



UNWTO
World Tourism Organization

COVID – 19 RELATED TRAVEL RESTRICTIONS A GLOBAL REVIEW FOR TOURISM

NINTH REPORT AS OF 8 MARCH 2021



Acknowledgments

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Prepared by:

UNWTO

Sustainable Development of Tourism Department

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1. Key Facts

As of 1 February 2021

- **32%** of all destinations worldwide are **completely closed** for international tourism and **34%** are **partially closed**, while **2%** have **lifted** all COVID-19 related travel restrictions.

The following categories of COVID-19 related travel restrictions for international tourism are being applied across 217 destinations worldwide:

- **Complete closure of borders:**

69 destinations (32% of all destinations worldwide) have their borders completely closed.

38 destinations have their borders completely closed **for at least 40 weeks** (18% of all destinations worldwide and 55% of the destinations with complete border closure).

- **Partial closure of borders:**

73 destinations (34% of all destinations worldwide) have partially closed their borders.

- **Negative COVID-19 testing and quarantine:**

70 destinations (32% of all destinations worldwide) request the presentation of negative Polymerase Chain Reaction (PCR) or antigen tests upon arrival as the main requirement when entering a destination, often combined with quarantine.

Out of these 70 destinations **31% are Small Island Developing States (SIDS)** from the

Americas (79% of all SIDS in the Americas and 41% of all SIDS worldwide).

Additional 70 destinations request such tests as a secondary or third measure bringing the number of destinations that request PCR or antigen tests to 140 (65% of all destinations worldwide).

- **Lifting of all COVID-19 related travel restrictions:**

5 destinations (2%) have lifted all COVID-19 related restrictions.¹

- From a **regional point of view**, the 69 destinations that apply **complete closure of borders** are:

- **30 destinations in Asia and the Pacific** (65% of all destinations in Asia).

- **15 destinations in Europe** (28% of all destinations in Europe).

- **11 destinations in Africa** (21% of all destinations in Africa).

- **10 destinations in the Americas** (20% of all destinations in the Americas).

- **3 destinations in the Middle East** (23% of all destinations in the Middle East).

- 26% of all complete border closures are observed by **18 Small Island Developing States** that represent 33% of all SIDS worldwide (14 SIDS in Asia and the Pacific, 74% of all SIDS in the region and **4 SIDS** in the Americas, 14% of all SIDS in the region).

¹ Albania, Costa Rica, Dominican Republic, North Macedonia and Tanzania.

- Among the 38 destinations with complete border closure **for at least 40 weeks²** are **15 SIDS** (28% of all SIDS worldwide), **9 Least Developed Countries (LDCs)** (19% of all LDCs worldwide) and **5 Landlocked Developing Countries (LLDCs)** (16% of all LLDCs worldwide).
- From a **regional point of view**, the 38 destinations that have had the borders completely closed for at least 40 weeks are:
 - **22 destinations in Asia and the Pacific** (48% of all destinations in Asia and the Pacific).
 - **7 destinations in the Americas** (14% of all destinations in the Americas).
 - **5 destinations in Africa** (9% of all destinations in Africa).
 - **3 destinations in Europe** (8% of all destinations in Europe).
- From a regional point of view, the 73 destinations that have **partially closed their borders** are:
 - **29 destinations in Europe** (53% of all destinations in Europe).
 - **21 destinations in Africa** (39% of all destinations in Africa).
 - **10 destinations in Asia and the Pacific** (22% of all destinations in Asia and the Pacific).
 - **6 destinations in the Americas** (12% of all destinations in the Americas).
 - **7 destinations in the Middle East** (54% of all destinations in the Middle East).
- Many governments advise their citizens to avoid non-essential travels abroad. The 10 most important source markets, which have such a restriction in place, generated 44% of all international arrivals in 2018.³

2 Specific analysis of complete border closure in comparison to partial border closure is carried out since April 2020, which allows detailing complete border closures since then.

3 Germany, China, Hong Kong SAR, United Kingdom, France, Canada, Russian Federation, Netherlands, Republic of Korea and Japan (order of destinations according to the generated outbound) generated in total 578 million outbound travels in 2018.

Figure A - Destinations with travel restrictions for international tourism as of 1 February 2021

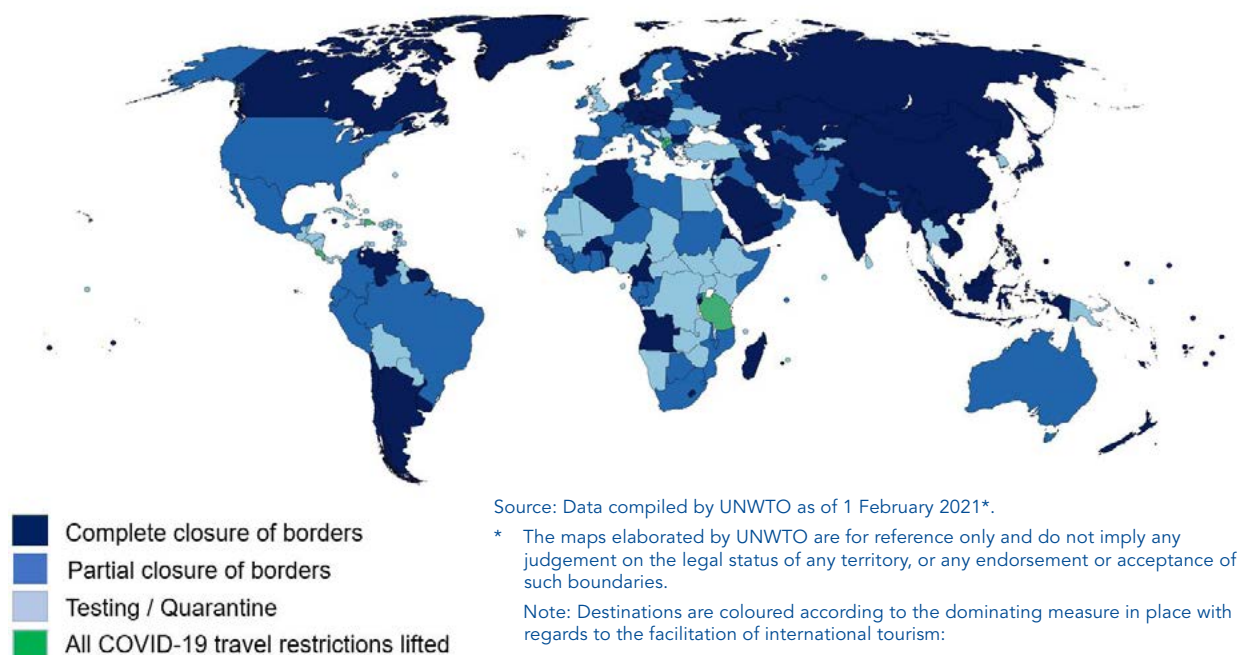
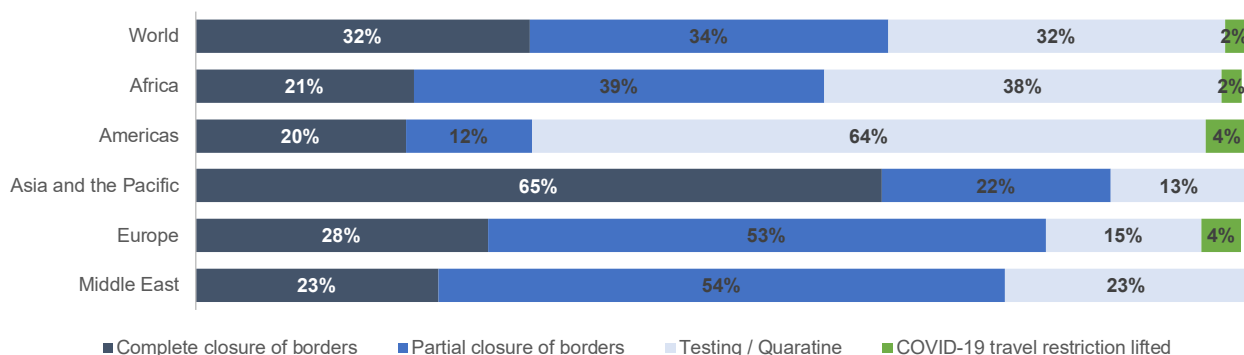


Figure B - Regional breakdown of travel restrictions as of 1 February 2021



Source: Data compiled by UNWTO as of 1 February 2021.

2. Introduction

The COVID-19 pandemic is causing unprecedented consequences for societies, economies and tourism, which is especially affected by the public health measures introduced by governments since the World Health Organization (WHO) declared COVID-19 a Public Health Emergency of International Concern (PHEIC) on 31 January 2020 and a pandemic on 11 March 2020.⁴

Travel restrictions are a widely used measure being applied by destinations to limit the spread of COVID-19. While in March 2020 restrictions were observed mainly in Asia and the Pacific and Europe, with the spread of the pandemic, soon all destinations around the world had restrictions in place. As of 18 May 2020, 75% of destinations worldwide had their borders completely closed, thus bringing international tourism almost to a complete standstill. After this peak of border closures, destinations started easing travel restrictions to progressively allow the movement of people and reactivation of economic activities, including tourism. In November 2020 the lowest number of complete border closures was registered (27% of destinations worldwide) and measures such as the request for negative COVID-19 test results upon arrival became the predominant technique. At present, the persistent serious epidemiological situation and in particular the emergence of different SARS-CoV-2 variants of concern (VOCs) have reversed the trend and resulted in the tightening of travel restrictions, mostly directed at destinations in which these VOCs have been verified. Travel restrictions remain a serious challenge for tourism operations to fully recover, given both the wide array of requirements across destinations and the unpredictability of further adjustments.

This is the ninth issue of a series of *Reports on COVID-19 Related Travel Restrictions – A Global Review for Tourism*. These reports aim to support the tourism sector address the global health crisis of COVID-19 by providing an overview and analysis of the travel restrictions implemented by governments. The reports are updated on a regular basis and aim to support mitigation and recovery efforts of the tourism sector.

The monitoring of travel restrictions is carried out mainly from the standpoint of travel facilitation for tourism purposes (i.e. focusing on temporary visitors/tourists that come to a destination for holiday, leisure and recreation purposes) and therefore does not take into account any measures directed at other categories of inbound travellers, such as commuters, diplomats, residents, business travellers, visitors of friends and relatives and health tourists or others.

This work is carried out by the World Tourism Organization (UNWTO) Sustainable Development of Tourism Department (SDT) that, *inter alia*, monitors visa policies around the world since 2008 and produces the Visa Openness Reports, which focus on entry requirements for tourism purposes.⁵

4 Please see for more information Annex 9 Overview on COVID-19 and pandemic measures, including travel restrictions.

5 World Tourism Organization, Travel Facilitation reports, please see at: www.unwto.org/sustainable-development/travel-facilitation.

3. Rationale and focus of the analysis

COVID-19 related travel restrictions are being continuously adjusted by governments according to the epidemiological situation within the destinations as well as in neighbouring destinations and source markets. While the majority of destinations have eased travel restrictions for international tourism and introduced new procedures, such as testing upon arrival, still very few destinations have completely lifted travel restrictions. In addition, some destinations have tightened travel restrictions again and many continue to have their borders partially or completely closed.

This ninth report provides the analysis of travel restrictions as of 1 February 2021 with special focus on destinations with complete border closure and destinations that have had borders closed for the past 40 weeks. As in previous reports, these destinations are analysed according to selected economic and political blocs, in particular emerging and advanced economies, Small Island Developing States (SIDS), Least Developed Countries (LDCs) and Landlocked Developing Countries (LLDCs). Travel restrictions are also analysed in relation to the economic importance of tourism in destinations. Both the Health and Hygiene Indicator and the Environmental Performance Index (EPI) are used with the objective to explore the link between health and environmental performance⁶ and the connection to travel restrictions.

With the aim to identify causalities and relations between factors that might have an influence on travel restrictions, data on the 14-day notification rate of new COVID-19 cases per 100,000 population was collected at the time of analysing the travel restrictions.

Lastly, travel advisories issued by the governments of the Top 10 source markets for their respective citizens are analyzed, with the aim to better understand their additional important influence on the recovery of international tourism.

⁶ IPBES (2020) Workshop Report on Biodiversity and Pandemics of the Intergovernmental Platform on Biodiversity and Ecosystem Services. Daszak, P., das Neves, C., Amuasi, J., Hayman, D., Kuiken, T., Roche, B., Zambrana-Torrel, C., Buss, P., Dundarova, H., Feferholtz, Y., Foldvari, G., Igbinosa, E., Junglen, S., Liu, Q., Suzan, G., Uhart, M., Wannous, C., Woolaston, K., Mosig Reidl, P., O'Brien, K., Pascual, U., Stoett, P., Li, H., Ngo, H. T., IPBES secretariat, Bonn, Germany, available online at: <https://ipbes.net/pandemics>.

4. Overview of COVID-19 related travel restrictions as of 1 February 2021

4.1. Volume, severity and evolution of travel restrictions on international tourism

As of 1 February 2021, a total of 142 destinations (66% of all destinations worldwide) have either completely⁷ (69 destinations, 32% of all destinations worldwide) or partially⁸ (73 destinations, 34% of all destinations worldwide) closed their borders for international tourism (Figure 1). There are 70 destinations (32% of all destinations worldwide) which request the presentation of negative COVID-19 test results upon arrival to the destination, often combined with quarantine measures. A total of 5 destinations (2% of all destinations worldwide) have lifted all COVID-19 related travel restrictions.

Despite the increasing understanding of the effectiveness of public health measures and the progress of testing technologies and vaccine rollouts⁹, the global epidemiological situation¹⁰ and the emergence of new SARS-CoV-2 VOCs¹¹

have led to travel restrictions being maintained and continuously adjusted.

There are significant regional differences in the application of travel restrictions. For instance, while an overall increased use of Polymerase Chain Reaction (PCR) and antigen testing requirement is observed¹², this measure is applied by 64% of the destinations in the Americas. Furthermore, 65% of the 46 destinations in Asia and the Pacific continue to maintain their borders closed. This is of particular interest as destinations in Asia and the Pacific were among the first that introduced travel restrictions at the very beginning of the outbreak of the virus. 73% of those destinations in the region are closed since at least April 2020.

Europe, besides the Middle East, is the region in which destinations apply partial border closures above the global average. Moreover, Schengen Member States remain partially closed to third- countries¹³.

7 Complete closure of borders means that all air, land and sea borders are closed for international tourism purposes.

8 Partial closure of borders means that one or the combination of different borders (air, land or sea) are closed, but not all of them; e.g. land borders are closed while travellers can arrive by air. Or e.g. in the case of Schengen borders are closed only towards third-countries. In addition, this category comprises destination-specific restrictions, meaning that entry of specific destinations, usually destinations categorized as high-risk, also due to a high-number of VOCs cannot enter for international tourism purposes.

9 WHO issued an Interim Position Paper on “Considerations regarding proof of COVID-19 vaccination for international travellers” and “Temporary Recommendations on 5 February 2021”, indicating that national authorities shall not introduce requirements of proof of COVID-19 vaccination for international travel for departure or entry, given that there are still critical unknowns regarding the efficacy of vaccination in reducing transmission. Furthermore, considering the limited availability of vaccines, preferential vaccination of travellers could result in inadequate supplies of vaccines. For more information please see at: <https://www.who.int/news-room/articles-detail/interim-position-paper-considerations-regarding-proof-of-covid-19-vaccination-for-international-travellers>. Also please see the WHO Bulletin on “Immunity Certification for COVID-19: ethical considerations” at: <https://www.who.int/bulletin/volumes/99/2/20-280701/en/>.

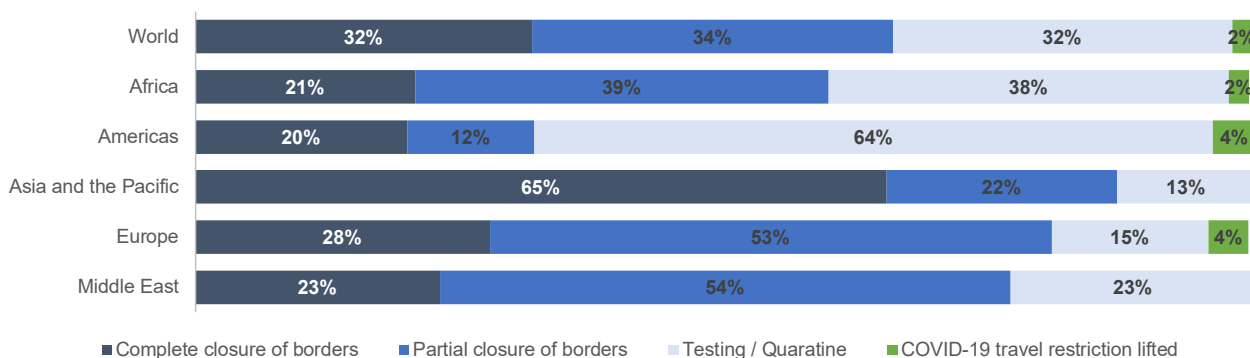
10 As of 31 January 2021, a total number of 102 million COVID-19 cases and 2.2 million deaths from 222 countries and territories were reported by the WHO. All WHO regions, except South-East Asia, reported a decline in new cases. A global decline of deaths of 1% was also reported, however deaths increased in the Western Pacific, Eastern Mediterranean and the Americas. For more information please see WHO Weekly epidemiological update- 2 February 2021 at: <https://www.who.int/publications/m>.

11 In the second half of 2020 new variants were reported to the WHO as unusual public health events by the United Kingdom, referred to as SARS-CoV-2 variants of concern (VOCs) VOC 202012/01 (or 20I/501Y.V1); the Republic of South Africa, referred to as VOC202012/02 (or 20H/501Y.V2); and from Brazil, referred to as P1 (or 20J/501Y.V3). By 31 January 2021, 75 destinations had reported and verified cases of VOC202012/01, 34 destinations of VOC202012/02 and 10 destinations of P1. See for more information, please see at: <https://www.who.int/publications/m/item/weekly-epidemiological-update---9-february-2021>.

12 It is furthermore noted that i) besides PCR tests also antigen tests are increasingly accepted, ii) the amount of maximum days during which tests have to be done before the arrival into a destination ranges between 3 to 10 days, iii) the costs of PCR tests varies significantly among regions and countries. The research team also noticed that in some cases the destinations ask for PCR and/or antigen tests from registered laboratories, an indication for preventing potential falsification of tests.

13 For more information please see the Council Recommendation on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction as of 30 June 2020, at <https://data.consilium.europa.eu/doc/document/ST-9208-2020-INIT/en/pdf> and the UNWTO COVID-19 Related Travel Restrictions- A Global Review for Tourism. Eighth Report as of 2 December 2020, at: <https://webunwto.s3.eu-west-1.amazonaws.com/s3fs-public/2020-12/201202-Travel-Restrictions.pdf>.

Figure 1- Regional breakdown of travel restrictions as of 1 February 2021

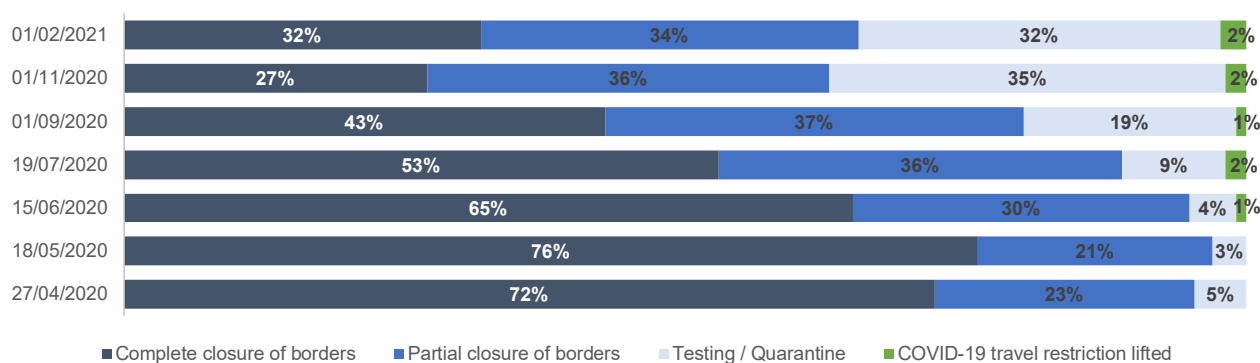


Source: Data compiled by UNWTO as of 1 February 2021.

At the same time, an increase in the number of complete border closures has also been observed, except for Africa and the Middle East. In the case of Europe, since 1 November 2020 an increase from 7% to 28% among the 54 destinations of the region has been registered.

Such tightening of measures has in some cases happened in parallel to strict national public health measures, such as lockdowns¹⁴, which on certain occasions even include the explicit suspension of tourism activities.

Figure 2 - Evolution of Global Travel Restrictions April 2020 to February 2021

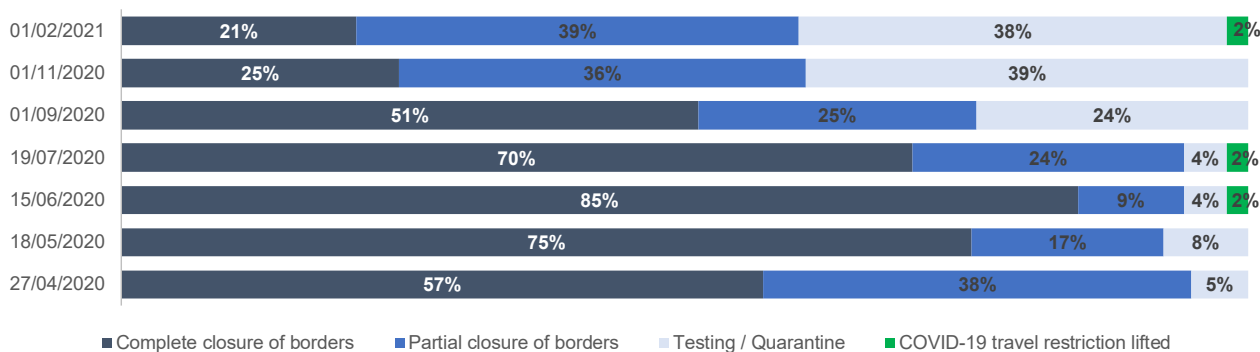


Source: Data compiled by UNWTO as of 1 February 2021.

14 Large scale physical distancing measures and movement restrictions, often referred to as “lockdowns”, for slowing COVID-19 transmission by limiting contact between people. For more information please see at: <https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19> and WHO Non- Pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza at: <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf>.

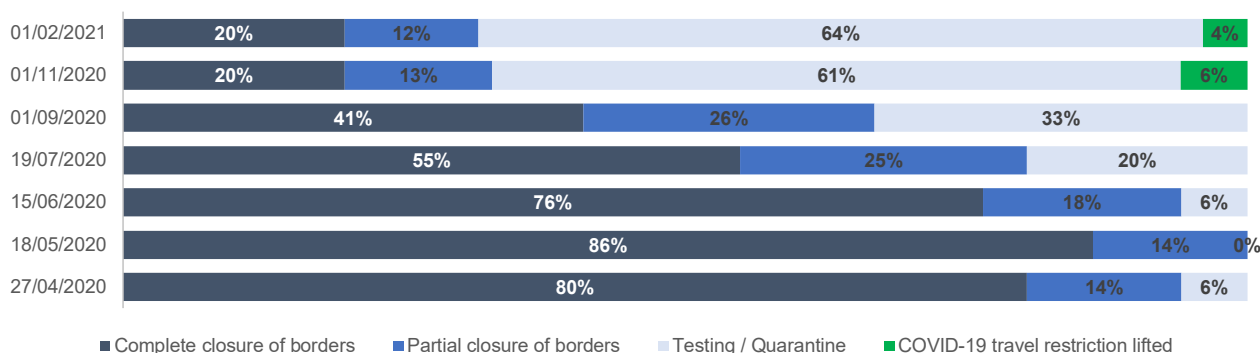
The regional differences are showcased by the following graphs:

Figure 3 - Evolution of Travel Restrictions April 2020 to 1 February 2021 in Africa



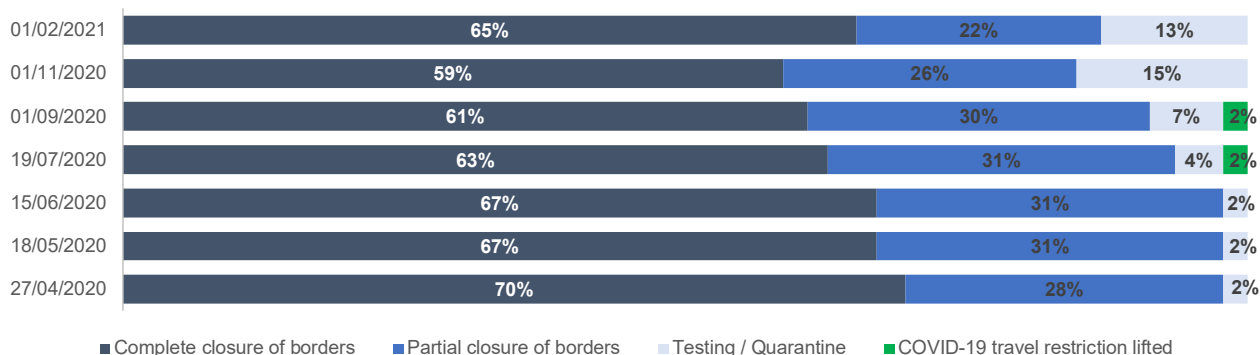
Source: Data compiled by UNWTO as of 1 February 2021.

Figure 4 - Evolution of Travel Restrictions April 2020 to February 2021 in the Americas



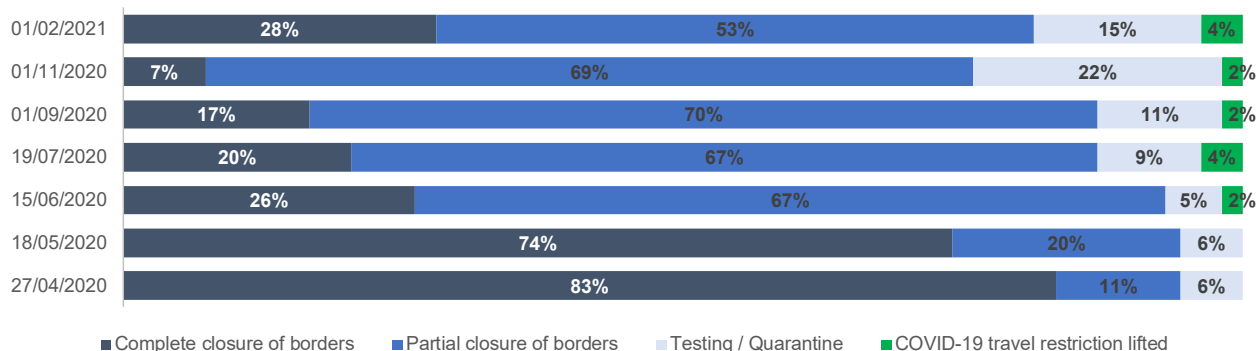
Source: Data compiled by UNWTO as of 1 February 2021.

Figure 5 - Evolution of Travel Restrictions April 2020 to February 2021 in Asia and the Pacific



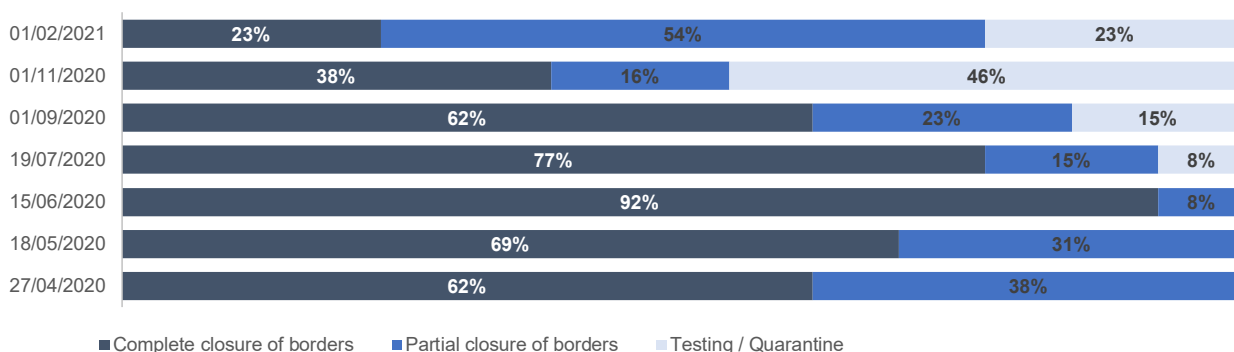
Source: Data compiled by UNWTO as of 1 February 2021.

Figure 6 - Evolution of Travel Restrictions April 2020 to February 2021 in Europe



Source: Data compiled by UNWTO as of 1 February 2021.

Figure 7 - Evolution of Travel Restrictions April 2020 to February 2021 in the Middle East



Source: Data compiled by UNWTO as of 1 February 2021.

In addition to the different categories of travel restrictions, also other measures are observed to be increasingly applied:

- Health declarations and “passenger locator forms” are requested from any inbound traveller¹⁵. In some destinations these are still paper-based forms while others make increasingly use of modern technological solutions, including the application of QR-codes and apps, with the aim to facilitate the

identification of potentially affected travellers and their subsequent tracing.

- Pre-approvals and Authorizations before arriving are requested by some destinations, mostly in the Caribbean, in addition to other measures such as the presentation of negative COVID-19 test results.
- Specific proof of health insurance coverage is requested from international tourists by some

¹⁵ For the purpose of this analysis all types of inbound traveller are taken into account (business travellers, residents, diplomats, visitors of friends and relatives, etc).

destinations, while others offer COVID-19 insurance schemes for the duration of a traveller's stay.

- Public Health Corridors, travel bubbles, travel corridors and green lanes have been implemented to a limited degree or have been cancelled due to the emergence of the VOCs, while discussions are still ongoing on the introduction of new ones.¹⁶
- In addition, an increasing number of countries indicate on their governmental websites that travellers vaccinated against COVID-19 can enter the destination without any restrictions.¹⁷
- Lastly, there are also outbound requirements being applied by governments which issue relevant travel advice for their citizens recommending to avoid all non-essential travel abroad. The 10 most important source markets, which have such a restriction in place, generated in 2018 44% of all international arrivals.¹⁸

The continuous evolution of travel restrictions and additional requirements across regions, as well as the travel advice issued by Governments

for their citizens, remain a challenge for the recovery of international tourism.

However, there are important initiatives underway which focus on harmonization of protocols, measures¹⁹ or in developing technological solutions with regards to the provision of health-related information (testing and vaccination information in particular) of international passengers for cross border travel are currently underway.²⁰

4.2. Characteristics of destinations with complete border closure

As of 1 February 2021, 69 destinations (33% of all destinations worldwide) have their borders completely closed for international tourism. According to the latest data available, these destinations received 34% of all International Tourist Arrivals (ITAs) in 2018²¹.

The analysis shows that there is an increase of destinations in this particular category since the last report of 1 November 2020, which might be explained by higher infection rates and the emergence of the SARS-CoV-2 VOCs.

16 ICAO's Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) has developed a manual on Testing and Cross-border Risk Management Measures and has introduced a Public Health Corridor (PHC) Implementation Website. States are encouraged to implement PHCs, for which purpose an Implementation Package Establishing a PHC was developed. For more information please see at: https://www.icao.int/covid/cart/Documents/Doc%2010152_Manual%20on%20Testing%20and%20Cross-border%20Risk%20Management%20Measures.pdf and at: <https://www.icao.int/safety/CAPSCA/Pages/Public-Health-Corridor-%28PHC%29-Implementation-.aspx>.

17 Ethical questions in relation to immunity certification programmes are addressed in the WHO Bulletin on "Immunity Certification for COVID-19: ethical considerations" on immunity certification, please see at: <https://www.who.int/bulletin/volumes/99/2/20-280701/en/>.

18 Germany, China, Hong Kong SAR, United Kingdom, France, Canada, Russian Federation, Netherlands, Republic of Korea and Japan (order of destinations according to the generated outbound) generated in total 578 million outbound travels in 2018.

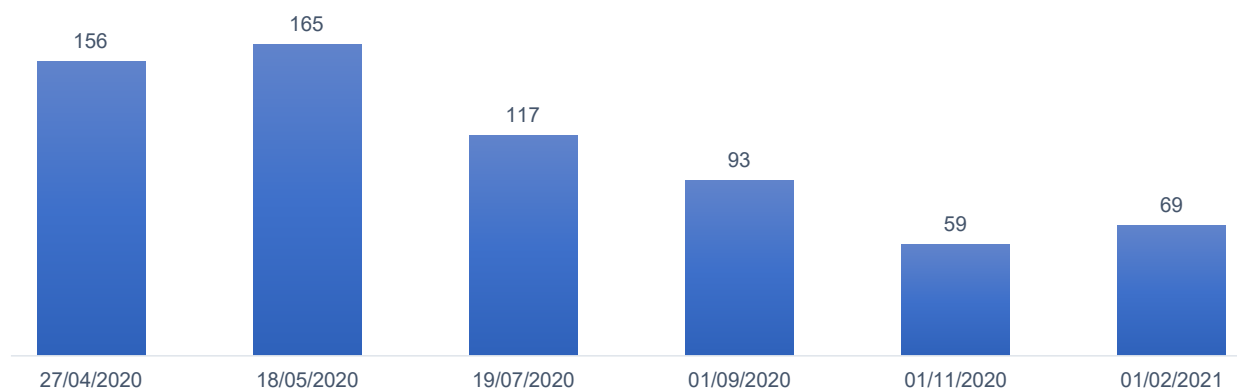
19 This is showcased by, *inter alia*, the work of ICAO's Council Aviation Recovery Task Force (CART) that has produced several guiding documents, recommendations and manuals for the restart of the international air transport sector called the CART Take-off guidance, ICAO's Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) that is supported by WHO and ICAO's "Manual on Testing and Cross Border Risk Management Measures", as well as the work of UNWTO's Global Tourism Crisis Committee.

For more information, please see at: <https://www.icao.int/covid/cart/Pages/default.aspx> and https://www.icao.int/covid/cart/Documents/Doc%2010152_Manual%20on%20Testing%20and%20Cross-border%20Risk%20Management%20Measures.pdf, and at: <https://www.unwto.org/news/global-tourism-crisis-committee-messaging>.

20 There are several initiatives on the development of digital technologies for documenting vaccination status underway. For this purpose, the WHO has launched a Smart Vaccination Certificate Working Group to work on establishing key specifications, standards, trust framework for a digital vaccination certificate to facilitate implementation of effective and interoperable digital solutions that support COVID-19 vaccine delivery and monitoring, with intended applicability to other vaccines. For more information, please see at: <https://www.who.int/groups/smart-vaccination-certificate-working-group>

21 In 2018, International Tourist Arrivals to the 57 of the 69 destinations, for which data is available, totalled 469 million.

Figure 8 - Number of destinations with complete border closure April 2020 to February 2021



Source: Data compiled by UNWTO as of 1 February 2021.

It is furthermore observed that in some cases, but not in all, the complete border closure is linked to strict national public health measures, in particular national lockdowns that in some cases include the full suspension of all tourism activities.

From a regional point of view, the 69 destinations that have their **borders completely closed** are 43% from Asia and the Pacific, 22% in Europe, 16% in Africa, 15% in the Americas and 4% in the Middle East.

- **30 destinations in Asia and the Pacific** (65% of all destinations in Asia), an increase of 3 destinations compared to 1 November 2020. Almost half of those destinations (14 destinations) are SIDS²².
- **15 destinations in Europe** (28% of all destinations in Europe), an increase of 10 destinations compared to 1 November 2020. 8 of those 10 destinations belong to the Schengen area.

- **11 destinations in Africa** (21% of all destinations in Africa), a decrease of 2 destinations compared to 1 November 2020.
- **10 destinations in the Americas** (20% of all destinations in the Americas), the same amount as of 1 November 2020. 4 destinations are SIDS.
- **3 destinations in the Middle East** (23% of all destinations in Middle East), a decrease of 2 destinations compared to 1 November 2020.

Among these destinations, there are:

- **18 SIDS** (26% of all destinations which are completely closed and 33% of all SIDS worldwide), out of which 14 SIDS are located in Asia and the Pacific (74% of all SIDS which have their borders completely closed) and 4 SIDS are in the Americas (14% of all SIDS which have their borders completely closed) (Figure 9).
- **15 Least Developed Countries (LDCs)**²³ (22% of all destinations which are completely

²² According to the official classification by the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UNOHRLLS) there are 54 SIDS. For more information, please see at: <https://www.un.org/ohrls/>.

²³ According to the official classification by the UNOHRLLS there are 47 LDCs. For more information, please see at: <https://www.un.org/ohrls/content/profiles-ldcs>.

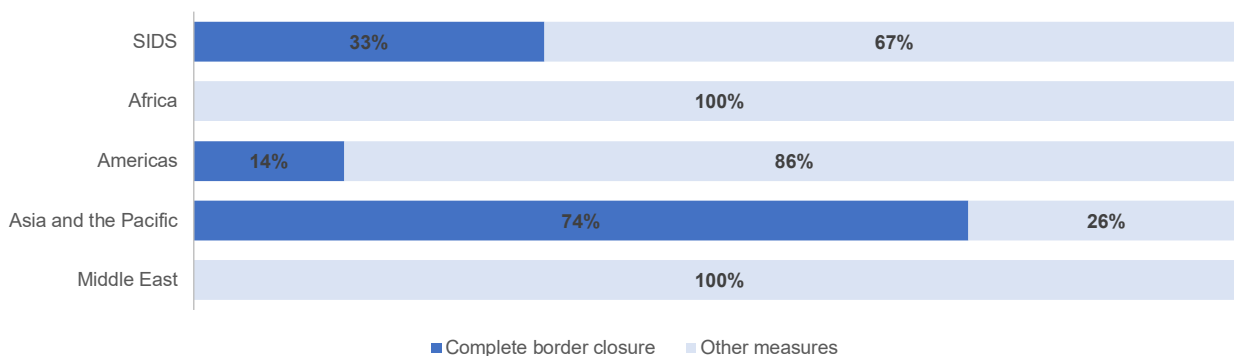
closed and 32% of all LDCs worldwide), out of which 7 LDCs are located in Africa, 7 LDCs are in Asia and the Pacific and 1 LDC in the Middle East.

- **8 Landlocked Developing Countries (LLDCs)²⁴**, (12% of all destinations which are completely closed and 25% of all LLDCs worldwide), out of which 3 LLDCs are located in Africa, 2 LLDCs are in Asia and the Pacific, and 3 LLDCs in Europe.

Looking into the H&H Indicator²⁵ (Figure 10) the analysis shows that there is currently a higher number of destinations with good scores in the H&H standard (36% of all destinations in H&H cluster 4 with very H&H standard have complete border closure) compared to 1 November 2020, when it was only 9% of destinations. The amount of destinations in the other H&H pillars remains almost the same with no or only minor changes.

Destinations with complete border closure have been analysed according to the Health and Hygiene standard (H&H) and Environmental Performance Indicator (EPI), as well as the 14-day COVID-19 notification rates per 100.000 population, the economic importance of tourism and economic status of the destination. For further details on the methodology please go to Annex 1.

Figure 9 - Percentage of SIDS that have complete border closure in place

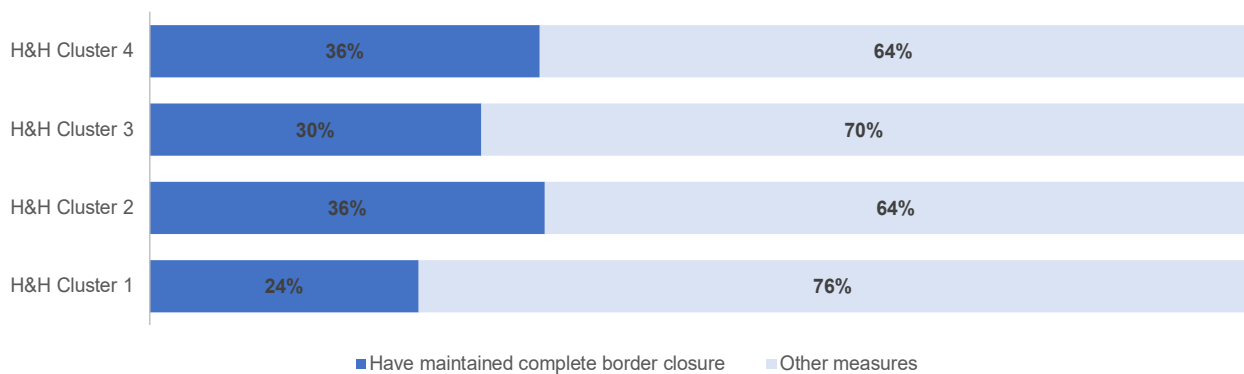


Source: Data compiled by UNWTO as of 1 February 2021.

24 According to the official classification by the UNOHRLLS there are 32 LLDCs. For more informations, please see at: <https://www.un.org/ohrls/content/list-lllcs>.

25 The Health and Hygiene (H&H) Indicator was created specifically for the purpose of the UNWTO travel restrictions reports. Destinations are grouped in 4 clusters according to their H&H standard (Cluster 4 very high, Cluster 3 high, Cluster 2 moderate and Cluster 1 low H&H standard). It shall help to better understand the potential linkages between travel restrictions and the H&H standard in a destination. For more information on the H&H Indicator please see Annex 1 Methodological Note.

Figure 10 - Percentage of destinations with complete border closure per Health and Hygiene clusters^a



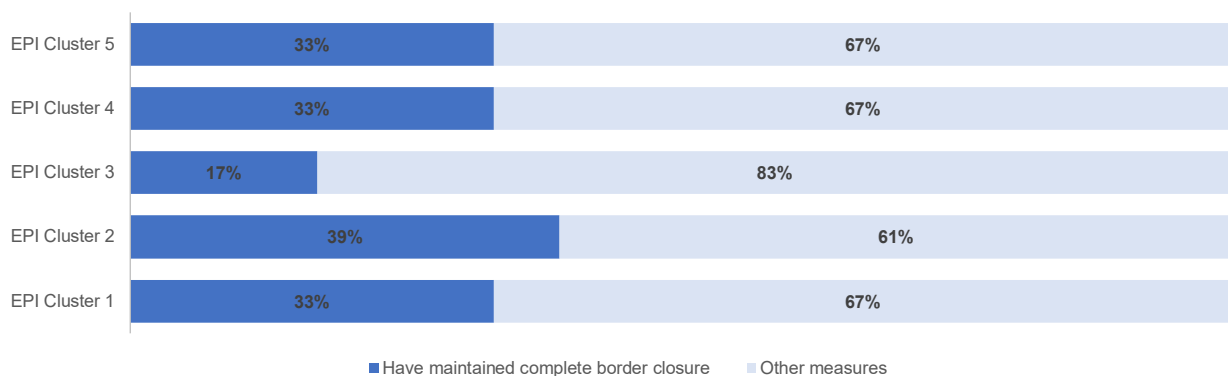
Source: Data compiled by UNWTO as of 1 February 2021.

Note: Clusters indicate the level of H&H standards in increasing order as follows: Cluster 1, low H&H standard; Cluster 2, moderate H&H standard; Cluster 3, high H&H standard and Cluster 4, very high H&H standard.

A similar observation is made when analysing destinations according to their scores of the EPI²⁶ as the amount of destinations in the pillars for higher EPI performance, namely in EPI cluster 4 and 5 have increased. While on 1 November 2020 the share of destinations with closed border

in EPI 4 and 5 did not reach 20% (7 destinations in EPI cluster 4 and 5 destinations in EPI cluster 5), as of 1 February 2021 both clusters have more than 30% (12 destinations in Cluster 4 and 5 respectively). The amount of destinations in cluster 5 has even more than doubled (Figure 11).

Figure 11 - Percentage of destinations that have complete border closure per Environmental Performance Index clusters^b



Source: Data compiled by UNWTO as of 1 February 2021.

Note: Clusters indicate the level of EPI ranking in increasing order as follows: Cluster 1, very low EPI ranking; Cluster 2, low EPI ranking; Cluster 3, moderate EPI ranking; Cluster 4, high EPI ranking and Cluster 5, very high EPI ranking.

26 The Environmental Performance Index (EPI) from the Yale Center for Environmental Law&Policy provides a data-driven summary of the state of sustainability in 180 countries. It focuses on environmental health and ecosystem vitality and how countries are addressing the environmental challenges. For the purpose of the UNWTO travel restriction reports countries are grouped in five clusters (Cluster 1 very low, Cluster 2 Low, Cluster 3 moderate, Cluster 4 high and Cluster 5 very high state of sustainability). It shall help to better understand the potential linkages between travel restriction and the EPI in a destination. For more information on the EPI please see Annex 1 Methodological Note.

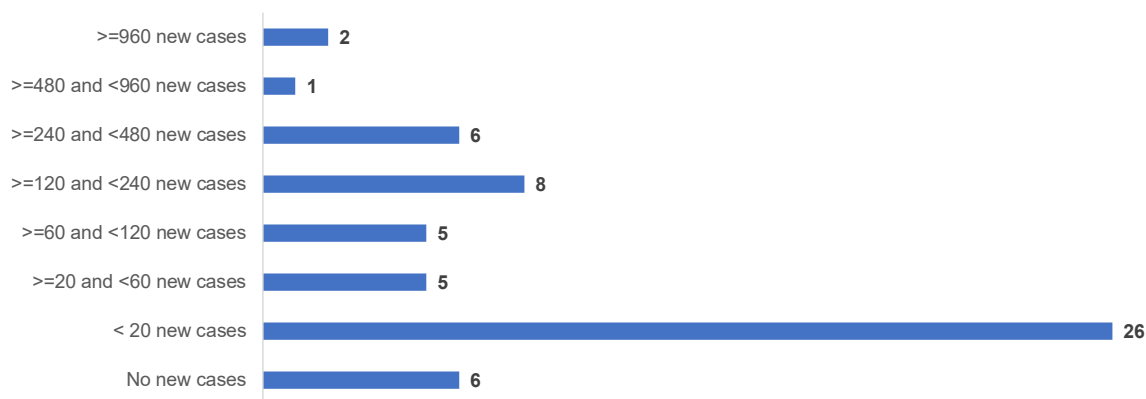
a Health clusters were built on the available data for 197 destinations. Out of the 69 destinations with complete border closure, the chart displays those 62 destinations for which data was available.

b Clusters of EPI, divided in quintiles of 36 destinations, were built on the available data for 180 destinations. Out of the 69 destinations with complete border closure, the chart displays those 56 destinations for which data was available.

Moreover, 54% of all those destinations which have their borders closed (32 destinations out of 59 destinations with data available) are reporting

low infection rates with no or not more than 20 new COVID-19 cases per 100.000 inhabitants.

Figure 12 - Number of destinations that have complete border closure per clusters of 14-day COVID-19 notification rate per 100.000 population^c

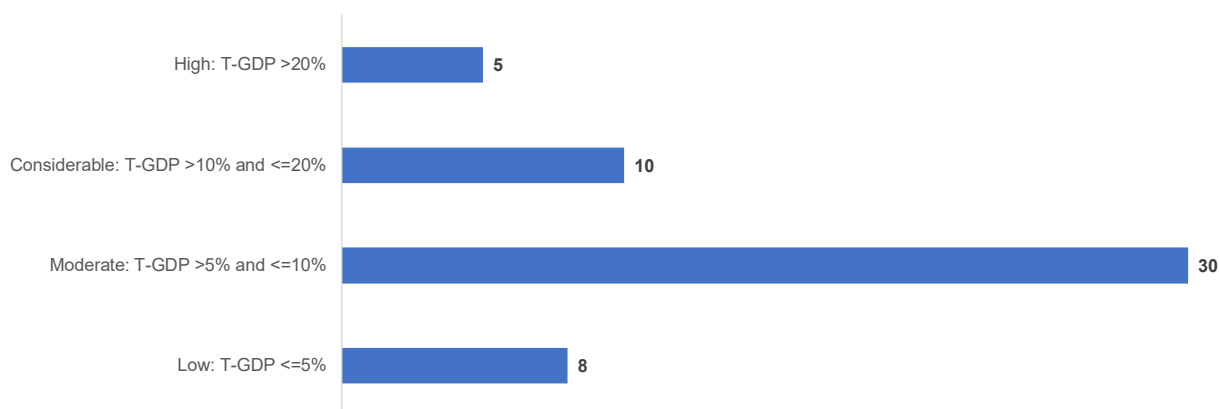


Source: Data compiled by UNWTO as of 1 February 2021.

It is also observed that **72% of the destinations** with closed borders are characterized by having a low or moderate dependence on tourism with no more than 10% of Tourism Gross Domestic

Product (T-GDP)²⁷ (8 destinations with T-GDP lower or equal than 5%, and 30 destinations with T-GDP above 5% and lower or equal to 10%).

Figure 13 - Number of destinations that have complete border closure per Tourism GDP dependency^d



Source: Data compiled by UNWTO as of 1 February 2021.

27 The Tourism Gross Domestic Product (T-GDP) clusters were specifically created for the purpose of the UNWTO travel restrictions report. They relate to the importance of tourism in the economy of a destination as percentage of the overall GDP. Destinations were grouped in 4 clusters: high, considerable, moderate and low dependence on tourism. It is used to analyze the potential linkages between travel restrictions and the dependence on tourism in a destination. For more information on T-GDP please see Annex 1 Methodological Note.

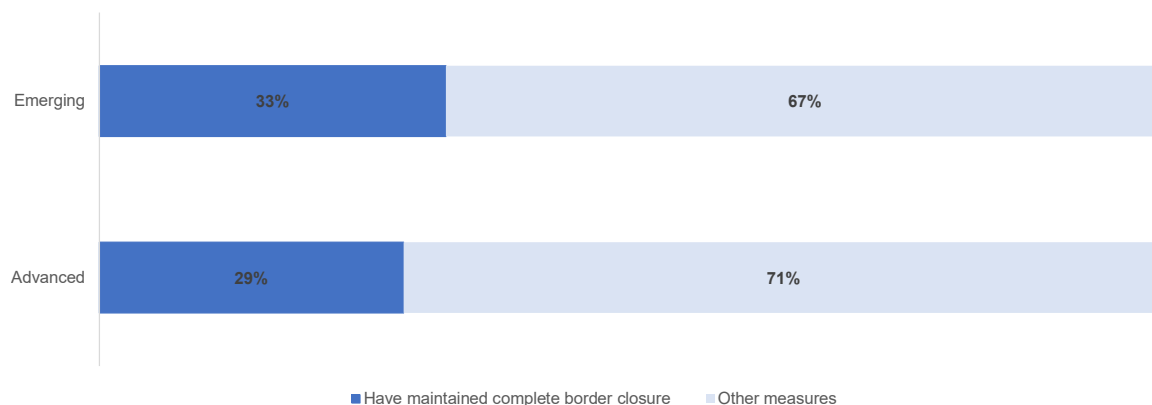
c Clusters of 14-day COVID-19 notification rate per 100.000 population were built on the available data for 201 destinations. Out of the 69 destinations with complete border closure, the chart displays those 59 destinations for which data was available.

d Clusters of T-GDP were built on the available data for 181 destinations. Out of the 69 destinations with complete border closure, the chart displays those 53 destinations for which data was available.

In addition, it is observed that the amount of advanced economies with complete border closure increased from 14% to 29% (put here

absolute number) while emerging economies grew only from 30% to 33%).

Figure 14 - Destinations that have complete border closure per economic status^e



Source: Data compiled by UNWTO as of 1 February 2021.

4.3.1 Characteristics of the destinations with complete border closure from at least 27 April 2020

Out of the 69 destinations with complete border closure as of 1 February 2021, 38 destinations (55%) have had their borders completely closed for international tourism since at least 27 April 2020, representing a period of 40 weeks²⁸. More than half of these destinations (58%) destinations are located in Asia and the Pacific.

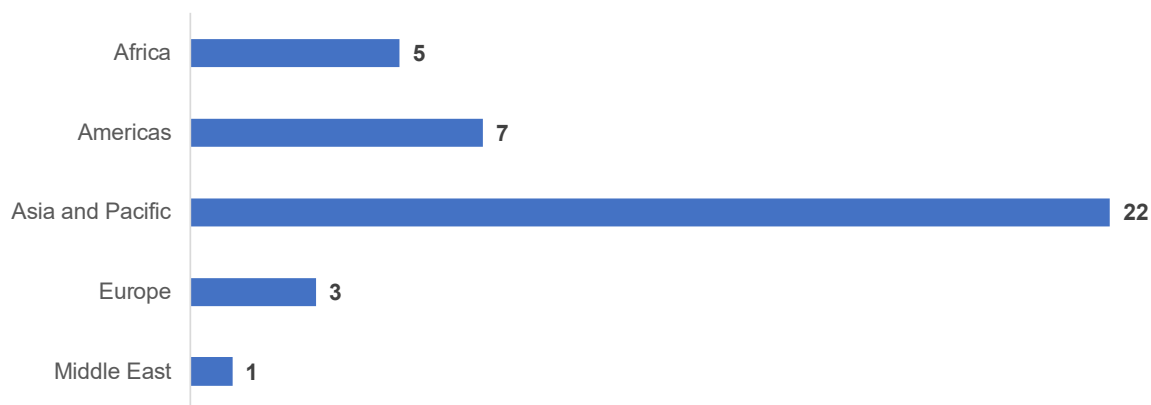
From a regional point of view, the 38 destinations that have complete border closure for at least 40 weeks are (Figure 15):

- **22 destinations in Asia and the Pacific** (48% of all destinations in Asia and the Pacific).
- **7 destinations in the Americas** (14% of all destinations in the Americas).
- **5 destinations in Africa** (9% of all destinations in Africa), 2 destinations less than on 1 November 2020.
- **3 destinations in Europe** (6% of all destinations in Europe).
- **1 destination from the Middle East** (8% of all destinations in the Middle East).

²⁸ The analysis started as from April 2020 to distinguish between partial and complete closure of borders. This implies that the duration for which destinations might have had their borders completely closed might be even longer. For more information on the methodology applied for the analysis of the 38 destinations that have complete border closure for at least 40 weeks, see Methodological Note in Annex 1.

^e Out of the 69 destinations with complete borders closure, the chart displays the share of emerging and advanced economies.

Figure 15 - Number of destinations that have complete border closure for at least 40 weeks, per region



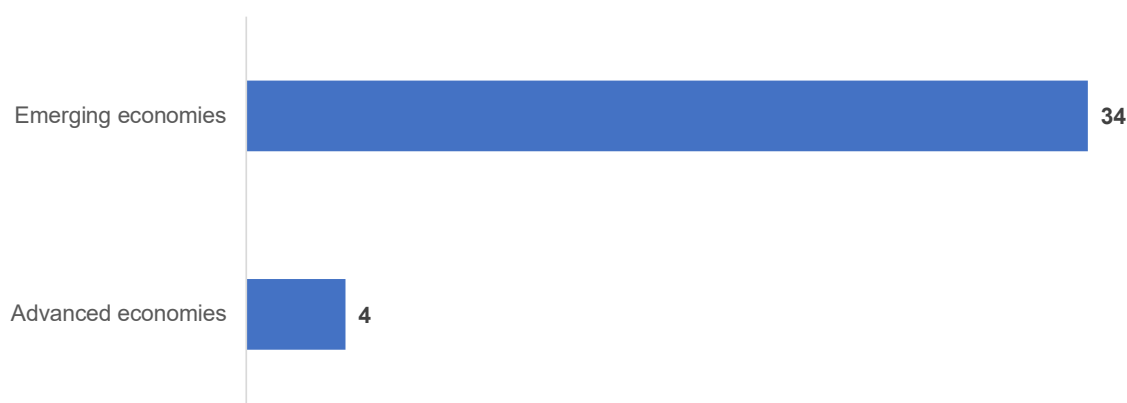
Source: Data compiled by UNWTO as of 1 February 2021.

Furthermore:

- **15 destinations are SIDS** (39% of all destinations with borders closed for at least 40 weeks and 28% of all SIDS worldwide), out of which, 11 SIDS are in Asia and the Pacific, and 4 SIDS are in the Americas.
- **9 destinations are LDCs** (24% of all destinations and 19% of all LDCs), out of which 2 LDCs are located in Africa, 6 LDCs are in Asia and the Pacific, and 1 in the Middle East.
- **5 destinations are LLDCs** (13% of all destinations and 16% of all LLDCs), out of which, 1 LLDC is located in Africa, 2 LLDCs are in Asia and the Pacific, and 2 LLDCs in Europe.

Analysis shows that 34 destinations are emerging economies, indicating that 19% of all emerging economies and 10% of all advanced economies are closed for at least 40 weeks. In 2018, these destinations, (31, for which data is available), received 13%²⁹ of all ITA.

Figure 16 - Number of destinations that have complete border closure for at least 40 weeks, per economic status^f

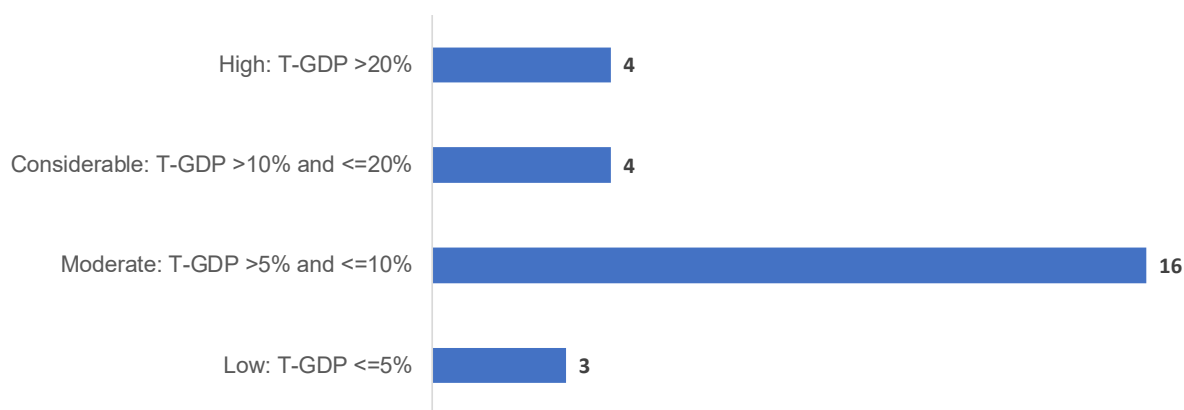


Source: Data compiled by UNWTO as of 1 February 2021.

²⁹ The amount of international tourist arrivals to these 38 countries in 2018 was 177 million. Source: UNWTO 2021.

^f Out of the 38 destinations with complete border closure since at least 40 weeks, the chart displays the number of emerging and advanced economies.

Figure 17 - Number of destinations that have complete border closure for at least 40 weeks, per tourism GDP dependency^g



Source: Data compiled by UNWTO as of 1 February 2021.

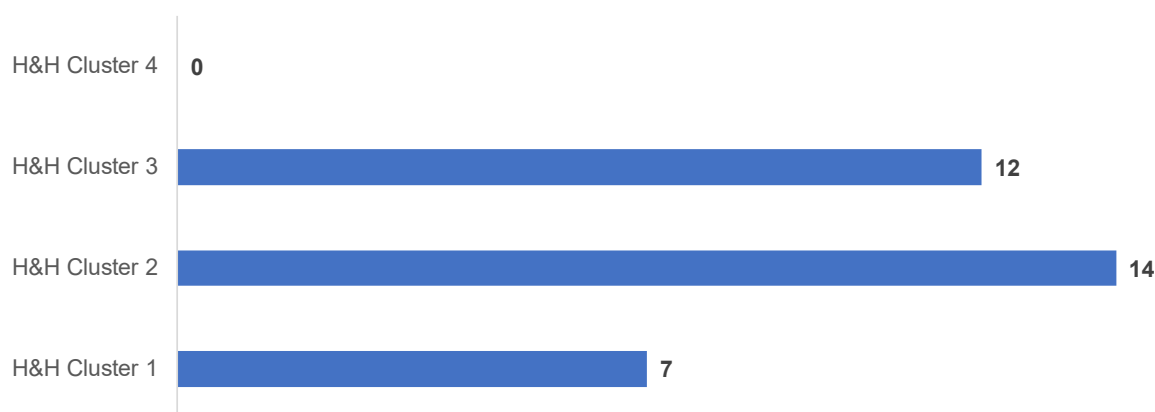
Many among those destinations (70%) have furthermore only a moderate and low importance of tourism with a T-GDP less or equal 10%.

The breakdown of destinations which have their borders closed for at least 40 weeks (Figure 18) shows that there is a significant higher number of destinations with a weaker H&H infrastructure (21 destinations, 64% of total destinations with border closure for at least 40 weeks) than destinations with a higher score (12 destinations,

36% of destinations with border closure for at least 40 weeks and for which data is available).

In particular, destinations with borders closed for at least 40 weeks represent 14% of H&H cluster 1 (7 destinations out of total 49 destinations in this cluster) 28% of H&H cluster 2 (14 destinations out of total 50 destinations in this cluster) and 26% in H&H cluster 3 (14 destinations out of total 53 in this cluster) and no destination from cluster 4 (a total of 45 destinations in this cluster).

Figure 18 - Number of destinations that have complete border closure for at least 40 weeks, per Health and Hygiene clusters^h

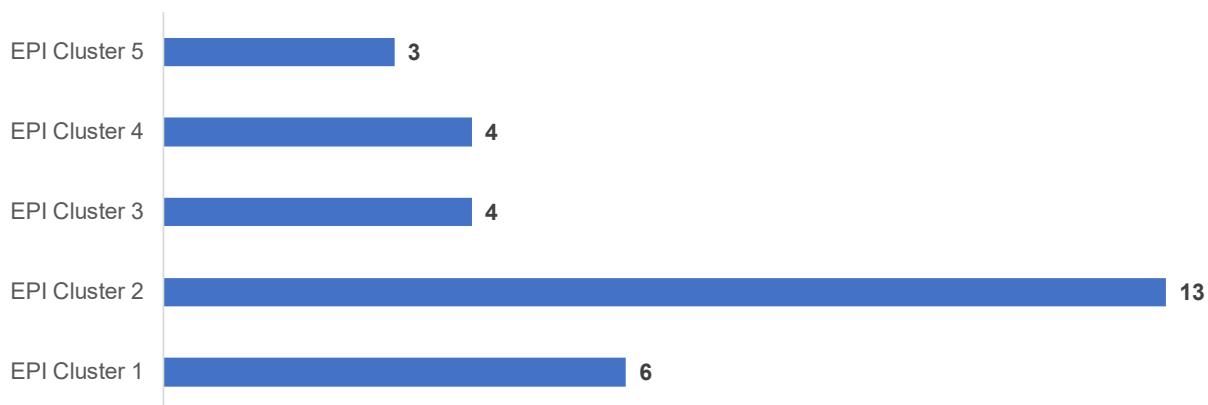


Source: Data compiled by UNWTO as of 1 February 2021.

^g Clusters of T-GDP were built on the available data for 181 destinations. Out of the 38 destinations with complete border closure since at least 40 weeks, the chart displays those 27 destinations for which data was available.

^h Health clusters were built on the available data for 197 destinations. Out of the 38 destinations with complete border closure since at least 40 weeks, the chart displays those 33 destinations for which data was available.

Figure 19 - Number of destinations that have complete border closure for at least 40 weeks, per Environmental Performance Indexⁱ

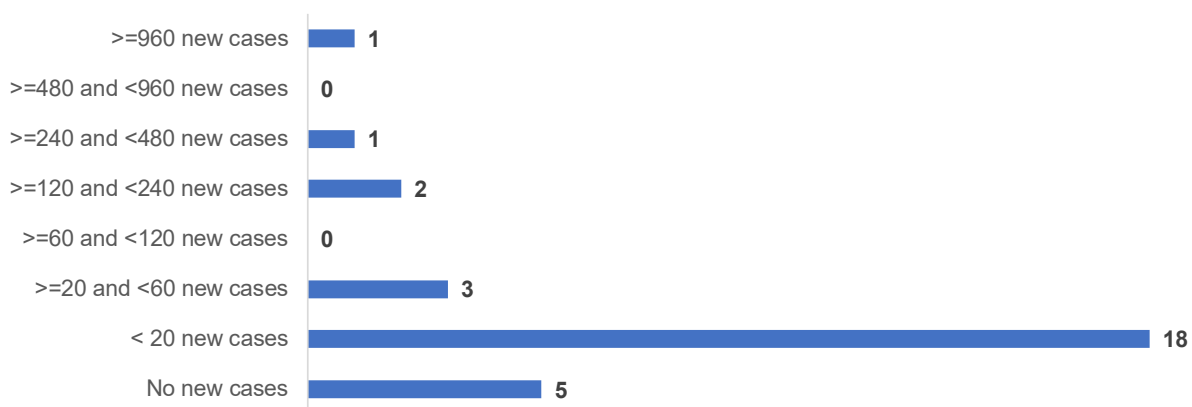


Source: Data compiled by UNWTO as of 1 February 2021.

Furthermore, as noted in the previous report of 1 November 2020, destinations with complete border closures for at least 40 weeks have been characterized by lower EPI scores. This tendency is again confirmed by having 63% of all destinations with very low and low EPI scores.

23 destinations (61%) of the 38 destinations that have complete border closure for at least 40 weeks, have, as of the third week of 2021³⁰, no or low infection rates with less than 20 per 100.000 population in the last 14-days (Figure 20).

Figure 20 - Number of destinations that have complete border closure for at least 40 weeks, per 14-day COVID-19 notification rate per 100.000 population^j



Source: Data compiled by UNWTO as of 1 February 2021.

³⁰ Data for the European Centre for Disease Prevention and Control was collected for 201 destinations as of data available on the third week of 2021. For more information see Annex 1, Methodological Note.

ⁱ EPI clusters were built on the available data for 180 destinations. Out of the 38 destinations with complete border closure for at least 40 weeks, the chart displays those 30 destinations for which data was available.

^j Clusters of 14-day COVID-19 notification rate per 100.000 population were built on the available data for 201 destinations. Out of the 38 destinations that have complete border closure for at least 40 weeks, the chart displays those 30 destinations for which data was available.

4.4 Analysis of COVID-19 travel advice in the Top 10 source markets

Travel advice issued by governments for their citizens has, in addition to travel restrictions, a significant influence on tourism flows during the COVID-19 pandemic. Travel advice from the Top 10 source markets³¹ is analysed with the aim to better understand its impact on the restoration of mobility of persons across international borders and subsequently on the recovery of tourism.

Looking into the inbound requirements of these source markets, it is noted that as of 1 February 2021, complete border closure is observed by 4 of the Top 10 source markets, namely Germany, China, Canada and the Russian Federation. Partially closed are the 5 destinations of the United States, Hong Kong SAR, France, Italy and the Netherlands, while the United Kingdom

requests a negative COVID-19 test result, often combined with quarantine as main measure.

As of 1 February 2021, also Germany³², the United Kingdom³³, France³⁴ and the Netherlands³⁵ issued a global travel advice to their citizens to avoid all non-essential travels abroad and overseas, in addition to China³⁶, Hong Kong SAR³⁷, Canada³⁸ and the Russian Federation³⁹ that had such advice already in place as reported on 1 November 2020.

In addition to these 8 source markets, also the Republic of Korea⁴⁰ and Japan,⁴¹ other major source markets, advise against any non-essential travel abroad. These 10 source markets⁴² with such global travel advice in place generated in 2018 44% of all international arrivals.

Furthermore, the United States of America⁴³ and Italy⁴⁴ are applying a more differentiated

31 The Top 10 source markets ranked in accordance with the numbers of generated outbound trips in 2018 are: United States of America, Germany, China, Hong Kong SAR, United Kingdom, France, Canada, the Russian Federation, Italy and the Netherlands (in decreasing order).

32 The Ministry of Foreign Affairs of Germany issued a warning to avoid unnecessary and touristic travels in a majority of countries. Please see at: <https://www.auswaertiges-amt.de/de/ReiseUndSicherheit/reise-gesundheit/gesundheitsfachinformationen/reisemedizinische-hinweise/Coronavirus>.

33 "Under current UK COVID-19 restrictions you must stay at home. You must not leave home or travel, including internationally, unless you have a legally permitted reason to do so". Please see at: <https://www.gov.uk/foreign-travel-advice>.

34 "Any international travel from abroad to France and from France to abroad is totally and strictly discouraged until further notice". Please see at: <https://www.diplomatie.gouv.fr/fr/conseils-aux-voyageurs/conseils-par-pays-destination>.

35 "Do not travel abroad and do not book trips abroad until mid March 2021, unless your journey is essential. Holiday travel, visiting family or going to a second home are not-essential travels". Please see at: <https://www.government.nl/topics/coronavirus-covid-19/tackling-new-coronavirus-in-the-netherlands/travel-and-holidays>.

36 China issued a renewed travel safety reminder on 28 September 2020 that recalls avoiding unnecessary overseas travels. Please see at: http://www.gov.cn/xinwen/2020-09/28/content_5547855.html Translation and interpretation kindly provided by the UNWTO Regional Department of Asia and the Pacific.

37 "Members of the public are strongly urged to avoid non-essential travel outside Hong Kong SAR." Please see at: www.coronavirus.gov.hk/eng/travel-advice.html.

38 "Avoid non-essential travel outside Canada until further notice." Please see at: <https://travel.gc.ca/>.

39 Order of the Government of the Russian Federation of March 16, 2020, Number 635-p. and Order of 27 March, 2020 Number 763-p outline restrictions of inbound and outbound movements of foreign nationals and citizens of the Russian Federation. Please see at: <http://ps.fsb.ru/general/info/covid.htm>.

40 For more information please see at: https://www.mofa.go.jp/ca/cp/page22e_000925.html#section1.

41 For more information please see at: <https://www.korea.net/Government/Current-Affairs/National-Affairs/view?articleId=56914&subId=6&affairId=2034&pageIndex=1>.

42 Germany, China, Hong Kong SAR, United Kingdom, France, Canada, Russian Federation, Netherlands, Republic of Korea and Japan (order of destinations according to the generated outbound) generated in total 578 million outbound travels in 2018.

43 From March to October 2020 the US had a global travel warning of Level 4 "Do not Travel" in place. This has been replaced by warnings on individual countries based on risk assessments. Please see at: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>.

44 Categorization of destinations ranging from A (no risk and no limitation to travel) to E (to undertake only essential travels). Please at: <http://www.viaggiaresecuri.it/>.

approach and allow travel to some specific destinations that are determined through specific risk assessments⁴⁵. Information on such risk assessments is either included on each country's travel advice (United States of America) or clustered according to different risk categories such as medium and high (Italy).

According to the travel advice of these 2 source markets citizens returning home need a negative PCR test, often combined with a certain period of self-isolation or quarantine. The measures depend on the level of risk that the destination has at the moment of return. For this purpose lists of high-risk destinations are regularly updated and communicated on respective websites.

As travel advice is changing fast and constantly, international travellers are currently challenged in multiple ways as they need to understand on one hand the restrictions in the destination they wish to visit, as well as the implications of their Government's travel advice in all their aspects, ranging from insurance issues to the costs of potential PCR tests, often combined with quarantine-related implications upon return home.

45 The risk assessment is usually based on data provided by the WHO, regional Centers for Disease and Disaster Prevention (like the European Center for Disease and Disaster Prevention) or local health institutions (like the Robert-Koch Institute in Germany) and include data such as the 14-days infection rates per 100.00 population and replication rates.

5. Conclusions

5.1. Key characteristics and features of travel restrictions

The persistent serious global epidemiological situation and in particular the emergence and spread of the SARS-CoV-2 VOCs has reversed the trend of easing travel restrictions, previously observed. The current analysis shows also that still a significant number of destinations are maintaining borders closed or closed them again for international tourism. While such destinations with complete border closure have been characterized in the last report of 1 November 2020 as emerging economies with relatively low scores in the health and hygiene standard and environmental performance, the current analysis shows a different picture, namely more advanced economies with higher scores in both, the health and hygiene and environmental performance indicators. This is related to the fact that Europe was the region where travel restrictions were eased most at the end of 2020, while as of 1 February 2021 a tightening of restrictions is observed.

Furthermore, there are significant regional differences with regards to complete border closures for international tourism. In parallel to the implementation of national lockdowns, including the suspension of tourism, some Schengen countries closed their borders for international tourism just recently. At the same time, the majority of destinations with closed borders are in Asia and the Pacific, while the Americas and Africa are the regions with less complete border closures. In addition, a significant part of these destinations belong to SIDS, LDCs or LLDCs. Of particular relevance is the observation that there

are 38 destinations that are closed for at least 40 weeks.

However, at the same time also the trend to take a more differentiated, evidence- and risk-based approach in the implementation of travel restrictions is observed. Such approach, based on the increasing understanding of the virus and non-pharmaceutical intervention, testing and contact tracing possibilities⁴⁶ is observed in a growing number of destinations, where international tourists are requested to present a negative COVID-19 PCR or antigen test result upon arrival and provide contact details for tracing purposes. This category of measures is applied by the majority of destinations in the Americas, in particular in the Caribbean region.

Another important factor that has a significant influence on international tourism is travel advice issued by governments for their citizens. The analysis showed for that already the Top 10 source markets with such measures in place generated in 2018 44% of all international tourism arrivals.

In overall, the development of travel restrictions for international tourism is still characterized by uncertainty, fast changes and a high diversity of measures for international tourists.

⁴⁶ Non-pharmaceutical interventions (NPI) are public health measures that aim to prevent and/or control COVID-19 transmission in the community. Besides vaccines NPIs are the most effective public health interventions against COVID-19. For more information see Guidelines for the implementation of non-pharmaceutical interventions against COVID-19 of the European Centre for Disease Prevention and Control (ECDC), Please see at: www.ecdc.europa.eu/en/publications-data/covid-19-guidelines-non-pharmaceutical-interventions.

5.2. Proportionate and responsible opening of borders for international tourism

Knowledge on the virus has improved significantly over the past months supported by scientific research as well as by lessons learned from non-pharmaceutical interventions, such as national lockdowns, quarantine measures, border closures, testing and tracing, social distancing and increased hygiene measures (like hand washing and wearing of masks), as well as the introduction of sanitary protocols both in general and for tourism.

Such help to better manage the pandemic on a global level and have so far allowed for the easing of travel restrictions to take place.

In addition, it is expected that the vaccination will further facilitate the responsible opening of borders for international tourism, while at the same time the SARS-CoV-2 VOCs will remain a factor of uncertainty.

Consequently, destinations can apply a more differentiated approach to such interventions and base decisions on risk assessments and available evidence. Travel restrictions can be adjusted with the objective of facilitating international travel and complete border closure might be replaced by less severe measures.

5.3. Timely, reliable, accessible and consistent communication

Considering the continuous evolution of the epidemiological situation worldwide, governments continue to indicate that travel restrictions can be eased, adjusted or tightened at any time. These fast-changing entry requirements remain a major challenge as immigration procedures and requirements may differ significantly from destination to destination, depending on the necessary procedures and requirements across the different national authorities, namely health, foreign affairs, immigration and tourism authorities of a country.

Research has shown that the provision of reliable, consistent and easy-to-access information on immigration procedures for international tourists has improved over time. This is of particular importance as it proved to be a successful approach in the past to avoid unnecessary burdens for travelers. It is now, especially in view of the fast-changing procedures and requirements, even more important that national authorities ensure that immigration procedures and requirements are provided in a consistent manner across all information systems and platforms, to maintain confidence and trust. The same applies to travel advice issued by governments for their citizens.

This is in line with the recommendations made by the One Planet Vision for a Responsible Recovery of the Tourism Sector which was released on 5 June 2020 and calls for the integration of epidemiological indicators in tourism monitoring as “strengthening monitoring mechanisms in this direction has the potential to lead the way for tourism to recover as an economic activity, ensuring that the easing of travel restrictions is based on evidence”.⁴⁷

47 One Planet Sustainable Tourism Programme (2020) - One Planet Vision for a Responsible Recovery of the Tourism Sector, please see at: <https://webunwto.s3.eu-west-1.amazonaws.com/s3fs-public/2020-06/one-planet-vision-responsible-recovery-of-the-tourism-sector.pdf>.



ANNEXES



Annex 1

Methodological Note

All reports in this series are based on desk research carried out since the end of January 2020.⁴⁸ They contain the results of monitoring travel restrictions that have been implemented during this period by destinations worldwide.⁴⁹

For the first two reports in this series, the International Air Transport Association (IATA) Travel Centre⁵⁰ was the main source of information. In addition, websites such as International SOS⁵¹ and the World Health Organization (WHO) Extranet were consulted for destinations that were not featured on the IATA website.

For the third report, in order to gain a better understanding of the different categories of travel restrictions, and further insights on the distinction between complete and partial closure of borders, the information from IATA and International SOS were analysed, compared and validated for all destinations.

As from the fourth edition, reports build on data received from the UN World Food Programme (WFP)⁵². For each report, the information was further analysed and validated by UNWTO using additional online sources that allow fine-tuning of the data and focussing on the situation for international tourism. These additional online sources have been increasingly governmental

sites, in particular Foreign Affairs, Health and Tourism sites that in many cases have improved over time. In certain cases also the Websites of the local Embassies of the United Kingdom and the United States are used. In addition, the website "Reopen Europe"⁵³ was used for validating information for travel within Member States of the European Union (EU). For the ninth report, in addition to the websites mentioned above, also Tripsource.com has been used for validation purposes.

The ninth *report on COVID-19 Related Travel Restrictions – A Global Review for Tourism* presents travel restrictions in place for international tourism in destinations worldwide as of 1 February 2021.

For this edition analysis on destinations that have a) borders completely closed and b) borders completely closed for at least 40 weeks has been carried out.

As for the previous reports for the purpose of identifying common characteristics among destinations with such measures, the following aspects have been taken into account: i) dependence on tourism looking at tourism GDP (T-GDP), ii) Health and Hygiene standard, and iii) weekly data from the ECDC 14-day notification rate of new COVID-19 cases per 100,000 population.

48 UNWTO endeavours to ensure but does not guarantee the accuracy of the information on travel restrictions. If inaccuracies are observed, please revert to sdt@unwto.org.

49 For more information on the previous five editions of the Report COVID-19 Related Travel Restrictions – A Global Review for Tourism, please see at: <https://www.unwto.org/covid-19-travel-restrictions>.

50 IATA Travel Centre, available online, please see at: <https://www.iatatravelcentre.com/>.

51 International SOS is a medical and travel security services company, for more info on Travel restrictions, flight operations and screening, please see at: <https://pandemic.internationalsos.com/2019-ncov/ncov-travel-restrictions-flight-operations-and-screening>.

52 World Travel Restrictions - UN World Food Programme, please see at: <https://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/db5b5df309ac4f10bfd36145a6f8880e>.

53 For more information, please see at: <https://reopen.europa.eu/en/>.

In order to better understand commonalities and patterns that help to form decisions of governments regarding the implementation of specific travel restrictions, the present report looks at health and hygiene infrastructure and the environmental performance of a destination.

In this context available datasets were analysed, further developed and used as follows:

A1.1. The Environmental Performance Index 2020 (EPI)

The Environmental Performance Index (EPI) published on a biannual basis by the Yale Center for Environmental Law & Policy⁵⁴ provides a data-driven summary of the state of sustainability in 180 countries. It uses 32 performance indicators across 11 issue categories grouped in two policy objectives: environmental health - which measures threats to human health and ecosystem vitality - which measures natural resources and ecosystem services. The two policy objectives are grouped in the overall index which provides an assessment at a national scale of how close countries are to established environmental policy targets. The metrics on which the 2020 scores are based come from a variety of sources and represent the most recent published data, often from 2017 or 2018.⁵⁵ The index scores were grouped in five clusters, quintiles with 36 destinations according to EPI report rankings that indicate the level of scoring from cluster 1 being the lowest to cluster 5 being the highest (Table A1.1).

Table A1.1 - Destination clusters by Environmental Performance Index

Environmental Performance Index	Number of destinations and regional breakdown
Cluster 1: Very Low	36 destinations: 24 in Africa, 10 in Asia and the Pacific and 2 in the Americas.
Cluster 2: Low	36 destinations: 17 in Africa, 14 in Asia and the Pacific, 2 in the Americas, 2 in the Middle East and 1 in Europe
Cluster 3: Moderate	36 destinations: 13 in the Americas, 9 in Europe, 7 in Africa, 4 in the Middle East and 3 in Asia and the Pacific
Cluster 4: High	36 destinations: 15 in the Americas, 10 in Europe, 5 in Asia and the Pacific, 4 in the Middle East and 2 in Africa.
Cluster 5: Very high	36 destinations: 30 in Europe, 4 in Asia and the Pacific and 2 in the Americas.

54 Wendling, Z. A., Emerson, J. W., de Sherbinin, A., Esty, D. C., et al. (2020). *2020 Environmental Performance Index*. New Haven, CT: Yale Center for Environmental Law & Policy, please see at: <https://epi.yale.edu/>.

55 The analysis does not reflect recent developments, including the drop in air pollution in 2020 in the wake of the COVID-19 pandemic or the increase in greenhouse gas emissions from the extensive Amazonian fires in 2019.

A1.2. Health and Hygiene Indicator

The Health and Hygiene Indicator was created specifically for the purpose of the travel restrictions reports. The indicator is based on the Health and Hygiene Pillar used in the Tourism and Travel Competitiveness Index (TTCI) prepared by the World Economic Forum (WEF) for 140 destinations.⁵⁶ This Health and Hygiene pillar is one of the 14 pillars that comprise the TTCI. It is composed of 6 different indicators, namely: i) Physician density, ii) Use of basic sanitation, iii) Use of basic drinking water, iv) Hospital beds, as well as v) HIV prevalence and vi) Malaria incidence. For the present report the same methodology was applied, excluding the HIV and Malaria indicators, in order to focus mainly on the health infrastructure of destinations. Indicators were normalized to a 1-to-7 scale following WEF TTCI methodology. In addition, data available from the World Bank Data Bank⁵⁷ beyond the 140 destinations that are included in the WEF TTCI, was used to gather data on the four selected indicators for destinations not included in WEF report. As a result, a health and hygiene indicator, obtained as an average of the four component indicators, was prepared for 197 destinations. The quartiles of the index score were used to form 4 clusters (Table A1.2).

Table A1.2 - Destination clusters by health and hygiene standard

Health and Hygiene Indicator	Number of destinations and regional breakdown
Cluster 1: Low	49 destinations: 39 in Africa, 8 in Asia and the Pacific, 1 in the Americas and 1 in the Middle East.
Cluster 2: Moderate	50 destinations: 23 in the Americas, 19 in Asia and the Pacific, 5 in Africa and 3 in the Middle East.
Cluster 3: High	53 destinations: 17 in Europe, 12 in Asia and the Pacific, 11 in the Americas, 9 in the Middle East and 4 in Africa.
Cluster 4: Very High	45 destinations: 36 in Europe, 5 in the Americas and 4 in Asia and the Pacific.

⁵⁶ World Economic Forum, Travel & Tourism Competitiveness Report 2019, please see at: <https://www.weforum.org/reports/the-travel-tourism-competitiveness-report-2019>.

⁵⁷ The World Bank data bank, please see at: <https://data.worldbank.org/>.

A1.3. The Tourism Gross Domestic Product (T-GDP)

The Tourism Gross Domestic Product (T-GDP) clusters relate to the importance of tourism in the economy of a destination as percentage of the overall GDP. For this purpose, destinations were grouped in four clusters of economic importance, namely: low, moderate, considerable and high. Clusters were aligned with the World Bank report on “Rebuilding tourism competitiveness, Tourism response, recovery and resilience to the COVID-19 crisis”.⁵⁸ Information is available for 181 destinations (Table A1.3).

Table A1.3 - Destination clusters by economic importance of tourism

Economic Importance of Tourism	Number of destinations and regional breakdown
Low: T-GDP <=5%	25 destinations: 10 in Africa, 5 in the Americas, 5 in Europe, 4 in Asia and the Pacific and 1 in the Middle East.
Moderate: T-GDP >5% and <= 10%	80 destinations: 28 in Europe, 19 in Africa, 14 in the Americas, 11 in Asia and the Pacific and 8 in the Middle East.
Considerable: T-GDP >10% and <=20%	47 destinations: 12 in Africa, 11 in Asia and the Pacific, 10 in the Americas, 10 in Europe and 4 in the Middle East.
High: T-GDP >20%	29 destinations: 14 in the Americas 6 in Asia and the Pacific, 6 in Europe and 3 in Africa.

58 World Bank Group, Rebuilding tourism competitiveness, Tourism response, recovery and resilience to the COVID-19 crisis, July 2020, please see at: <https://openknowledge.worldbank.org/handle/10986/34348>.

59 European Centre for Disease Prevention and Control, please see at: <https://www.ecdc.europa.eu/en/covid-19-pandemic>.

A1.4. The 14-day notification rate of new COVID-19 cases per 100 000 population by week

Data from the European Centre for Disease Prevention and Control⁵⁹ was collected for 201 destinations as of the third week of 2021 and subsequently grouped into seven clusters.

Table A1.4 - Destination clusters of 14-day notification rate of new COVID-19 cases per 100.000 population by week

Clusters as of third week of 2021	Number of destinations and regional breakdown
Cluster 0: No new cases reported	7 destinations: 1 in Africa, 1 in the Americas, 4 in Asia and the Pacific and 1 in Europe.
Cluster 1: > 0 and < 20 new cases reported	68 destinations: 33 in Africa, 7 in the Americas, 23 in Asia and the Pacific, 1 in Europe and 4 in the Middle East.
Cluster 2: >=20 and <60 new cases reported	23 destinations: 7 in Africa, 7 in the Americas, 4 in Asia and the Pacific, 3 in Europe and 2 in the Middle East.
Cluster 3: >=60 and <120 new cases reported	18 destinations: 4 in Africa, 6 in the Americas, 1 in Asia and the Pacific, 5 in Europe and 2 in the Middle East.
Cluster 4: >=120 and < 240 new cases reported	35 destinations 4 in Africa, 13 in the Americas, 3 in Asia and the Pacific, 12 in Europe and 3 in the Middle East.
Cluster 5: >=240 and <480 new cases reported	27 destinations 2 in Africa, 9 in the Americas, 15 in Europe and 1 in the Middle East.
Cluster 6: >=480 and <960 new cases reported	17 destinations 1 in Africa, 5 in the Americas and 11 in Europe
Cluster 7: >=960 new cases reported	6 destinations 10 in Africa, 5 in Europe and 1 in the Middle East.

Annex 2

Overview on the different categories and applying destinations as of 1 February 2021 ⁶⁰

Complete closure of borders

Applied by 69 destinations (32% of all destinations worldwide)

Algeria, Angola, Argentina, Austria, Belgium, Benin, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Cayman Islands, Chile, China, Cook Islands, Czech Republic, Democratic People's Republic of Korea, Denmark, Equatorial Guinea, Eritrea, Fiji, French Guyana, French Polynesia, Germany, Hungary, India, Indonesia, Iran, Israel, Japan, Kazakhstan, Laos, Lesotho, Madagascar, Malaysia, Marshall Islands, Micronesia, Mongolia, Montserrat, Myanmar, New Caledonie, New Zealand, Niue, Norway, Palau, (The) Philippines, Poland, Reunion, (The) Russian Federation, Samoa, Saudi Arabia, Slovakia, Solomon Islands, Suriname, Syrian Arab Republic, Taiwan Province of China, Tajikistan, Timor Leste, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uruguay, Vanuatu, Venezuela, Vietnam and Yemen.

Partial closure of borders

Applied by 73 destinations (34% of all destinations worldwide)

Afghanistan, Andorra, Armenia, Australia, Azerbaijan, Bahrain, Bangladesh, Belarus, Bhutan, Botswana, Brazil, Colombia, Congo, Cote d'Ivoire, Croatia, Cyprus, Ecuador, Estonia, Eswatini, Finland, France, Gabon, Georgia, Ghana, Greece, Guinea (Republic of), Hong Kong SAR, Iceland, Iraq, Ireland, Italy, Kuwait, Latvia, Lebanon, Liberia, Libya, Liechtenstein, Lithuania, Luxembourg,

Macao SAR, Malawi, Malta, Mexico, Moldova, Montenegro, Morocco, Mozambique, Nauru, Nepal, Netherlands, Niger, Oman, Pakistan, Peru, Portugal, Qatar, Romania, Rwanda, San Marino, Senegal, Seychelles, Sierra Leone, Singapore, Somalia, South Africa, Spain, Sudan, Sweden, Switzerland, Togo, Tunisia, United States of America and Uzbekistan.

Testing / Quarantine

Applied by 70 destinations (32% of all destinations worldwide)

Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Bolivia, Bonaire, Bosnia and Herzegovina, Cabo Verde, Central African Republic, Chad, Comoros Islands, Cuba, Curaçao, Democratic Rep. of Congo, Djibouti, Dominica, Egypt, El Salvador, Ethiopia, Gambia, Grenada, Guadeloupe, Guatemala, Guinea-Bissau, Guyana, Haiti, Honduras, Jamaica, Jordan, Kenya, Kiribati, Korea (Republic of), Kyrgyzstan, Maldives, Mali,, Martinique, Mauritania, Mauritius, Monaco, Namibia, Nicaragua, Nigeria, Panama, Papua New Guinea, Paraguay, Puerto Rico, Saba, Sao Tome and Principe, Serbia, Slovenia, South Sudan, Sri Lanka, St Kitts and Nevis, St Eustatius, St Lucia, St Maarten, St Vincent and Grenadines, Thailand, Turkey, Turks and Caicos, Uganda, Ukraine, United Arab Emirates, United Kingdom, Virgin Islands British, Zambia and Zimbabwe.

All COVID-19 travel restrictions lifted

Applied by 5 destinations (2% of all destinations worldwide)

Albania, Costa Rica, Dominican Republic, North Macedonia and Tanzania.

⁶⁰ Some destinations apply more than one measure, in this case the measure affecting tourists most is used for the purpose of this analysis.

Annex 3

Clusters by economic importance of tourism

HIGH T-GDP >20% (29 destinations)

Albania, Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Cabo Verde, Cambodia, Cayman Islands, Croatia, Dominica, Fiji, Georgia, Greece, Grenada, Iceland, Jamaica, Macao SAR, Maldives, Montenegro, (The) Philippines, Sao Tome and Principe, Seychelles, St Kitts and Nevis, St Lucia, St Vincent and Grenadines, Vanuatu and Virgin Islands British.

CONSIDERABLE T-GDP >10% and <=20% (47 destinations)

Armenia, Australia, Austria, Bahrain, Bermuda, Botswana, Bulgaria, China, Comoros Islands, Costa Rica, Cote d'Ivoire, Cuba, Cyprus, Dominican Republic, El Salvador, Estonia, Gambia, Honduras, Hong Kong SAR, Italy, Jordan, Kiribati, Lebanon, Lesotho, Madagascar, Malaysia, Malta, Mauritius, Mexico, Morocco, Namibia, New Zealand, Nicaragua, Panama, Portugal, Rwanda, Singapore, Solomon Islands, Spain, Sri Lanka, Tanzania, Thailand, Tonga, Tunisia, Turkey, United Arab Emirates and Uruguay.

MODERATE T-GDP >5% and <= 10% (80 destinations)

Algeria, Argentina, Azerbaijan, Belarus, Benin, Bolivia, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Cameroon, Canada, Central African Republic, Chile, Czech Republic, Denmark, Ecuador, Egypt, Eswatini, Ethiopia, Finland, France, Germany, Guadeloupe, Guatemala, Haiti, Hungary, India, Indonesia, Iran, Iraq, Israel, Japan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Laos, Latvia, Lithuania, Luxembourg, Malawi, Mali, Martinique, Moldova, Mongolia, Mozambique, Nepal, The Netherlands, Niger, North Macedonia, Norway, Oman, Pakistan, Peru, Qatar, Reunion, Romania, Saudi Arabia, Senegal, Serbia, Slovakia, Slovenia, South Africa, Sudan, Sweden, Switzerland, Syrian Arab Republic, Taiwan Province of China, Tajikistan, Togo, Trinidad and Tobago, Uganda, Ukraine, United Kingdom, United States of America, Venezuela, Vietnam, Yemen, Zambia and Zimbabwe.

LOW T-GDP <=5% (25 destinations)

Angola, Bangladesh, Belgium, Burkina Faso, Burundi, Chad, Colombia, Congo, Gabon, Ghana, Guinea (Republic of), Guyana, Ireland, Korea (Republic of), Libya, Myanmar, Nigeria, Papua New Guinea, Paraguay, Poland, Puerto Rico, (The) Russian Federation, Sierra Leone, Suriname and Uzbekistan.

Annex 4

Overview of destinations, which have their borders completely closed, by 14-day notification rate of new COVID-19 cases per 100.000 population by week, as of 1 February 2021

Cluster 0: No new cases reported (6 destinations)

Marshall Islands, Micronesia, Montserrat, Solomon Islands, Tajikistan and Vanuatu.

Cluster 1: > 0 and <20 new cases reported (26 destinations)

Algeria, Angola, Benin, Brunei Darussalam, Burkina Faso, Burundi, Cambodia, Cameroon, China, Equatorial Guinea, Eritrea, Fiji, India, Laos, Madagascar, Mongolia, Myanmar, New Caledonie, New Zealand, Saudi Arabia, Syrian Arab Republic, Taiwan Province of China, Timor Leste, Trinidad and Tobago, Vietnam and Yemen.

Cluster 2: >=20 and <60 new cases reported (5 destinations)

Cayman Islands, Indonesia, Japan, (The) Philippines and Venezuela.

Cluster 3: >=60 and <120 new cases reported (5 destinations)

Bulgaria, Iran, Kazakhstan, Lesotho and Norway.

Cluster 4: >=120 and < 240 new cases reported (8 destinations)

Canada, Denmark, French Polynesia, Hungary, Malaysia, Poland, (The) Russian Federation and Suriname.

Cluster 5: >=240 and <480 new cases reported (6 destinations)

Argentina, Austria, Belgium, Chile, German and Uruguay.

Cluster 6: >=480 and <960 new cases reported (1 destinations)

Slovakia.

Cluster 7: >=960 new cases reported (2 destinations)

Czech Republic and Israel.

Annex 5

Overview of destinations, which have their borders completely closed, by Health and Hygiene Indicator, as of 1 February 2021

Cluster 1 (indicators scoring from 0 to 2,4) (12 destinations)

Angola, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Lesotho, Madagascar, Solomon Islands, Timor Leste, Vanuatu and Yemen.

Cluster 2 (indicators scoring from 2,5 to 3,4) (18 destinations)

Cayman Islands, Fiji, India, Indonesia, Iran, Laos, Marshall Islands, Micronesia, Myanmar, Palau, (The) Philippines, Samoa, Suriname, Syrian Arab Republic, Tonga, Tuvalu, Venezuela and Vietnam.

Cluster 3 (indicators scoring from 3,5 to 4,2) (16 destinations)

Algeria, Brunei Darussalam, Canada, Chile, China, Democratic People's Republic of Korea, Israel, Malaysia, Mongolia, New Caledonie, New Zealand, Saudi Arabia, Taiwan Province of China, Tajikistan, Trinidad and Tobago and Turkmenistan.

Cluster 4 (indicators scoring from 4,3 to 7) (16 destinations)

Argentina, Austria, Belgium, Bulgaria, Czech Republic, Denmark, French Polynesia, Germany, Hungary, Japan, Kazakhstan, Norway, Poland, (The) Russian Federation, Slovakia and Uruguay.

Annex 6

Overview of destinations, which have their borders completely closed, by Environmental Performance Index, as of 1 February 2021

Cluster 1 (destinations scoring from 0 to 32,7) (12 destinations)

Angola, Benin, Burundi, Eritrea, India, Lesotho, Madagascar, Marshall Islands, Mongolia, Myanmar, Solomon Islands and Vanuatu.

Cluster 2 (destinations scoring from 32,8 to 39) (14 destinations)

Burkina Faso, Cambodia, Cameroon, China, Equatorial Guinea, Fiji, Indonesia, Laos, Micronesia, (The) Philippines, Samoa, Tajikistan, Timor Leste and Vietnam.

Cluster 3 (destinations scoring from 39,1 to 46,4) (6 destinations)

Algeria, Kazakhstan, Saudi Arabia, Suriname, Tonga and Turkmenistan.

Cluster 4 (destinations scoring from 46,5 to 60,9) (12 destinations)

Argentina, Brunei Darussalam, Bulgaria, Chile, Iran, Malaysia, Poland, (The) Russian Federation, Taiwan Province of China, Trinidad and Tobago, Uruguay and Venezuela.

Cluster 5 (destinations scoring from 61 to 100) (12 destinations)

Austria, Belgium, Canada, Czech Republic, Denmark, German, Hungary, Israel, Japan, New Zealand, Norway and Slovakia.

Annex 7

Top 10 source markets advising their citizens to avoid any non-essential travel abroad

10 Top source markets	Outbound departures (2018)
Germany	107 million
China	96 million
Hong Kong SAR	88 million
United Kingdom	72 million
France	51 million
Canada	38 million
The Russian Federation	36 million
Netherlands	32 million
Republic of Korea	32 million
Japan	24 million

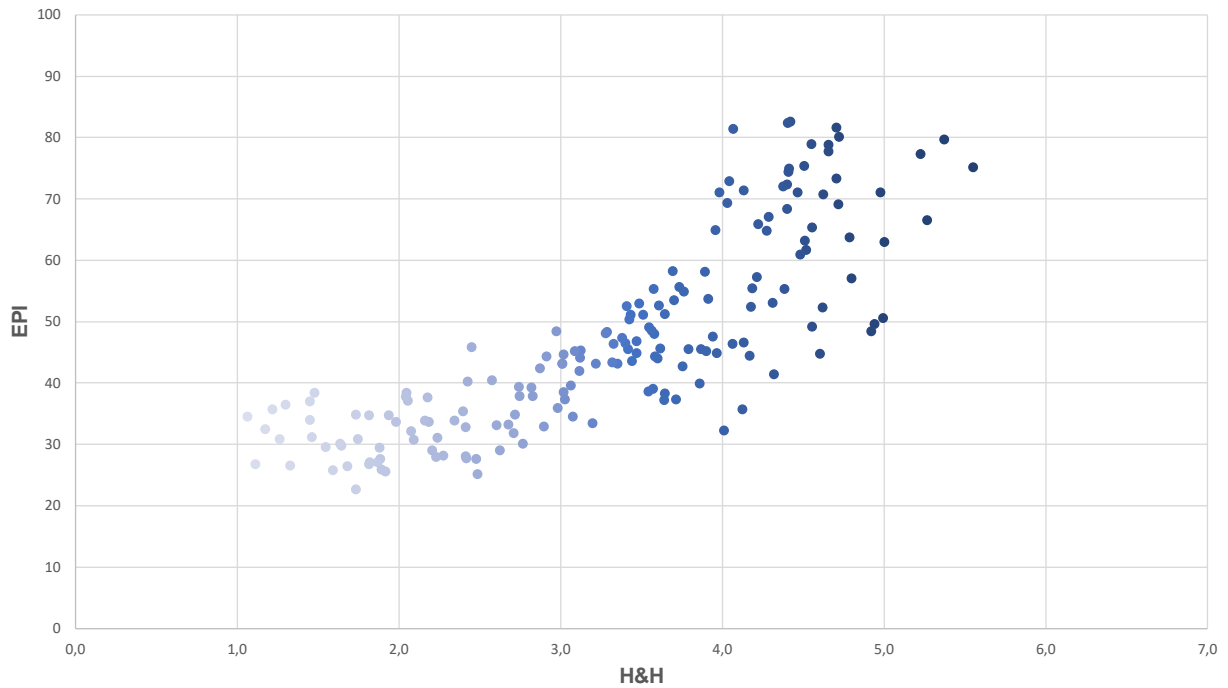
Annex 8

The relationship between Health and Hygiene and the Environmental Performance Index scores

Figure 21 shows the relations between H&H scores and EPI for 177 destinations for which data was available. The H&H score has a range

from 1 to 7, with 1 being the lowest and 7 the highest. The EPI score ranges from 0 to 100, with 0 the lowest and 100 the highest score. The graph shows a strong correlation between Health and Hygiene infrastructure of a destination and its environmental performance.

Figure 21 - The relationship between Health & Hygiene and Environmental Performance Index scores



Source: Data compiled by UNWTO as of 1 February 2021.

Annex 9

Overview on COVID-19 and pandemic measures, including travel restrictions

On 31 December 2019, a pneumonia of unknown cause was detected first in Wuhan, China and reported to the local WHO office. Four weeks later, on 30 January 2020 the WHO declared the outbreak of this virus, initially named 2019-nCoV, a Public Health Emergency of International Concern (PHEIC). At that stage WHO referred to 83 cases in 18 countries⁶¹ and did not recommend any travel or trade restriction. In a joint statement by UNWTO and WHO released on 26 February 2020, it was indicated that “Tourism’s response needs to be measured and consistent, proportionate to the public health threat and based on local risk assessment, involving every part of the tourism value chain”.⁶²

While from December 2019 until end of February 2020 China reported the largest amount of COVID-19 cases, by February 2020 the virus had already spread almost all over the globe. When WHO declared COVID-19 a pandemic on 11 March 2020, 114 countries had reported 118,000 cases with Europe becoming the worst-affected region. In the following weeks all destinations around the world reported cases of COVID-19 and as of the date of this report, a third wave is hitting in particular the European region and

new SARS-CoV-2 variants of concern (VOCs) in the second half of 2020 were reported to the WHO as unusual public health events by the United Kingdom, referred to as VOC 202012/01 (or 20I/501Y.V1), the Republic of South Africa, referred to as VOC202012/02 (or 20H/501Y.V2) and from Brazil, referred to as P1 (or 20J/501Y.V3).⁶³

WHO reported for the week ending on 9 February 2021 over 3,1 million new COVID-19 cases, a decline of 17% compared to the previous week, and 88 000 new deaths, a decline of 10% compared to the previous week. This brings the total to 105,4 million reported cases and 2,3 million deaths since the start of the outbreak. In addition, as of 9 February 2021 83 countries reported cases of SARS-CoV-2 VOC 202012/01, 37 countries reported cases of SARS-CoV-2 VOC 202012/02 and 14 countries reported SARS-CoV-2 P1.⁶⁴

Based on the WHO Pandemic Influenza Preparedness and Response guidance document for governments⁶⁵, a variety of measures have been implemented worldwide in order to reduce the spread of the virus. These include individual measures, such as the promotion of hand and respiratory hygiene, as well as societal level measures, such as protocols related to social distancing which include the suspension of school

61 World Health Organization (2020), *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)*, 30 January 2020, please see at: [www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

62 World Tourism Organization, World Health Organization (2020), *Joint statement on tourism and covid-19: UNWTO and WHO call for responsibility and coordination*, 26 February 2020, please see at: https://webunwto.s3.eu-west-1.amazonaws.com/s3fs-public/2020-03/31012020%20Coronavirus_Feb_2020%20EN_3.pdf.

63 WHO is working on establishing standardized nomenclature for these key variants. Please see for more information: <https://www.who.int/publications/m/item/weekly-epidemiological-update---9-february-2021> and at: <https://www.who.int/news/item/08-05-2015-who-issues-best-practices-for-naming-new-human-infectious-diseases>.

64 World Health Organization, *Coronavirus disease 2019 (COVID-19)*, Weekly epidemiological Update on COVID-19 as of 9 February 2021, please see at: <https://www.who.int/publications/m/item/weekly-epidemiological-update---9-february-2021>.

65 International Health Regulations (2005), Third Edition, WHO, pp. 40-42, please see at: www.who.int/ihr/publications/9789241580496/en.

classes, adjusting work patterns, the reduction of unnecessary travel and overcrowding of mass transport systems as well as the development of frameworks for cancellation/restriction of mass gatherings.⁶⁶ Moreover, with regards to international travel, measures to “develop capacities for emergency public health actions at designated points of entry in accordance with International Health Regulations (IHR) (2005) Annex 1 B.2.”, which include relevant control mechanisms for arriving and departing travellers, have been implemented.

Furthermore, additional provisions of the IHR⁶⁷ have guided the introduction of measures. For instance, under Chapter III on special provisions for travellers, the treatment of suspected travellers when entering a destination is outlined, ranging from medical examination to providing the person with food and water.⁶⁸ Also under IHR Article 43, it is stated that additional health measures shall be based on scientific principles, available scientific evidence and available specific guidance of WHO. In this context, the implementation of additional health measures that significantly interfere with international traffic shall be reported to WHO within 48 hours, including the public health rationale and relevant scientific information. Significant interference means “refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours”. The IHR stipulates that WHO shall share this information with other governments and request that the measure is reviewed within three months. Furthermore, WHO may request a government

that implemented such measure to reconsider its application.⁶⁹ Article 23 on Health Measures on arrival and departure indicate that with regard to the traveller, a “State Party may require for public health purposes, information concerning the traveller’s destination so that the travellers may be contacted; information concerning the traveller’s itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection...”, as well as “a non-invasive medical examination.”⁷⁰

In addition to the IHR, the WHO also issued specific recommendations for international traffic in relation to the COVID-19 outbreak on 29 February 2020, advising against the application of travel or trade restrictions, while recommending, *inter alia*, personal hygiene, cough etiquette and keeping distance⁷¹. On 30 July 2020 the WHO issued public health considerations while resuming international travel with the objective to provide governments with elements to consider in adjusting international travel measures to the changing epidemiological situation of the pandemic, outlining various considerations regarding the resumption of international travel such as surveillance and case management capacity ranging from digital tools to contact tracing, as well as capacity at points of entry, such as screening and testing⁷². On 16 December 2020 the WHO issued considerations for implementing a risk-based approach to international travel in the context of COVID-19, highlighting that the introduction of risk mitigation measures aiming to reduce travel associated exportation, importation and onward transmission should not unnecessarily interfere

66 International Health Regulations (2005).

67 International Health Regulations (2005).

68 International Health Regulations (2005), pp. 23-24.

69 International Health Regulations (2005), pp. 29.

70 International Health Regulations (2005), pp. 20.

71 WHO Recommendations for international traffic in relation to COVID-19 outbreak. For more information please see at: <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>.

72 WHO Public Health Considerations while resuming international travel. For more information please see at: <https://www.who.int/news-room/articles-detail/public-health-considerations-while-resuming-international-travel>.

with international traffic and should be based on a thorough risk assessment that is conducted systematically and routinely⁷³. In the Annex to these considerations a detailed guidance on how to implement risk mitigation measures for the gradual resumption of international travel by conducting a risk assessment using a mixed-methods approach, including both quantitative and qualitative data is included.⁷⁴

73 WHO Considerations for implementing a risk-based approach to international travel in the context of COVID-19. For more information please see at: <https://www.who.int/news-room/articles-detail/considerations-for-implementing-a-risk-based-approach-to-international-travel-in-the-context-of-covid-19>.

74 WHO Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19. For more information please see at: https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based_international_travel-Assessment_tool-2020.1.



UNWTO

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