



A travel bubble could soon see tourists returning to Malolo Island, Fiji (Credit: Dean Mcquade/Unsplash)

A travel pathway to revive Pacific tourism

By Richard Curtain
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In an earlier [blog](#), I put the case for reopening the pathway for Pacific and Timor-Leste seasonal workers to resume travel, based on meeting specific requirements. This blog focuses on how a second managed pathway for tourists might work.

The Pacific's tourism sector is in dire trouble now and for the near future, affecting tourism-dependent economies like Fiji, Vanuatu, and Samoa in a big way. For Fiji, tourists generated just over half (52%) of total export revenue in 2018. Samoa's revenue from tourism accounted for 58% of export revenue in 2018. Vanuatu is even more dependent on tourism, generating 70% of export revenues in 2018.

Pacific interest in being included in the trans-Tasman bubble

Fiji and Vanuatu governments have indicated a strong interest in opening up tourist travel to their countries. Stephen Howes and Sadhana Sen have [shown](#) that Fiji has the most to gain by a long way from an Australia-New Zealand (ANZ) travel bubble, based the number of visitors to Australia and New Zealand.

Pacific Beat [reports](#) (18 May) that Fiji is to begin testing a contact tracing app. This to not only avoid large-scale lockdowns. According to Fiji's Minister for Economy, 'it may also encourage visitors back to the country'.

Australia's response has been positive. Radio NZ [reports](#) (20 May) that the Australian High Commissioner in Fiji has stated in Suva that, '... once the work is done to open up the trans-Tasman bubble, we will look very quickly at including Fiji in that as well'. The same story notes that Australia and New Zealand have set up an expert panel to develop protocols for trans-Tasman travel, together with calls to include Pacific Island stakeholders in the discussions.

The High Commissioner also stated that medical and health considerations will be at the forefront of the new arrangements. He [noted](#) that, 'before any borders could reopen,

measures needed to be in place to ensure the coronavirus was contained and not allowed to spread to uninfected populations'. The capacity of a destination country to [test, track and trace](#) is key to working out country-specific arrangements, such as restricting tourists to certain areas.

Additional requirements of a tourist pathway

The new tourist pathway between Australia and (initially) Fiji will obviously build on the protocols to be implemented for ANZ trans-Tasman travel, including for tourism. But additional requirements to manage country-specific risks for Fiji will be needed, with tourists only going to designated areas and staying within their own managed bubble.

Another separate pathway will be needed to manage how business and family-related travellers can travel between Australia and Fiji. This pathway, unlike the tourist pathway, will most likely require a period of monitored quarantine before travel and testing before and after travel in both countries.

Past arrangements for tourism which maximised choice and minimised costs will not be possible. The challenge for setting up a post-COVID-19 tourism pathway requires an agreed framework which spells out the key elements of a different, more overtly managed approach to tourist travel.

One model of such a managed pathway is the one set up for seasonal workers from the Pacific and Timor-Leste. This pathway is underpinned by a bilateral agreement with each country and a common set of implementation arrangements. My proposed set of design principles for the managed tourist pathway is based on my assessment of the strengths and weaknesses of current arrangements for managing the movement of seasonal workers to Australia and New Zealand.

The range of issues to be covered include those identified above, with medical and health safety considerations foremost, followed by the preconditions for travel. These include the availability of flexible travel insurance to enable anyone deemed not fit to travel to change their ticket at no cost. [Rapid detection is a key issue](#). Enough tests to cover to tourists and staff involved need to be available, with the tests able to deliver results on site within a short time.

Tourists will have to agree to and accept living and socialising arrangements that meet health safety requirements as a precondition for travel. People in age groups and with medical conditions deemed at risk should be excluded from the pathway. The bilateral agreement also needs to specify where tourists can travel to, how their bubble will be

maintained, and what type of engagement with local communities they can have.

Eight design principles for a tourist pathway

1. The governments of the origin and destination countries first need to work out a mutually agreed framework for the special pathway. It is essential that the stronger party does not impose a set of requirements on the weaker party.
2. Governments at both ends of the pathway should set the requirements for and implementation of the health safety and biosecurity border assessment controls. The agreed arrangements need to be the result of commitments by each government. Each government needs to match their commitments with the resources required to enable the arrangements to work.
3. The design and operation of the pathway, within the parameters set by governments, needs to be undertaken by those with the strongest incentive to make the pathway work and those who have the most to lose if the pathway fails to work well. This ensures that those responsible for the outcomes have control over how the system runs.
4. Governments should have an arm's length role only, providing funding for health care externalities without seeking to micro-manage how the system works. The agency responsible for the pathway should be semi-autonomous, answerable to stakeholders in both the origin and destination countries for its performance and outcomes and to the funding body for how the funds are spent.
5. The new pathway should be developed in stages. This is to allow the testing of its effectiveness by processing smaller groups of tourists before expanding to operate at a larger scale.
6. Measures of performance will be needed which are reliable, quickly and publicly available, and easily understood by all those involved in making the pathway work.
7. The pathway has to have a means of testing, tracking, and tracing each person involved. Technology in the form of a contact-tracing app alone is not sufficient. Testing and people-to-people tracking are also essential to monitoring those involved.
8. The pathway should include the formal, written commitment of each tourist and staff member at the tourist destination to take responsibility for their and others' health safety and to specify the ways this will be done. The pathway should also require a commitment by tourists and their sponsors which ensures they do no harm to destination communities and spells out ways they are maximising their contribution to local economies.

This post is part of the [#COVID-19 and the Pacific](#) series.

About the author/s

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