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TOURISM AND HEALTH IN THE CARIBBEAN*

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TOURISM AND HEALTH IN THE CARIBBEAN

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TOURISM AND HEALTH IN THE CARIBBEAN*

1. INTRODUCTION

1.1 Background and Justification

1.1.1 Economic Potential of Tourism

The Caribbean sometimes referred to in terms of the Caribbean Archipelago is comprised of countries and territories that share long histories of colonialism and dependence*. A high percentage of their GNP is attributable to tourism as is shown in Annex 1. Annex 2⁽¹⁾ shows tourism revenues calculated as a percent of exported goods. The gross receipts from tourism have been estimated for 1980 at US\$3.5 billion⁽²⁾. The data substantiate the point that tourism represents a particularly high portion of visible exports and therefore is the largest single regional industry in the Caribbean. It is also the major growth and export industry in several Caribbean territories and overall is an important earner of foreign exchange revenue even for those countries with significant extractive industries e.g. Trinidad and Tobago, Jamaica and Suriname.

The foreign exchange issue is significant because it affects the acquisition of goods and services required for investment or general recurrent needs. It is therefore an important factor in socio-economic development and may be a factor in reducing problems associated with unemployment and social unrest.

* For the purpose of this paper, the Caribbean area is defined as the coastal and open waters of the Caribbean Sea proper, the Gulf of Mexico and adjacent waters of the Atlantic Ocean. The coastal areas included are those of East Mexico, the Atlantic coasts of Central America and Panama, the Bahamas and the Antillean Archipelago, the northern tier countries of South America from Colombia to French Guiana and the Gulf areas of the United States.

In those countries of the Caribbean where studies have been undertaken, and where tourism comprises over 70% of the GNP, there is the highest per capita income of the Region. Also in the small, less developed Caribbean islands where the tourism sector has shown dramatic growth (1970-1978) the economic performance of those countries has been generally good. In view of this, projections for the tourism business have enormous significance^(3,4).

1.1.2 Employment Potential of Tourism

Tourism is a labour intensive industry (high service content) both direct and indirect. In the five Gulf States of the USA (Florida, Alabama, Mississippi, Louisiana, Texas) it is estimated that the tourism sector was directly responsible for producing slightly over one million jobs in 1977⁽⁵⁾. A study "Employment Generated by Tourism in the Caribbean Region" has been carried out by CTRC⁽⁶⁾. Annex 3 and 4 show the result of this work. According to the data in Annex 3 (in the area of the Caribbean studied) tourism can be said to have generated about 265,000 jobs in 1980 and 270,000 in 1981, of which 82,000 were directly accounted for in the accommodation section.

In the short-term, the worldwide recession and fluctuating exchange rates may continue to have a negative impact on tourism in the Caribbean and elsewhere. In the long term however, the experts agree that tourism will grow and in fact may be the largest industry by the year 2000. If the Caribbean basin is to share in this growth it must protect its outstanding and unique resources for tourism development.

1.1.3 Economic and Social Development

In brief, tourism can be a major catalyst for economic and social development in that it can:

- Generate jobs, a particular important consideration in areas plagued by unemployment and subject to unmet economic expectations by the young.

- Provide hard-currency foreign exchange with which to pay for consumer and capital imports that small countries cannot produce locally.
- Generate taxes and other direct and indirect revenues for government, which can be used to extend educational, health, and other public services to the local population.
- Stimulate activity in the agricultural, industrial, and commercial sectors of the economy that come into contact, directly or indirectly, with the tourism industry.
- Foster foreign and local investment and capital formation.

Since these socio-economic considerations are so critical to the Caribbean Region it is essential that those concerned with tourism at the national level look at all conditions and resources which may impinge on the development of this industry. Environmental conditions and health related aspects are among those factors to be considered and is the basis for this paper.

2. TOURISM AND HEALTH

2.1 General Relationships

A report from the World Bank⁽⁵⁾ -- "The Commonwealth Caribbean" -- describes in some detail the prospects and problems for tourism. It points out that there are social costs which accompany expansion of tourism and cites such factors as social tension, land alienation, etc., but does not discuss the influence of tourism on parts of the social sector like health and education. This report claims that "the greatest single need in the Region is to improve the links between the tourism sector and the rest of the economy." The thinking here was directed mainly to those other "productive" aspects of the economy and again no mention is made of health and the health component of economic development. Note is made, however, of the operating

problems for the industry and included among these was the failure of the governments to develop the infrastructure for tourism and to strengthen public sector institutions.

One of the oldest forms of tourism is travelling for health reasons, i.e. persons travelling to obtain cures, specific treatments, or surgery which were unavailable in their own localities. This kind of health tourism is very much a private enterprise in the Caribbean and receives no formal institutional support, except for some inter-government arrangements on occasion. In a survey of 17 countries from various parts of the world, the three Caribbean countries included, i.e., Bahamas, Jamaica and Colombia, did not contribute public funds to those kinds of facilities as opposed to countries like Belgium and Poland, where the facilities were almost totally government supported. Although this area has been given a great deal of publicity on occasion, it apparently contributes very little to overall tourists receipts⁽⁷⁾. For the most part the tourism industry in the Caribbean depends on the visit of the person who wants to enjoy the tropical environment.

The linkage between tourism and health is important in protecting the health of visitors and equally significant, the health of the local population. The latter must be given equal attention because healthy people and the energy they expend in intellectual and physical labor provide a crucial input for economic development.

The health aspects have additional significance as countries of the world aspire to attaining a level of health for their people which will permit them to work productively and participate actively in the social life of their community. With this in mind the World Health Organization (WHO) and its regional counterpart the Pan American Health Organization (PAHO) have formulated strategies to attain the goal of "Health For All By the Year 2000".

In the Resolution XX of the Meeting of the PAHO Directing Council in 1980, which adopted the Regional Strategies, it was recommended inter alia that Governments should:

- Adjust their health policies and plans and make them compatible with national development policies and strategies, taking into consideration the implications of the national strategies adopted by them, and the regional strategies which they have agreed upon to attain the goal of Health For All By the Year 2000.

- Reorganize the health sector to include community participation and to improve the linkages among the different components of the sector, relating them to other development sectors. National ministries and agencies concerned with health, planning and development, working together, can be far more effective and efficient in meeting overall country needs and in establishing priorities.

The Plan of Action to implement these Regional Strategies⁽⁹⁾ focuses on the development of national and regional primary health care strategies as a mechanism for increasing health coverage so as to include groups which are currently underserved. In order to achieve this, various inter and intra country mechanisms have to be developed to support the primary health care strategy and one of these mechanisms is the promotion of linkages between health and other national sectors. In the Caribbean the most important of these "other national sectors" is the tourism sector. Health contributes positively to development and the whole process is likely to be strengthened by complementary interactions between health and tourism.

Although there must be interaction between ministries at cabinet level, there is no evidence of any structured mechanism by which a health input is made into tourism, with the exception of Barbados with its Ministry of Tourism and Environment. There is also no information on the manner in which the health sector is supported by the tourism sector. There are also no data in the Caribbean from sector analysis on the effects of tourism on the health status, practices or problems of the local population.

2.2 Health-Tourism Interaction

2.2.1 Effects of Tourism on the Countries' Health Services

In terms of the Caribbean, the major important health related areas are the effects of tourism on the countries' health services in terms of utilization of services, both public and private as well as tourist morbidity and mortality.

A recent issue of "World Health"⁽¹⁰⁾ was devoted exclusively to Travel and Health. It gives simple advice to the traveller on what to do and sets out some of the responsibilities of the various parties involved. It sees international travel as a "four sided arrangement between the traveller, the travel organization, the transport company and the host government."

In the natural course of events some tourists may be expected to fall ill during their visit. There are the anticipated complications of sunburn, for example, and minor accidents associated with the enjoyment of the areas' natural resources. The age structure of the tourists also bears relation to the type of illness to be expected with tourists in the older age groups being more prone to the degenerative diseases and their sequels such as myocardial infarction, fractures, etc. There is complete absence of data on illnesses which tourists experience in the Caribbean.

There have been problems of persons visiting European countries with free, highly sophisticated health services specifically to obtain medical treatment: as far as we are aware there are no data on the amount of interisland travel for health reasons but it appears to be growing. In terms of a tourism and health project is is more important to determine the extent to which tourists use local health facilities and pay for them directly or indirectly. All the major health institutions can give examples of having to provide emergency and even intensive care to tourists whose illnesses may or may not be related to their stay in the Caribbean. Two countries, Bermuda and Bahamas, have realistic patient charges to ensure that tourists pay a sum approximating the economic costs for public health care.

In the Caribbean no attention has been paid to the use of health facilities by semi-retired persons who stay for periods longer than the usual tourists. Because of their age structure they are also likely to come into contact with both the private and public health systems.

Tourist mortality may cause some inaccuracies in mortality statistics in small countries, but once note is taken of this it should be relatively easy to correct. Another aspect of tourist mortality is the transportation of the remains: there are WHO regulations dealing with this, but these may need to be adapted for local use.

2.2.2 Health Care Facilities

It is essential for the tourist countries to have adequate facilities for care, given the normal health risks to which the tourists are liable. Most tourists come to the Caribbean from areas in which the attitude of patients to health care and the level of expected health care are different from those which obtain locally. Thus, if tourists come into contact with inadequate facilities, this may have a negative effect in terms of choice of destination for future visits.

Many hotels have private attending physicians and at least a health room. In the case of major problems, the visitor usually has to seek private or public health care and there have been both negative and positive results from this interaction between the visitor and the local health system. As far as can be determined, there have been no studies relating the possible needs of the visitors with the kinds of facilities which ought to be provided.

2.2.3 Health Problems Related to Travel

The emphasis is frequently on the diseases which tourists may contract and less on those which are transmitted because of movement of persons. The common diseases contracted include diarrhea and Reference 10 gives a brief

account of this. It also gives a general review of tourism and the sexually transmitted diseases which is another group of diseases which, according to legend, are associated with tourism, but there are no real data on the extent of this problem.

Part of the philosophy of rehabilitation of the handicapped and chronically ill is to encourage them into life styles which are as near to "normal" as possible. These persons are being encouraged to travel, and the simplification of technology is making this even more possible. Wheelchairs are common sights in airport lounges. When the person does not travel with his machine or appliance it is often possible to provide it for him at his destination. For example, there is a growing list of tourist resorts where patients with chronic renal failure may receive their hemodialysis on a regular basis. Most of the contact in this area has been on a person to person or physician to physician basis and there are no data on the volume or potential volume of this traffic.

2.2.4 Health Information for Visitors to the Region

Several problems have arisen in the past because of inaccurate information in newspapers, magazines, and brochures available from airline and tourist offices. If, as pointed out previously, the transportation companies share joint responsibility with the travel sector, then there is need for a mechanism to ensure that they have access to and use accurate information. Information on health risks is published by WHO to advise travellers (Vaccination certificate requirements for international travel and health advice to travellers). This has to be very general and there is need for a similar publication dealing more specifically with the Caribbean. Health documentation and port health procedures vary. There is already in the Caribbean some effort to regularize these procedures and codes.

2.2.5 Environmental Health

Some of the analyses on health and tourism in the Caribbean focus on the environmental aspects, i.e. the cause and effect relationship between tourism and environmental pollution. One of the points made in this regard is that stress on all services, and the possibility of pollution, is considerably increased because of visitor pressure. This visitor pressure is most marked in areas in which tourism activities are concentrated geographically, e.g., coastal areas.

There is also the effect which the environment has on the tourism potential of the area. In a sense, the environment is the main ingredient of the tourism product which is marketed and it is necessary to ensure that this core element is in optimum condition. Beach pollution is disadvantageous not only because it presents a health hazard, but also because it damages a vital tourist resource.

2.2.5.1 Water Supply and Sanitation Services

Water supply and sanitation still play an important role in the pattern of mortality and morbidity in the islands. Typhoid is still prevalent, reaching the highest rates in Dominica and St. Lucia (30.3 and 14.5 per 100,000 respectively). Available information also indicates that enteritis is still a leading cause of mortality and morbidity among children under five years of age.

Water also plays an important role in development because the abundance or the scarcity of it dictates the type of development process. Tourism, the mainstay of the economy in the islands, is a major water user and the disposal of excreta, sewage and solid wastes are problems that need to be addressed in a systematic manner. Water usage by the tourists more than doubles the average local demand, so that in both quantity and quality the national water supplies may be taxed beyond capacity, if not capability. Because of the limited existence of communal sewerage systems each tourist establishment must install and operate its own treatment and disposal unit.

Solid waste management in the islands is an old environment problem often made worse by the increased wastes from tourists at ports and tourist facilities, among others.

With the additional needs of the valuable tourist industry the countries and territories of the Caribbean are finding it difficult to participate effectively in the global movement to improve water and sanitation services in order to meet the goals of the International Drinking Water Supply and Sanitation Decade (1981-90).

2.2.5.2 Water, Marine and Coastal Pollution

Recent studies of environmental pollution in the Caribbean in relation to tourism, point out that much pollution is attributable to sectors other than tourism. Although marine pollution by untreated or insufficiently treated sewage can be tied directly to tourism activity, (e.g. coastal hotels and resorts), other sources of pollution are attributable to raw material production, intensification of agriculture, industrialization, and petroleum hydrocarbons. Another problem linked to tourism is contamination of the marine environment from human wastes and garbage discharged from boats, particularly in marinas. These problems threaten the development of economic activities such as coastal tourism and fisheries.

Most Caribbean countries have not fully developed the marginal and custodial ethics or the policies needed to protect adequately and use their coastal and marine assets: coastal pollution and erosion do affect some popular beach and resort areas. Because policies concerning coastal and marine resource management are seldom articulated at the highest level of decision-making in many of the Caribbean countries, environmental considerations are not incorporated, as a rule, into development planning.

2.2.5.3 Food Hygiene and Food Safety Monitoring

Food hygiene is of importance on a national level, but can be especially critical in tourist centers. The dense concentration of

persons in hotels and tourist resorts represents a potential for explosive epidemics of food borne diseases. The legal implications of problems in this area are just emerging.

In many Caribbean countries there has been a rapid expansion of hotel and other food service establishments to cater to tourists, including the fast-food industry. This rapid development has often outstripped both the national capacity to train food service workers and management in sanitary food handling practices as well as the public health inspectorate to ensure that safe standards are being maintained. The situation is further exacerbated by inefficient, non-standard, subjective methods of inspection and the conversion of residential buildings into food service establishments.

2.2.5.4 Related Activities

In obtaining support for a Tourism and Health project it should be recognized that there are a number of ongoing and proposed activities that impact on health and tourism in the Caribbean area. The completion and/or initiation of these activities should be encouraged by national officials and inter-related to any future project programme.

For example, following the adoption of the Caribbean Environmental Health Strategy in 1979 by CARICOM member States the implementation of its provisions is being approached on a prolonged basis. However, a number of activities with respect to water, sanitation and the wider aspects of environmental protection have been carried out. Sector studies have been undertaken that may be used as a basis for developing a Plan of Action for improving water supply and sanitation services and setting a proper course for reaching the objectives of the International Drinking Water Supply and Sanitation Decade. Sector studies have been carried out in Grenada, St. Vincent, Antigua, British Virgin Islands, St. Kitts; assessment of community water supply and sanitation was done for all countries in the Caribbean, including Belize and Guyana.

It is evident from these sector studies that direct technical assistance to the smaller territories is needed to improve the whole planning and management process including training personnel at all levels, and the present direction is now towards project development.

With regard to some environmental health problems, the countries of the Caribbean, acting in concert and under the umbrella of UNEP, are launching a far-reaching environmental protection plan that ranges from combating oil spills, managing watersheds and protecting coral reefs, mangroves, tropical forests and endangered species to mitigating the risks of natural disasters, and monitoring coastal pollution. Already a coastal environment project out of the Caribbean Environmental Health Institute in Saint Lucia is nearing completion.

Where tourism is important, food safety is critical because persons are not likely to return to a location where they became ill. Also, sick people can place a drain on health care facilities; and if they are so inclined, legal action may be taken which has its financial implications and may not be the best public relations for the country or area.

Recognizing the importance of food safety a PAHO/FAO/CARICOM Conference on Food Safety and Control (Policy and Strategy) for the English-speaking Caribbean Community (CARICOM) was held in November 1983 in Antigua; and follow-up activities at all levels are progressing.

As part of the new Caribbean Health Initiative environmental health (and country health) profiles are being prepared as a basis for urgent program/project development for improving health of the people in the Caribbean.

2.2.6 Other Health Considerations

The Caribbean region is subject to natural disasters associated with hurricanes, volcanic eruptions and earthquakes. Unfortunately these cannot

cannot be prevented but through careful monitoring and planning the impact of these disasters on loss of human life can be minimized. Of special concern is the vulnerability of the coastal hotels to the full blast of hurricane winds and accompanying sea surges.

The rehabilitation and management of health related facilities is of importance following natural disasters. Unfortunately many of the countries in the Caribbean Region have neither the capability of coordinating relief efforts nor the staff to carry them out. They also lack guides and manuals on management of health services and facilities in times of disaster. The particular post-disaster circumstances of many injured and/or homeless tourists would be beyond the capability of many national authorities at this time.

With respect to education the University of Puerto Rico and the University of the West Indies offer academic programs specific to tourism and there are several hotel training schools in the Caribbean. It would be advantageous for those being trained in this field to have knowledge of the health-tourism inter-relationships. Similarly, the training programmes for health personnel in the Caribbean should recognize the special needs of the tourism industry.

3. TOURISM AND HEALTH PROJECT

3.1 Objectives

It is clear that the tourism-and-health relationship deserves more attention than it has been given in the past. The collection and analysis of relevant data by organizations such as the Caribbean Tourism Research Center and the Pan American Health Organization can lead to improvements in the inter-action between the health and tourism sectors in the Caribbean, thus contributing to the economic development of the area. Such activities can be documented into a project with the following objectives:

3.1.1 Immediate Objectives

- To collect, analyze and collate data in order to prepare a health information manual for use in the tourism sector.
- To carry out the research necessary to determine the extent of the interaction between health, tourism, and the environment.
- To utilize the information for proposing policies in specific areas and promoting the implementation of these policies at the appropriate levels.
- To design or strengthen programs related to tourism and health as a result of the policy decisions. (These programs should be such that they can be implemented on a continuous basis at the national or subregional level).

3.1.2 Final Objectives

- To stimulate the intersectoral collaboration at all levels, from the ministerial decision-making to the operational level in the two sectors.
- To enhance the process of economic development through this interaction between health & tourism.

3.2 Brief Project Description

In order to realize the objectives stated above, a project can be developed which will comprise the following activities:

- Information collection and analysis
- Research
- Workshops
- Training of persons (food inspection)
- Cooperation with training institutions

3.2.1 Information Collection and Analysis

There is a great deal of information made available to tourists from a variety of sources - by tour agents, the carriers, health agencies and private concerns. This information may include advice on such things as immunizations required, the safety of the water and tourist facilities including the beaches and food establishments, the availability and location of health services.

This information must be examined. Various pertinent documents should be identified, examined and analyzed in order to get an overview of the information available and being disseminated to tourists. Also, an examination should be made of existing documents that may be helpful to those concerned with providing services to the tourist industry to determine how this information can be made more useful and effective.

3.2.2 Research

The understanding of the interaction between tourism and health is limited. Consequently, this activity of the project will concentrate on implementing specific research activities at the national and regional level, in such areas as: attitudes of tourists, health problems, usage of health facilities, role of environmental diseases/problems, etc.

3.2.3 Regional Workshops

It is proposed that two Regional workshops be held. One at the start of the project and the other at the conclusion. At the first workshop representatives of the various national sectors concerned with health, tourism and development would be invited. It is essential that early in the project these key individuals be appraised of the importance of linkages between sectors, the role of health in the development of tourism and what is proposed to be done in the project that may help further development of the industry. This sensitization is necessary if support and cooperation is to be given for the work to be done and, more important, to establish the framework for actions that will no doubt have to be taken later, including policy changes and the mechanism for better intersectoral coordination, among others.

At the conclusion of the project studies a second workshop will be held to disseminate the findings, to recommend an infrastructure for intersectoral coordination, and to outline a plan of action for implementation of recommendations made and accepted.

3.2.4 Training in Food Inspection

The first phase of this activity will be to analyze the current systems and legislation with respect to food handling. Subsequently, on the basis of this information various personnel will be trained in food inspection, food handling, airline catering, etc.

3.2.5 Cooperation with Training Institutions

In this activity information will be collected on the curricula of the tourism training institutions. On the basis of this, suggestions will be made regarding the health component of these curricula. Also, the curricula for training health personnel will be examined in order to give attention to the special circumstances of tourism where necessary.

4. CONCLUSIONS

As tourism continues to develop in the Caribbean area there is a growing trend to refine the tourism product and to provide a more attractive package at least cost. Such a movement quite understandably should include health considerations, and in the tropics, also the quality of the environment - coastal and inland.

The basis for serious analysis and development strategy is to be found in an increased knowledge and understanding of the inter-relationship between tourism, health and the environment not normally provided by the routine services of the tourism and health sectors.

One has to conclude therefore, that special project attention must be directed to these needs to provide answers to the questions being asked by intersectoral groups who are commissioned by their governments to accomplish integrated development in all areas of national life. It remains to be seen what combination of local and external resources can be identified to fund such project activities.

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TABLE 2

GROSS NATIONAL PRODUCT AND ESTIMATED VISITOR EXPENDITURES
(in U.S. dollars)

	GNP AT MARKET PRICES ^{1/}		VISITOR EXPENDITURES	
	<u>Per Capita</u>	<u>Total (Millions)</u>	<u>Total (Millions)</u>	<u>Percent of GNP</u>
MAINLAND				
<u>United States</u>				
- <u>Gulf Coast</u>				
Florida			11,274	
Alabama			1,350	
Mississippi			1,000	
Louisiana			2,000	
Texas			4,288	
Subtotal	8,640 ^{2/}	265,844 ^{3/}	19,912	7.5
<u>Mexico</u>	1,110	71,010	2,373 ^{4/}	3.3
<u>Central America and Panama</u>				
Guatemala	790	5,070	67	1.3
Belize	790	100		
Honduras	450	1,360	13	1.0
El Salvador	570	1,410	23	1.0
Nicaragua	830	2,010	33 ^{1/}	1.6
Costa Rica	1,240	2,550	63	2.5
Panama	1,220	2,150	171	6.9
Subtotal	854	15,650	370	2.2
<u>South America</u>				
Colombia	710	17,610	201	1.1
Venezuela	2,820	35,940	261	0.7
Guyana	560	450		
Suriname	1,500	660		
French Guyana	1,820	100	11 ^{5/}	11.0
Subtotal	NA	54,760		

.../

TABLE 2 (Cont.)

	GNP AT MARKET PRICES ^{1/}		VISITOR EXPENDITURES	
	Per Capita	Total (Millions)	Total (Millions)	Percent of GNP
ISLANDS				
<u>Northern Tier</u>				
Bahamas	3,450	750	412	54.9
Cuba	900	8,700		
Cayman Islands				
Jamaica	1,150	2,410	105	4.4
Haiti	230	1,100	37	3.4
Dominican Republic	840	4,200	91 ^{5/}	2.2
Puerto Rico	2,460	8,110	424	5.2
U.S. Virgin Islands	5,080	490 ^{5/}		
British Virgin Islands				
Turks and Caicos				
<u>Eastern and Southern</u>				
Antigua	890	62	7.5-10	14.1
Barbados	1,760	440	111	18.9
Dominica	410	33		
Grenada	450	50	12	24.0
Guadeloupe	2,380 ^{5/}	770 ^{5/}		
Martinique	3,340 ^{5/}	1,070 ^{5/}		
Montserrat	745	9		22.0
Netherlands Antilles ³	1,750 ^{5/}	430 ^{5/}		
St. Kitts/Nevis	650	30	1.3	5.0
St. Lucia	580	65	18.6	28.4
St. Vincent and Grenada	330	33.5	5.4	16.1
Trinidad and Tobago	2,380	2,650	87 ^{2/}	3.3

NA - Not available

¹ Preliminary estimates

² U.S. average

³ U.S. average per capita GNP times five-state population

⁴ \$467 million spent by visitors to the interior plus \$1,506 million spent by excursionists to the frontier zone

⁵ 1976 data

⁶ Includes frontier transactions

Sources: GNP: 1978 World Bank Atlas

Expenditures: Survey of State Travel Offices, 1978-79, U.S. Travel Data Center; World Tourism Organization; Organization of American States; Banco Nacional de Mexico; UNDP/IBRD Caribbean mission estimates; Caribbean Tourist Research Center

TABLE 3

TOURISM REVENUE COMPARED WITH VISIBLE EXPORTS, 1977

	Exports of goods (\$ mn)	Gross tourism revenue ^{1/} (\$ mn)	Tourism revenue as percent of exports of goods	Balance of Payments Account ^{2/} (\$ mn)
<u>MAINLAND</u>				
Mexico	4,781	2,120	26.3	-2,068
Guatemala	794 ^{3/}	85 ^{3/}	11.3	-8 ^{3/}
El Salvador	751 ^{3/}	18 ^{3/}	2.4	22 ^{3/}
Nicaragua	542 ^{3/}	25 ^{3/}	4.6	-66
Costa Rica	815	54	6.6	-222
Panama	268 ^{3/}	124 ^{3/}	46.3	-195
Colombia	2,378 ^{3/}	146 ^{3/}	6.1	341 ^{3/}
Venezuela	9,669	261	2.7	-2,053
<u>ISLANDS</u>				
Bahamas	2,589	412	15.9	67
Barbados	95 ^{3/}	83 ^{3/}	87.4	-57 ^{3/}
Dominican Republic	716 ^{3/}	91 ^{3/}	12.7	-264
Grenada	26	12	45.6	-6.2
Haiti	111 ^{3/}	28 ^{3/}	25.2	-13 ^{3/}
Jamaica	660 ^{3/}	106 ^{3/}	16.1	-303 ^{3/}
Montserrat			3.4	-3.7
Puerto Rico	3,346 ^{3/}	424 ^{3/}	12.7	-2,086 ^{3/}
St. Kitts/Nevis/ Anquilla	17	1	7.8	-8
St. Lucia	40	18	46.0	-21
St. Vincent	15.4			-17.5
Trinidad & Tobago	2,370 ^{3/}	87 ^{3/}	3.7	204 ^{3/}

¹ Gross payments made in the country visited; excluding international transaction receipts.

² Goods, services and transfers.

³ 1976 data; June 30, 1976 for Puerto Rico.

Source: Organization of American States; UNDP/IBRD Caribbean Mission, and "The Economic and Social Impact of International Tourism on Developing Countries," by Robert Cleverdon, The Economist Intelligence Unit Ltd., May 1979.

EMPLOYMENT GENERATED BY TOURISM 1980

ANNEX 3

PROVISIONAL ESTIMATES

	No of Rooms	Accommodation Employment	Other	Employment Direct	Indirect	Total Employment
<u>ECCM Countries</u>	<u>4,976</u>	<u>5,230</u>				<u>17,311</u>
Anguilla	150	105		354		459
Antigua	1,350	1,215	1,093		1,923	4,131
Dominica	157	119		361		480
Grenada	765	918		1,422		2,340
Montserrat	131	92		308		400
St. Kitts/Nevis	584	526		1,261		1,787
St. Lucia	1,329	1,847	538		3,768	6,153
St. Vincent and the Grenadines	510	408		1,153		1,561
<u>Other CARICOM</u>	<u>19,937</u>	<u>17,000</u>				<u>45,296</u>
Barbados	6,680	6,814	3,407		10,221	20,442
Belize	1,076	968		2,325		3,293
Jamaica	9,500	7,505		7,505		15,010
Trinidad & Tobago	2,141	1,713		4,838		6,551
<u>Dutch Netherlands Antilles</u>	<u>5,951</u>	<u>7,675</u>				<u>18,209</u>
Aruba	2,306	3,046 ^a	1,916		2,094	7,056
Bonaire	307	390		549		939
Curacao	1,668	2,118		2,986		5,104
St. Maarten	1,670	2,121		2,989		5,110
<u>France D.O.M.</u>	<u>7,742</u>	<u>6,993</u>				<u>14,643</u>
Guadeloupe	3,402	2,722			1,701	4,423
Martinique	3,340	4,442		5,778		10,223
<u>U.S. Territories</u>	<u>13,861</u>	<u>10,464</u>				<u>40,255</u>
Puerto Rico	9,330	7,464		21,086		28,550
U.S. Virgin Is.	4,531	3,000	3,720		4,985	11,705
<u>Other</u>	<u>42,281</u>	<u>34,793</u>				<u>129,556</u>
Bahamas	12,000	9,240	7,207		24,177	40,624
Bermuda	4,710	3,768		10,645		14,413
British Virgin Is.	650	585		1,404		1,989
Cayman Is.	1,323	1,587		2,461		4,048
Costa Rica	3,973	3,178		8,979		12,157
Dominican Republic	3,800	4,000	1,000		2,900	7,900
Haiti	2,943	2,119		6,887		9,006
Suriname	553	420		1,272		1,692
Turks and Caicos Is.	329	296		711		1,007
Venezuela	12,000	9,600		27,120		36,720
TOTAL	93,208	82,326				265,270

^aAccommodation units and casinos

	(1) Population	(2) Employed Labour Force	(3) Employment Generated by Tourism	(3) ÷ (2)%
<u>CARICOM Countries</u>	<u>4,266,144</u>		<u>57,683</u>	
<u>ECCM Countries</u>	<u>554,844</u>		<u>17,680</u>	
Anguilla	7,000		497	
Antigua and Barbuda	76,138 ^a	23,222 ^a	5,490	23.6
Dominica	74,089 ^a	15,130 ^a	802	5.3
Grenada	108,000		1,738	
Montserrat	11,626 ^a	4,669 ^a	400	8.6
St. Kitts/Nevis	48,699 ^a	13,566 ^a	1,781	13.1
St. Lucia	120,000 ^a	31,800 ^a	5,805	18.2
St. Vincent & The Grenadines	109,292		1,167	
<u>Other CARICOM</u>	<u>3,711,300</u>		<u>40,003</u>	
Barbados	249,110 ^a	103,352 ^a	14,430	14.0
Belize	138,000 ^b		3,099	
Jamaica	2,172,200	703,400 ^a	15,944	2.3
Trinidad & Tobago	1,152,000	447,300 ^c	6,530	1.5
<u>Dutch Netherlands Antilles</u>	<u>244,200</u>		<u>17,933</u>	
Aruba	65,000		6,817	
Bonaire	9,600		936	
Curacao	156,000		5,087	
St. Maarten	13,600		5,093	
<u>France D.O.M.</u>	<u>658,000</u>		<u>9,340</u>	
Guadeloupe	332,000		3,888	
Martinique	326,000		5,452	
<u>U.S. Territories</u>	<u>3,520,000</u>		<u>53,877</u>	
Puerto Rico	3,415,000	807,000 ^g	42,172	5.2
U.S. Virgin Islands	105,000	35,940 ^f	11,705	32.6
<u>Other</u>	<u>27,484,000</u>		<u>131,255</u>	
Bahamas	231,000	84,288 ^d	41,058	48.7
Bermuda	59,000		12,250	
British Virgin Islands	12,000		1,986	
Cayman Islands	11,000		4,224	
Costa Rica	2,163,000	665,072 ^e	11,590	1.7
Dominican Republic	5,286,000		11,881	
Haiti	5,009,000 ^a		8,976	
Surinam	352,000	101,550 ^e	1,678	1.7
Turks and Caicos Islands	6,000		1,003	
Venezuela	14,401,000	3,819,900 ^e	36,600	1.0
TOTAL	36,197,532		270,088	

Note: Population estimates taken from CTCR 1981 Statistical Report unless otherwise stated
Labour force estimates from World Bank 1981 Memoranda unless otherwise stated.

- (a) Total World Bank Memoranda mid-year estimates
(c) Total Labour force, 1979
(d) 1977 Bahamas study on the Tourist Dollar
(f) Estimate from Economic Impact of Tourism in the U.S.V.I.

- (b) 1979 World Bank Memoranda mid-year estimate
(e) Estimates from 1979 United Nations Statistical yearbook
(g) Estimate from Economic Impact of Tourism in Puerto Rico

