Points of UNWTO and the TERN network allowed for two-way communications, which in turn improved the relevance of the messages and actions by all the other actors, including UNWTO, WHO and ICAO.

### **Balanced information**

The evolving situation was confirming a rather mild virus. However previous pandemics had shown that influenza viruses are notoriously unpredictable and unstable and so it was difficult to assess the severity of the next waves of the pandemic. UNWTO aimed therefore, together with the travel and tourism sector, to translate WHO's recommendations to 'not limit international travel and trade' into a viable and easy to follow communication strategy. With 'being a responsible traveller', which was the agreed TERN message, UNWTO found the right encouragement for those who wished to travel and the right discouragement for those who had fallen sick.

Box 4: TERN message 'Responsible Travel'

<b>Responsible Travel</b>
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Today, global travel is commonplace and large numbers of people move around the world for business and leisure. Limiting travel and imposing travel restrictions would be highly disruptive to the global community and would have very little effect on stopping the spread of the influenza A(H1N1) virus, according to the World Health Organization (WHO).

Travel restrictions are therefore not recommended but travellers, individually, are cautioned to act in a responsible manner towards themselves, towards those around them and in the host communities of their destinations.

Personal responsibility is the most important step that travellers can take to protect themselves and others. Taking these steps from the onset of a possible pandemic situation and checking with their health-care provider before embarking on a trip is very important in stopping the spread of any infection, particularly in the case of the A(H1N1) influenza virus.

Travellers are responsible not only for their own well-being but for the well-being of those around them. Travellers should help others in correctly identifying symptoms and in taking recommended steps for personal hygiene. They should help them in realizing that travelling when sick is not responsible but travelling when healthy is absolutely recommended.

Source: UNWTO 2009

### **Case management**

The handling of smaller operational issues would normally not be an element of the work of UNWTO or WHO. However, previous situations had shown that limiting personal freedom through actions such as quarantine, restricting access of cruise liners to harbours etc., although they may have been justified under the regulatory framework of the IHR, could cause the spotlight of the international media. Sometimes these situations can worsen quickly and cause tit-for-tat reaction by the state whose nationals were affected. These consequences have to be avoided at all price as they cause large damage to the travel and tourism sector. The good cooperation between the TERN members, WHO and UNWTO allowed right as from the very crucial beginning, to limit some of those situations unfolding.

### ***3. What are the most critical gaps that remain in pandemic preparedness in our sector?***

#### **The branding and communication issue**

Branding a new disease is important to refer to it in a correct and consistent manner. Previously pandemics were named after the place where they appeared or of the attributed place of incident. WHO was as from the beginning trying to avoid this kind of labeling after a specific geographic area, may it be a region, country or a city. However, branding it the 'Swine influenza' caused irrational slaughtering of pigs in other countries and impacted on the meat producing and exporting sector. Already on Monday 27 April 2009, the World Organization for Animal Health (OIE) broke the ranks and released a press statement condemning the labeling of 'Swine influenza' and proposing the labeling as the 'North-American influenza'. Although WHO ensured UNWTO that this process was well thought through beforehand, the 'behind the scenes' discussions proved that in this case a major mistake was made. This led to various renaming of the pandemic: Swine influenza, influenza A(H1N1), Pandemic (H1N1) 2009. Countries used additional versions such as the Mexican Flu, the Novel Flu or the North American Flu, to name just a few.

Translation problems such as that of H1N1, which could simply not be translated into Arabic, complicated the situation further. The same observation was made on the use of the word pandemic, which in Arabic means literally “the thing which kills everything on the way it takes”.

Inconsistencies of this nature can and must be avoided. UNWTO recommended already at the very early stage to use for future situations pre-agreed and especially tested names, whether by artificial nature as used in the case of pharmaceutical products or by first/given names as done with hurricanes. The general public should at no stage feel inconsistencies because of this labelling nor shall regions, countries or other sectors unnecessarily be harmed because of the branding.

Box 3: OIE press release of 27 April 2009

#### **A/H1N1 influenza like human illness in Mexico and the USA: OIE statement**

**Paris, April 27 - 2009** - A virus circulating in Mexico and the USA and involving person to person transmission appears to cause in some cases severe disease in certain people infected by this virus. There is no evidence that this virus is transmitted by food.

It is not a classical human influenza virus called seasonal influenza, which causes every year millions of human cases of influenza worldwide but a virus which includes in its characteristics swine, avian and human virus components.

No current information in influenza like animal disease in Mexico or the USA could support a link between human cases and possible animal cases including swine. The virus has not been isolated in animals to date. Therefore, it is not justified to name this disease swine influenza. In the past, many human influenza epidemics with animal origin have been named using geographic name, eg Spanish influenza or Asiatic influenza, thus it would be logical to call this disease “North-American influenza”.

Urgent scientific research must be started in order to know the susceptibility of animals to this new virus, and if relevant to implement biosecurity measures including possible vaccination to protect susceptible animals. If this virus would be shown to cause disease in animals, virus circulation could worsen the regional and global situation for public health.

Currently, only findings related to the circulation of this virus in pigs in zones of countries having human cases would justify trade measures on the importation of pigs from these countries. The OIE will continue its alert function and will publish in relation with its Members, Reference Laboratories and Collaborating Centres all appropriate information in real time.

OIE and FAO underline the great value of the influenza veterinary laboratory network called OFFLU, in charge of the surveillance of the evolution of influenza viruses in animals. There is a strong need to reinforce this network whose members are urged to put immediately in the public domain any genetic sequence of influenza virus they obtain.

This influenza event underlines in all countries the crucial importance of maintaining worldwide veterinary services able to implement in animals early detection of relevant emerging pathogens with a potential public health impact. This capacity is fully linked with veterinary services good governance and their compliance with OIE international standards of quality.

Source: OIE 2009

#### **Complacency**

Complacency was before and during the pandemic a major problem. Naturally many players had difficulties in assessing the relevance of their own actions to the overall response efforts. As a consequence, UNWTO initiated immediately after the first wave had affected the northern hemisphere and peaked in the southern hemisphere, the “Review and Preparation Exercises” which, differently

to the Simulation Exercises conducted previously, aimed at identifying the good practices and deficits (we avoided the use of the term “lessons learned” as it was at that stage too early to draw conclusions of that kind). Interestingly, the sector stakeholders had especially a strong interest in maintaining the vigilance and preparedness, while in several cases the health authorities of countries that had not experienced a first wave, had problems in justifying their pandemic preparedness efforts.

An interesting approach observed could be a concentration and coordination of efforts in a “National Preparedness Month” throughout which all national players would update and coordinate their emergency plans and information links.

### **Fast and sincere reporting**

Fast and sincere reporting of incidents such as communicable diseases is very important to try to contain the spread of the disease right as from the beginning. Since travel and tourism are heavily impacted by wrongly handled communications and inconsistent actions, damages can be caused to the sector, which could be avoided. This calls for a professional handling not only of the communication efforts but also for new ideas that have to be developed to best support those countries which, for the benefit of many others, reported the incidents fast and sincerely and thus allowed the international community to gain valuable time for their own preparations.

Of course, a virus of this kind can emerge at any point, anywhere in the world, but the fact that Mexico had to bear by itself the economic burden of an estimated 3 billion Euros just for their travel and tourism sector, should make us think. A process of thoughtful support and incentivising sincere reporting shall be studied to allow us to be better prepared for the future (see also annex 3 for further information).

### **International travel**

Wording is of high importance for the messaging process, especially considering that the official statements of WHO were globally the references for statements made by others, whether these were international organizations or national authorities, from the public or private sector, or health or other sectors. UNWTO was therefore very interested to ensure the proper use of the terminology related to travel and tourism, which was often used in communiqués of WHO.

The recommendation that sick persons should not embark on an international trip was right but its emphasis was wrong. In the circumstance of a pandemic, sick persons should stay at home, not travel at all, whether to their place of work, domestically or internationally. To recommend therefore ‘if ill, it is prudent to delay international travel’ puts unnecessary emphasis on international travel. It would have been better to phrase it ‘If ill, it is prudent and responsible to stay at home and avoid travelling until fully recovered’ (see also annex 4).

Box 4: WHO statement on 24 September 2009

## **Director-General statement following the fifth meeting of the Emergency Committee**

The Emergency Committee held its fifth meeting, via e-mail, concluding on 23 September 2009.

The Committee considered a proposal from the WHO Director-General regarding the continuation of three temporary recommendations issued under the IHR with respect to the on-going public health emergency of international concern. There was a consensus on continuing the three temporary recommendations proposed by the Director-General.

Having considered the views of the Emergency Committee, and the ongoing pandemic situation, the Director-General determined it was appropriate to continue these temporary recommendations, namely:

- countries should not close borders or restrict international traffic and trade;
- intensify surveillance of unusual flu-like illness & severe pneumonia; and
- if ill, it is prudent to delay international travel -- if ill after travel seek care.

Source: WHO 2009

While WHO agreed in principle to this objection, the legal framework of the IHR deals only with the international perspective and empowers the WHO only to make statements related to this. However, this example highlighted an area from which unnecessary inconsistencies could derive and which would be difficult to explain to the general public. Respecting the need for national authorities to take individual actions and recommendations, this issue must be resolved in the future.

### **4. Further lessons learned**

The Pandemic (H1N1) 2009 brought many lessons to all of us. It not only originated in an area different to the expected Asian region, where H5N1 was prevailing, but the mortality rate was also much lower than most pandemic plans and preparations had been developed for. However, already at this stage it can be concluded that the Pandemic (H1N1) 2009 was despite of its overall mild severity, extremely harmful to the travel and tourism sector. Although it is difficult to assess the global cost of the pandemic, also because of the financial and economic crisis which affected many countries, a large portion of the economic burden of this pandemic was shouldered by the travel and tourism sector. Although research identified that there were a number of studies on the possible economic and societal impact of a pandemic, information on the ex-post impacts from a global perspective were especially from a sectoral point of view not identified. This coincides with the observation that the sector has a certain tendency to publish information during an emergency but not after it is over.

A further limitation is in the nature of plans. As we have seen in several cases, not only are plans developed against scenarios and assumptions and the stated actions are tentative, but, more interestingly, in several cases they did not reflect the links and actions which actually were carried out and established. In several countries the links to the travel and tourism sector were much better

developed than actually laid out in the pandemic and emergency plans.

There are many different points of view on whether this pandemic was managed the right way or not. Whichever the ex-post conclusions will be health issues are among the major challenges for a sustainable tourism development. The lessons learned from the management of this pandemic are very important. They will not only serve us well in the area of health risks but also across the multi-hazard preparedness work the sector is carrying out. They will, as this pandemic also highlighted like no other event before, foster cross-sectoral preparedness and response, which definitely will allow us to come a step closer to the ultimate aim of achieving a sustainable tourism development and ensuring the safety and well being of all travellers and host communities.

While many of the above-mentioned observations and challenges are mainly originating from the travel and tourism sector, their application to other sectors is a further lessons-learned.

## List of Abbreviations

ENS	Emergency Notification System
FAO	Food and Agriculture Organization
ICAO	International Civil Aviation Organization
IHR	International Health Regulations
ILO	International Labour Organization
IOM	International Labour Organization
NEP	National Emergency Plan
OCHA	Office for the Coordination of Humanitarian Affairs
OIE	World Organisation for Animal Health
TERN	Tourism Emergency Response Network
UN	United Nations
UNDP	United Nations Development Programme
UNDPI	United Nations Department of Public Information
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSIC	United Nations System Influenza Coordination
UNWTO	World Tourism Organization
WEF	World Economic Forum
WFP	World Food Programme
WHO	World Health Organization

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