Healthy Travel
Effective Communication to Improve Travel Health Outcomes

By Rachel Briggs and Najibullah Habib

ABOUT THE AUTHORS

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ABOUT THE PARTNERS

Healthy Travel is a collaborative project between **The Foreign Policy Centre, Demos, The Nuffield Trust** and **Control Risks Group.** A research seminar was held at The Nuffield Trust in October 2003, which was attended by a range of policy makers and practitioners with an interest in the future of travel health. The authors and partners would like to thank all those who attended and contributed valuable ideas to this report.

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Introduction

Travel makes the world go round. It makes our globalised economy function, it allows us to shop around for even our most basic welfare services, such as operations, and it enables us to relocate for work or for lifestyle reasons. It is not, of course, new to the 21st or even the 20th century. "People have been on the move throughout human history. The instinct to migrate between different environments is part of our inheritance".[1] But what is different is the pace, frequency and complexity with which we travel today.

The benefits of our unabated appetite for travel are well documented. The industry of international tourism and travel is now estimated to account for up to 8% of total world exports and at least 34% of world trade in services, accounting for over £280 billion in revenue, almost one-third the value of world trade in the service sector. It is responsible for earning more revenue than the oil industry, the clothing industry, the motor vehicle industry and the trade in electronic equipment, and is projected to be the world's largest industry by the year 2010.[2] Travel also brings benefits that are less easy to measure, such as heightened cultural awareness that breeds tolerance, educational benefits and new skills.

But the growth in travel does not come without a price. In recent years, there has been an understandable focus on the security risks of travel, especially those relating to terrorism. It is important, though, that these issues do not obscure awareness of the health impacts of travel. Conservative estimates show that 30-50% of travellers get ill or are injured during their trip. In recent years a number of communicable diseases have been reintroduced into the UK as a result of the movement of people. Similarly, as we travel from the UK we can take health problems with us and deposit them

[1] Veenkamp , T. Bentley, T and Alessandra, B. (2003). *People Flow*. Demos.
[2] WTO (2001)

in our destinations. And because travel is so integrated into almost every aspect of our lives, the impacts of health scares tend to go beyond the personal and public health realm. The 2003 outbreak of SARS is a good example. Canada's economy took a dip and the cost of the outbreak in Hong Kong was estimated at 4% of GDP.[3]

"Healthy Travel" argues firstly that the effective communication of information and advice on travel health can have a positive impact on health outcomes and should be seen as an important and integral part of the public health infrastructure in the UK and beyond. While the focus is mainly on the UK, many of the conclusions and recommendations contained in the report are likely to be transferable to other developed countries. Information on global travel health is patchy. This report makes the case for research to be stepped up in order to build a better picture of travel health, the ways it impacts around the world and emerging best practice for communicating messages effectively. This work should not just embrace epidemiological or clinical research, but should also employ techniques from the social sciences, policy studies, historical texts and the experiences of individual travellers.

Secondly, the report calls for a much richer, more diverse and more localised dissemination strategy based on networks rather than on a top-down system. The communication of travel health needs to involve a broader range of organisations because individuals have their own unique combination of contacts depending on who they are, their reason for travel and other personal factors. Those responsible for communicating travel health messages should work through as many of these avenues as possible to increase the likelihood of contact with the traveller and to ensure as personalised a response as possible.

[3] Heyman, D. (2003) (presentation) *WHO and UK: Working together in the control of communicable diseases*

Thirdly, it argues that we need to have a broader debate about where the boundaries of responsibility lie for travel health and how this relates to communication. Especially important are the distinctions between the responsibilities of government and citizens and those of employers and employees. While it is important to ensure that information is accessible and that national governments have an active interest in this given the potential cost to the public purse, it must not be forgotten that the individual has a responsibility for actively seeking out advice and translating it into action. Getting this balance right and finding an appropriate way of expressing it is not an easy task. This report seeks to open the debate and provide a framework for continuing discussion.

Finally, "Healthy Travel" seeks to remind policy makers, the media and the travelling public that we must be realistic about the uncertainties inherent in travel. Travel health advice is not an exact science; risks must be balanced against rewards, and different people and organisations will have different appetites for risk. The heightened public interest in international security has put the spotlight on information providers, such as the Foreign Office. While this interest should be welcomed, and has undoubtedly prompted positive change among providers, it is important that we guard against too much scrutiny, which might lead to over-cautious advice. Ultimately, this would lead to poor travel health outcomes and a declining trust in information sources. Travel health advisors must retain their licence to be bold.

"Healthy Travel" is not a detailed account of the policy instruments for communicating travel health information. This discipline is still in its infancy and needs further research. Instead, it aims to map out the sweeping challenges facing policy makers and practitioners. It is hoped that it will spark further debate among those involved in travel health, domestic health policy and the communication of travel advice.

Part One: The rise in international travel and its impact on health

Our thirst for international travel is one of the most visible manifestations of globalisation at work.

Emerging travel trends pose important challenges for the communicators of information and advice on travel health: from basic increased demand to a growing number of trips to destinations outside the traditional 'comfort zone' of Europe and North America that bring individuals into contact with new health risks.

The most important trends in travel include:

We are travelling overseas more often than ever before
Between 1950 and 2000 the number of overseas trips from the UK increased by well over one thousand per cent, with numbers roughly doubling every decade from the 1970s onwards.[4] In 2002, Britons made 60 million trips abroad, more than one for every member of the population. Worldwide, there were 699 million international arrivals in 2000, and this figure is expected to reach 1.5 billion by 2020.[5] This puts pressure on those responsible for communicating information and advice about travel health, especially now that travel safety has become front-page news and the subject of select committee enquiries.[6]

We are travelling further afield than ever before
In more far-flung destinations health risks can be greater or different to those in the UK. While travel outside the relative 'comfort zone' of Europe and North America accounted for just over one in ten trips

[4] *We're all going on a summer holiday*, Megan Lane (http://news.bbc.co.uk/1/hi/magazine/3097727.stm)
[5] WTO (2001)
[6] In 2002 the Intelligence and Security Committee published its enquiry into the Bali bombing, which considered the way the Foreign Office and its embassy in Indonesia handled travel advice in the lead up to the bombing. In 2003 the Foreign Affairs Select Committee examined Foreign Office travel advice as part of its enquiry, 'Foreign Policy Aspects of the War against Terrorism', Tenth Report of Session 2002-2003.

from the UK in 2000, it is experiencing one of the highest growth rates – 260% between 1986 and 2000, compared to less than half of that to destinations within the EU. The challenge for travel health advisers is heightened because the risks can be greater in these areas, and there can be less familiarity with even the most minor of risks.

The impact on health

Conservative studies estimate that 30-50% of travellers get ill or injured while travelling.[7] Most travel health related problems are not serious; only about 5% require a doctor's attention and only 1% will be admitted into hospital.[8] This is not surprising, given that the vast majority of trips are to low risk countries.

But travellers – wherever they go – are at heightened risk of becoming ill. Studies have shown that we are more susceptible to illness when we travel: we tend to overdo the food, the drink and the sun and have disrupted sleep patterns, all of which come with health warnings; the air conditioning on planes does an excellent job of spreading infections during the journey; and we put ourselves into contact with new strains of minor infections that catch our immune systems off-guard.[9] This poses the greatest risk for travellers with pre-existing conditions, who now find it much simpler to visit exotic destinations due to the increased ease and comfort of international travel.[10] High-risk groups and individuals with chronic conditions, such as heart ailments, diabetes mellitus, asplenia, and malignancy, not only need information about the risks they face in their

[7] Behrens, RH (1990). Protecting the health of the international traveller, *Trans R Soc Trop Med Hyg*; 84: 611-612

[8] Reid D, Cossar JH. (1993) Epidemiology of Travel, British Medical Bulletin, 49: 257-268; Steffen R, Health risks for short-term travellers, in Steffen R, Lobel HO, Halworth J et al eds Travel Medicine: Proceedings of the first conference on International Travel Medicine, Zurich, Switzerland 5-8 April 1988. Berlin: Springer-Verlag, 1989

[9] Siem H (1997). Migration and Health: the international perspective, *Schweizer Rundschau Medizin Praxis*. 86 (19): 788-93

[10] Wilson (1997)

destination, but also about how to manage pre-existing conditions in their new surroundings.

Improved information about travel health not only benefits the individual traveller – it can also tackle some of the domestic public health problems that are the by-products of increased international travel. For example, between 1978 and 1988, a number of communicable diseases were imported into the UK, including AIDS, amoebiasis, brucellosis, cholera, cytomegalovirus, diptheria, dystentery, giardiasis, helminths, hepatitis A&B, lassa fever, leishmaniasis, leptospirosis, malaria, poliomyelitis, rabies, salmonellosis, schistosomiasis, shigellosis, trypanosomiasis, tuberculosis, typhoid, and paratyphoid.[11] Illnesses related to travel could become an increasing burden on the NHS and a challenge to GPs who may not suspect an exotic imported illness in a recently returned traveller. While migrant flows to the UK are undoubtedly the major factor in the arrival of these diseases, much more research is needed to understand these flows, and it should not be forgotten that travel from the UK also plays a part in the spread of diseases and other health-related problems elsewhere.[12]

Background research for this report and related projects has shown that there is scant information available on travel health trends. This may be due to a lack of international collaboration to collect and disseminate it. Given the increasing speed and complexity of international travel and the likely impact of this trend on health, it is important that more information is generated to ensure that those responsible for communicating travel health advice have all the relevant information they need to hand. And because it is now possible to be just about anywhere on the globe within 24-36 hours – less than the incubation period for most infectious diseases – the global health community faces growing real-time pressure in issuing

[11] Cossar (1996)

[12] Collin, J and Lee, K. (2003). The implications of increased population mobility for health in the UK are discussed in *Globalisation and Transborder Health Risk in the UK: Case studies in tobacco control and population mobility*, Nuffield Trust for Research and Policy Studies in Health Services.

advice to promote Healthy Travel. Acting pre-emptively is becoming more necessary but increasingly difficult.

International co-operation is required, but this is a difficult challenge because travel is vital to the functioning of any economy, making countries reluctant to be open about their problems. The interests of countries are simultaneously shared and at odds with each other. While this issue lies beyond the scope of this paper, it serves to remind us of the sensitivity surrounding travel advice.

New challenges emerge as hitherto unexplored areas of the world open up to mass travel for the first time, and travellers begin to venture into unstable regions, described by Robert Cooper as "zones of chaos". As Cooper has observed, "The existence of such a zone of chaos is nothing new; but previously such areas, precisely because of their chaos, were isolated from the rest of the world. Not so today when a country without much law and order can still have an international airport."[13] The challenges to health and safety in such contexts are also an issue for multinational companies, operating in unstable environments.

[13] Cooper, R (2000) *The Postmodern State and the World Order*, Demos and The Foreign Policy Centre.

Part Two: The challenges for travel health advice

Recent changes in travel trends raise important challenges for travel health advice providers. While advice can make the difference between life and death in extreme cases, it can only be effective if it is sound, relevant to the individual, accessible to the traveller and acted upon. Evidence shows that the work of advice providers is too often in vain because it does not reach the people who need it. To heighten the chances of this chain remaining unbroken we need to move from a top-down, hierarchical system of information transfer to delivering information through a network of official government sources, organisations with an interest in the health of travellers – such as travel agents, tour operators, insurers and employers – and travellers themselves.

Travel health advice must be sound

The first factor influencing the effectiveness of travel health advice is accuracy. The content of health advice lies beyond the parameters of this report, but evidence suggests that there is room for improvement, and it is important to acknowledge this gap given that information is the first link in the chain. Poor advice is damaging for a variety of reasons: failure to identify a risk can lead to health problems and an over-cautious advisory can get in the way of the travellers' enjoyment, have serious consequences for the destination country and ultimately discredit the information source – an issue which we analyse later in the report. The most common source of pre-travel health advice in Europe and North America is the local GP. However, there is evidence to suggest that the quality of pre-travel advice given by some GPs is inadequate. German and Swiss studies have shown that GPs in those countries on average give correct advice for travel to Thailand and Kenya in only 25% of consultations;[14] a US study shows that 40% of immunisations given to travellers by GPs were inappropriate and 40% of anti-malarial recommendations were incorrect.[15] At a recent research seminar at The Nuffield Trust, health practitioners expressed concern about the lack of quantitative information available to them in relation to travel

[14] Hatz et al (1997)
[15] Keystone (1994)

health. They felt that their messages would have more impact on travellers if they were able to quantify the level of risk faced by the individuals.

Travel health advice must reach people who need it
Evidence suggests that travel advice, including advice about health, is failing to reach the people who need it. In research commissioned by the UK Foreign Office, only 9% of respondents were able to name a potential risk that they may have been exposed to during their last overseas trip. Of this group, over half had relied on word of mouth for information about potential risks, while just 2% had consulted the FCO or a consulate overseas. This concern has been reiterated by Alan Flook of the Federation of Tour Operators (FTO), "There is still an amazing amount of ignorance among the travelling public, even about the most popular destinations and the most common problems."[16]

A range of factors, mostly related to the travel trends outlined in the previous section, contribute to the failure of travel health advice reaching its intended audiences. More research on the relative importance of theses trends and exactly how they work is vital to moving travel health advice forward. Firstly, many travellers have misperceptions of the health risks they face and do not feel they need to seek advice. This can be caused by a number of factors: as we become more confident as travellers we may develop a false sense of security; when we travel for pleasure we may choose to ignore the potential dangers; and with the strong focus in recent years on the security risks of travel there is a possibility that health risks will be overlooked. The growth in the number of short trips is significant because travellers may mistake shorter stays for smaller health risks. For example, the typical business assignment length is falling and old style expatriates are a dying breed.[17] Estimates of the proportion of

[16] Interviewed as part of the research process for the report, *Travel Advice: Getting Information to Those Who Need it*
[17] Doyle, J and Nathan, M (2001) *Wherever Next? Work in a Mobile World,* The Industrial Society.

travellers who actively seek pre-travel advice in Europe and North America are only 40-50%, with most consulting their local GP.[18]

Secondly, many travellers assume that someone else is responsible for informing them that they are at any level of risk. Tourists often assume that their travel agent or tour operator will take responsibility. While this is true in many cases research has revealed significant gaps. In a study published in 1998, travel brochures assessed for health information in high street travel agents showed that only 11% carried health information in a prominent location, 64% placed health information at the end, and 25% carried no information at all.[19] It would be useful to re-run this study in the light of the Foreign Office's "Know Before You Go" campaign that aims to encourage more organisations, including travel agents and tour operators, to promote travel advice and display it prominently on travel related literature.[20] The same is true for business travellers who assume either that they will not be sent to areas with high health risks or, if they are, that their employer will both inform them about it and take steps to minimise the potential danger. While an employer has a duty of care to protect the health and safety of all employees when working overseas and express this through a written policy, a recent study carried out by one of the authors of the report showed that only 31% of the organisations questioned had such a policy. The laws about the health and safety of employees in cases where problems take place outside the working day are full of grey areas. Ultimately, there are philosophical dilemmas for companies about when and how it is appropriate for them to make direct interventions to safeguard the health of their employees, especially when one of the largest health problems facing employees when they travel overseas is sexually transmitted diseases.

Thirdly, as we start travelling more spontaneously, the time available to take both advice and action is coming under pressure. As Adrian Gorham, Security Manager for O2, has commented, "The health of

[18] Junghans (1997)
[19] Shickle (1998)
[20] There is more information on this campaign in the next section of the report

our people is key to the business – people are our key asset. But business travel is often arranged at short notice, which can make injections difficult. We therefore try to inoculate our frequent flyers, but it is often difficult to predict who will need to travel."[21] This trend is not limited to business travel, but is a symptom of our growing familiarity and the ease of international travel.

[21] Interviewed for the report. Briggs, R. (2002) *Travel Advice: Getting information to those who need it*. The Foreign Policy Centre.

Part Three: The network approach to disseminating travel health advice

The diversity of travellers' needs is not limited to the *content* of the advice. In order for the advice to be effective, it also needs to take account of different *dissemination* needs. This relates to the way in which information is presented, the means of delivery, the identity of the provider and where the traveller sits in the network of different potential providers. This section will show that communicating simple messages through a small number of official – often government – providers is becoming less effective. Instead we need to develop a network system where information is diffused from a variety of sources and flows in many different directions.

Getting the right information to the right people depends on finding the most effective routes for reaching the individual. These routes will be defined by a series of factors relating to their identity which will in turn determine the type of organisations that the individual will come into contact with and trust. While the effective management of travel health information increasingly requires policy makers to co-ordinate on a global level, getting information to the end users requires much more effort at the local level. There are three main groups of factors influencing dissemination and within each there are a range of organisations or networks able to act as conduits for information – purpose of visit, identity and lifestyle.[22] They are well placed to deliver advice to their niche groups because they usually maintain regular contact; they have a detailed understanding of the needs of the group they serve; and they are able to package travel health advice alongside other information, increasing the likelihood of it reaching even those who underestimate their risks. Importantly, information sources need to be trusted. The table below contains some examples.

[22] This is a model similar to that used by travel health practitioners. A different, but similar, model is also outlined in Habib NA and Behrens RH (2001) Advising the Traveller, *Medicine*; (29)5: 1-3

Table 1: Possible conduits for disseminating travel health information

Factor	Example	Conduit
Purpose of visit	Package holiday	Tour operator; travel agent; airline; insurance company; guide books
	Business	Employer; trade union; colleagues; sector-specific publications or networks; the Health and Safety Executive (HSE)
	Independent travel	Airlines; specialist travel agencies; guide books; travel community
	Aid work	Aid agencies; government departments; international bodies, such as the UN
Identity	Ethnic minorities	Local community groups; specialist press; Diaspora organisations
	Women	Women's magazines; women's networks
	Younger people	Schools; universities; youth press/magazines
	Older people	Specialist travel agents and tour operators; doctors; insurers
	Gay/lesbians	Specialist press; specialist travel industry;
	Unhealthy Travellers/existing conditions	Doctors; travel industry
Lifestyle	Walking	Sports groups; specialist press;
	Adventure/extreme	Specialist sports media;

	sports	sports groups; youth networks

The UK Foreign Office currently leads efforts to produce and disseminate travel advice – including health information – for the British travelling public. In recent years it has started to think about niche marketing of selected advice to particular groups, such as those highlighted above and about building long-term partnerships with particular groups. There are two notable examples: the annual delegation to the Hajj in partnership with the British Muslim community and growing partnerships with the travel industry through its 'Know Before You Go' campaign.

Delegation to the Hajj and relations with the British Muslim community

Each year 30,000 British Muslims take part in the pilgrimage to Mecca. Since March 2000 the Foreign Office has been the first organisation from a historically Christian country to co-ordinate medical, pastoral and consular assistance to Britons taking part in the Hajj. Each year so far, approximately 2000 people have received medical treatment from the delegation, which in 2002 consisted of 3 Foreign Office staff, 6 doctors and a counsellor in 2002. The team is made up of volunteers from the British Muslim community plus Muslim staff from the Foreign Office.[23]

Relationships with the travel industry

Largely through the establishment of its "Know Before You Go" campaign the Foreign Office has continued to build relationships with the travel industry. The campaign calls on companies to sign up to be partners and, among other things, obliges them to help disseminate the Foreign Office's travel advice to their customers and contacts. The Foreign Office also holds an annual seminar for representatives from the travel industry to discuss issues of concern and strengthen relationships.

[23] Consular Work Annual Review (2002), FCO.

The recent efforts of the Foreign Office are encouraging. But the range and depth of their partner organisations needs to be substantially increased to incorporate the full range of actors set out on the right hand column of Table 1. The most notable gap is employers. Ensuring that companies have access to information on travel health which they can distribute to their employees is vital and the Foreign Office should re-evaluate its own role in this process and consider dedicating more time to signing up companies, chambers of commerce, and other business network organisations to the 'Know Before You Go' campaign.

That is not to say that companies are without responsibility themselves. The way labour and responsibilities are divided should be a subject for further discussion and research. And both government and business must make efforts to identify new ways in which information can flow in both directions. Given their presence on the ground, companies could offer useful information about the travel health problems they experience to help fill the gaps identified in our knowledge and understanding of travel health trends. This is just one example of how the Foreign Office's network could be expanded well beyond the travel industry. During the research seminar at the Nuffield Trust it emerged that there may also be scope for strengthening further existing networks between key actors, primarily the Foreign Office, the Department of Health and the World Health Organisation, to ensure that travellers can easily and quickly access authoritative health advice regardless of their point of entry.

Part Four: Managing the risks created by travel health advice

Ensuring that travellers have access to more targeted information about travel health risks and how to minimise them is the key to safe and Healthy Travel. But we must remember that there are unintended consequences that must be managed if travel health information is to maximise the positive and minimise the negative effects.

Managing expectations about travel health advice
The first and most important danger is that the health and foreign policy communities can create unreasonable expectations about what can be achieved when promoting the value of travel health advice among travellers. Uncertainty can never be eliminated and this message must be clearly communicated. The role of travel health advice is to pass on available information – and as we have already seen, there are still gaps in our knowledge – with analysis by experts and advice about what individuals can do to minimise their exposure to these risks as far as possible. There is also rarely a single correct answer, only a judgement and the behaviour of individuals. The resources at their disposal will have an important bearing on their health. While the dissemination of information in a more targeted way through networks should help to minimise the number of variables at play, these risks will never be eliminated altogether.

Guarding against unhealthy scrutiny of travel health providers
Travel advice providers – notably UK government diplomats – have come under the spotlight in recent years, largely due to the massive increase in overseas travel and the fact that security has risen up the media, political and public agendas. This scrutiny on the whole is to be welcomed: it has no doubt contributed to the changes and improvements made by the Foreign Office over the past year or so. We must, though, guard against unconstructive criticism, which could ultimately lead to negative health outcomes. Previous research suggests that travellers switch off when they are bombarded with negative messages over a prolonged period of time; and over- or under-cautious advisories can undermine the reputation

of that particular source or even the perceived value of travel health advice overall.[24]

Maintaining a healthy balance of responsibility between information providers and citizens

One of the most important dangers to guard against is that by raising our expectations of what information sources should be doing we could lose sight of the individual traveller's own responsibilities for their health and safety. The extent to which the individual seeks out, is receptive to, and follows travel health advice is the ultimate factor determining the effectiveness of travel health advice. It is, of course, difficult for official sources, especially government ones, to make this case without being accused of attempting to shift the blame for their own shortcomings. It is therefore important that others continue to raise this concern. Individuals need to take responsibility for their actions and avoid risks in the expectation that others will necessarily bear the cost of mishaps. Some may do this knowingly, but the large majority of travellers are likely to do it inadvertently because they are ill-informed. At a recent research seminar at The Nuffield Trust, travel health practitioners reported that a large majority of travellers are not aware that many travel health treatments, such as inoculations, are not available free of charge on the NHS and do not realise that pre-existing conditions, including mental health problems, can render insurance policies null and void. Similarly, many do not realise that the Foreign Office cannot bail them out if they fall ill while uninsured. Managing expectations is therefore important.

We must also face up to the reality that it is only a matter of time before travel advice providers start to be the subject of legal action. The health and foreign policy communities must begin to articulate this balance of responsibility and where it should rest in practice before it is decided in a court of law.

[24] Briggs, R (2003) *Doing Business in a Dangerous World: Corporate Personnel Security in Emerging Markets*, The Foreign Policy Centre.

The impact on destination countries

We must not lose sight of the impact that travel health advice or its coverage in the press can have on the destination countries. The risks for them are often much greater than those we face, partly because the economies of some developing countries are heavily dependent on tourism and travel. This vulnerability is highlighted by a case in Kenya. The media attention following the death of just one British tourist from malaria contracted in the country led to an estimated loss of 100,000 visits by UK tourists to Kenya over the following 2 years. This was calculated as a decline in foreign earnings of £69 million, which was equivalent to 18% of Kenya's foreign earnings.[25] This reminds us of the need to embrace proactively the media as a partner in strategies to disseminate public information around travel health.

[25] Behrens and Grabowski (1995)

CONCLUSION

Between a third and a half of all travellers become ill or injured when they travel overseas. Given that travel is now so central to almost every facet of life this problem needs to be addressed, however, the growing intensity and complexity of our travel patterns is making this harder to do so. This report has argued that we have yet to harness the potential of travel health advice and has three recommendations for future work and discussion.

Firstly, effective travel health advice relies on the availability of sound research on the full range of problems. We need more research on travel trends and how they relate to travel health because there are still considerable gaps in our understanding. We also need a better understanding of how travellers perceive risks when abroad and how travel health advice provision can be shaped to manage misperceptions.

Secondly, we need to move from a top-down hierarchical model of information dissemination to one based on networks and multiple sources. This would enable a more localised response, where information is more detailed and tailored to the needs of the individual traveller and comes from the information sources that they are more likely to trust and be in touch with. Developing this further also requires the mapping of the organisations that need to be involved and on working out the most effective methods of communication to ensure that information changes behaviour.

Thirdly, policy makers and practitioners working in the fields of health, foreign policy and travel health must face up to the risks generated as more people rely on travel health advice. It is vital that travellers have realistic expectations of what this advice can achieve and are aware of the persistence of uncertainty. We also need to reassess the balance between healthy and unhealthy scrutiny of the performance of advice providers. The latter can tempt providers to be reactive and over-cautious and this can undermine their reputation and the perceived value of their information among the travelling public. One of the most difficult challenges right across government at present is getting the right balance of responsibility

between government and the citizen. This is particularly important within the context of travel health advice where the behaviour of the individual is central in determining its relative success.

As we face up to these challenges it is important that we maintain a sense of perspective. This report does not argue that travel health is the biggest problem facing our societies – after all most health problems facing travellers are still fairly minor and do not require any treatment. However, as fears about personal safety and security have heightened in recent years, especially in relation to international terrorism, it is important that those responsible for travel advice do not overlook health.

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