CONSULTATION ON INTERNATIONAL TRAVEL AND HEALTH (ITH)
Ho Chi Minh City
Wednesday, 7 May 2014

I. Introduction

The ITH consultation was organized with the support of the Asia Pacific Travel and Health Society (APTHS), prior to the 10th Asia Pacific Travel health conference in Ho Chi Minh City, Vietnam. The overall objective of the consultation was to reinforce regional and global health security by promoting the development of travel health information sharing in the Asia Pacific region.

The specific objectives of the consultation were:

(i) to update participants on the current WHO and Asian Pacific work in travel health
(ii) to promote networking between travel health experts in Asia Pacific and globally
(iii) to analyse progress made since the last consultation in Singapore; and
(iv) to identify short, medium and longer term needs, priorities and strategies for the strengthening of travel health in Asia Pacific.

The expected outcomes of the consultation were the identification of short, medium and longer term needs, priorities, strategies and activities in travel health for the Asia Pacific region.

II. Summary of Presentations and discussions

Summary of Singapore (2012) consultation

An outline of the results of this consultation was presented. Recommendations focussed on expanding partnerships and number of professionals involved in travel medicine as well as training in travel medicine. There was also a recommendation to promote information on, and awareness of, travel medicine.

Summary of Maastricht (2013) consultation

Maastricht consultation noted the variations in travel and health providers and the lack of travel health qualification requirements. A need for harmonization of travel notices and proactive information was emphasized as well as the involvement of corporate organizations. A possible role with migrants and refugees was discussed and the role of WHO for advice and direction acknowledged. While travel associated health risk related to environment, type of travelling and host risk was underlined, there was agreement that a better evidence based risk assessment is needed as well as evidence based guidelines.

The consultation recommended that a panel of experts be formed to guide evidence based work, research, strategy for basic risk assessment and validate recommendations as well as network of partners to mobilize and assign resources. Expansion of networks and increasing the number of professionals was proposed and a request was made for WHO to enhance International Travel and Health, quality, access, risk profile and to provide a list of training and qualifications.
Update of WHO International Travel and Health activities

Current WHO work is focussing on International travel and health (ITH) publication and Website, follow up on Yellow fever booster vaccination change, defining routes for airplane disinsection, travel and trade monitoring during events, Hajj and mass gatherings, follow up of work with WHO collaborating centres (WHO CC) and formulating a proposal for a network for International Travel and Health.

Proposed WHO CC on International Travel Health in Beijing, China

The institute of health quarantine (IHQ) of Chinese Academy of Inspection and Quarantine (CAIQ), the General Administration of Quality Supervision, Inspection and Quarantine of the People’s Republic of China (AQSIQ) is proposed for a WHO collaborating Centre on International Travel and Health. The proposed terms of reference for the centre are:

1. Contribute to WHO public health work on travel medicine and in particular to WHO International Travel and Health publication development.
2. Organize regional or global scientific meetings & educational activities on travel medicine.
3. Develop a surveillance network for monitoring infectious disease among international travellers.
4. Develop a traveller health information network and determine measures for the health of travellers based on epidemics and surveillance data generated from the surveillance network.
5. Within the framework of the International Health Regulations, support WHO in the global management of international public health emergencies with implications for travellers.

Discussion

On WHO International Travel and Health and evidence based recommendations

There are concerns with the loss of the momentum for the WHO’s ITH publication since it has not been published for the past two years.

Producing evidence based recommendations in travel medicine might be difficult because many recommendations are based on clinical observation or because the strength of evidence is not very strong. Also, deciding on a threshold for recommendation will be challenging. Validity and generalizability of evidence in travel medicine and evidence in other areas of human medicine are not comparable. Still, Travel Health has to make recommendations and most of them will be clinically based expert opinion.

IHT recommendations have to be aligned with other WHO recommendations. There is a need to share requirements imposed for travellers by some countries (e.g. India for polio vaccination or South Africa for yellow fever).
On Travel Heath

Travel health was initiated as pre-travel for outbound travellers from Europe and US. It then expanded to post travel. It now needs to be reinforced for the “during travel” component and expand to other populations e.g. by identifying the health risk for migrant workers to the middle East.

Travel health is often assimilated to clinic for tourists, not for travellers. There is a need to shift the focus on international mobility and to emphasize the role of travel health in the global control of infectious disease transmission and public health security.

Travel health needs a shift toward a stronger public health approach and more involvement ministries of health. WHO should play a leading role in this.

While the number of travellers is increasing in Asia Pacific, the private health sector is in rapid expansion in the Asia Pacific region and it is a new actor to be considered.

International travel and health societies have an important role to play and need to be revitalized in many countries. Also, ministries of tourism and sport should contribute to risk assessment for travellers at country level.

WHO should advocate with national authorities for the development of travel Health as a contribution to Global Health, health security and international control of communicable disease. There is a need to better document the importance of travel health e.g. through the recent publication of Malaria contracted by Chinese workers abroad. Next year meeting with ASEAN could be used as an opportunity for the promotion of travel health.

Travel health could encompass migrants and refugees.

Agenda Items

1. Introduction of participants, objectives, setting up the scene (30mn)
   o Sarah Borwein, Gilles Poumerol
2. Presentations and large group discussions
   o Maastricht consultation – summary of recommendations (30mn)
     ▪ Karin Leder
   o Following up on recommendations from the 1st consultation in Singapore 2012 (45mn)
     ▪ Levina Pakasi
   o WHO and travel and health (15 mn)
     ▪ Gilles Poumerol
   o Coffee Break (15 mn)
   o Proposed WHO CC on international travel and Health in China (15mn)
     ▪ Jin Xia
   o Way forward (30mn)
     ▪ Sarah Borwein
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