

ABTA – The Travel Association – Written evidence (EEH0043)

Introduction

ABTA is the largest travel association in the UK, with around 1,100 Members operating from more than 4,000 locations across the country. Our Members range from small, specialist tour operators and independent travel agencies specialising in business and leisure travel, through to publicly listed companies and household names, from call centres to internet booking services to high street shops. Combined, ABTA's Members have an aggregate annual turnover in excess of £40bn.

The flow of visitors from the UK to the EU Member States is a vital component of the UK's vibrant outbound travel industry, which overall is worth more than £37.1 billion a year to the UK economy, accounting for around 1.8% of GDP, and supports a total of 526,000 FTE jobs across the UK.¹ Outbound tourism from the UK also directly sustains over 425,000 jobs across the EU and EFTA members, and in total UK travellers support just over one million jobs on aggregate through travel and tourism supply chains.² UK trips to Europe also directly generate €15bn a year in GVA for EU and EFTA economies, and support an aggregate impact of more than €41bn.³

In 2019, almost 67 million outbound trips were taken by UK residents to the EU, for both leisure purposes (holidays or visiting family and friends) and for business, accounting for every 7 in 10 UK visits overseas.⁴ There are longstanding and resilient travel links between the UK and our closest neighbours in Europe, and UK travellers contribute to employment and economic prosperity in recipient countries, as well as at home. The various motivations for travel demonstrate the continuing reliance and inter-dependence of our economies and the importance of preserving, and indeed rebuilding, travel following the twin challenges of the UK's departure from the European Union and COVID-19.

Response to the UK-EU Trade and Cooperation Agreement

The conclusion of the UK-EU Trade and Cooperation Agreement was a welcome step for the travel industry, avoiding the additional uncertainty and disruption that would have ensued in the event of a no trade deal scenario for both businesses and individuals. We were also pleased to see that some of what ABTA has been calling for since the EU referendum in June 2016 has been reflected in the new Agreement, and more than anything it provides us with initial clarity around some key areas for travel, such as transport links, reciprocal healthcare, and data flows (at least initially).

However, it is important this agreement is used as a platform to build upon to reach creative solutions that preserve arrangements that have played an important role in underpinning the industry, and which provide clear mutual

¹ [ABTA, Driving Growth: the economic value of outbound travel, 2019](#)

² [ABTA, Travelling Together: the value of UK outbound tourism to Europe, 2020](#)

³ *ibid*

⁴ ONS Travel Trends 2019

benefits. Outlined below are some of the key issues which remain either unresolved, or have only been temporarily resolved, that the UK Government needs to address in the coming months and years.

European collaboration networks impacted by the UK's exit from the EU

One of the consequences of Brexit was that the UK lost automatic membership of the European Centre for Disease Prevention and Control (ECDC), and other associated EU health networks, such as ELDSNet, which have been crucial for the mutual sharing of health security data between the UK and other EU Member States, and vital for the UK travel industry's operations.

European Centre for Disease Prevention and Control (ECDC)

ECDC is an EU agency aimed at strengthening Europe's defences against infectious diseases. The core functions cover a wide spectrum of activities: surveillance, epidemic intelligence, response, scientific advice, microbiology, preparedness, public health training, international relations, health communication, and the scientific journal *Eurosurveillance*. ECDC disease programmes cover antimicrobial resistance and healthcare-associated infections; emerging and vector-borne diseases; food and waterborne diseases and zoonoses; HIV, sexually transmitted infections and viral hepatitis; influenza and other respiratory viruses; tuberculosis; and vaccine-preventable diseases.

Whilst we are still be able to access general information via the ECDC website, the UK is no longer able to participate in destination surveillance and investigative health, safety and illness related matters. As the coordinator for the UK, Public Health England (PHE) has previously been an active participant in country investigations with ECDC where the health and wellbeing of British nationals has been impacted. This has included investigations into emerging food and waterborne diseases, vector-borne diseases, and zoonoses.

In general, the UK-EU Trade and Cooperation Agreement states: "The European Centre for Disease Prevention and Control and the relevant body in the United Kingdom responsible for surveillance, epidemic intelligence and scientific advice on infectious diseases shall cooperate on technical and scientific matters of mutual interest to the Parties and, to that end, may conclude a memorandum of understanding."

It is unclear what, if any progress, has been made by the UK and the EU in this regard. It is crucial to know what measures the UK Government will introduce to replace previous notification systems, and to compensate for the loss of access to health security data, to ensure the safety of UK residents when travelling in the EU. This could include exploring options for the UK to become an affiliate member of ECDC, or a partner, for example.

European Legionnaires' disease Surveillance Network (ELDSNet)

ELDSNet is coordinated by ECDC with the support of a coordination committee consisting of representatives from the EU Member States. The committee advises ECDC on ways to strengthen and improve Legionnaires' disease surveillance and prevention in Europe. The committee also reviews technical documents relevant to the network and assists ECDC in organising the annual network meeting. ELDSNet also collaborates with partners, such as the World

Health Organisation (WHO), public health authorities of non-EU countries and tour operators.

Previously, while the UK remained a Member of the EU, Public Health England provided details of all Legionnaires' disease cases that occurred in the UK, together with details of all travel associated cases (TALD) that were reported by GPs, hospitals, clinics etc.

The objective of the ELDSNet collaboration is to offer a standardised approach to reporting cases notified by European Union Member States and other contributing countries in order to detect, and respond to, clusters of travel associated Legionnaires' disease. Member States have a common approach to management of cases notified, and information of TALD cases is communicated within the network to other stakeholders (including non-governmental organisations, which previously included ABTA).

As a UK based organisation, ABTA's contact details were removed from the list for ELDSNet notifications in January 2021. Historically, ABTA and its Members have been proactive in terms of Legionnaires' disease management and reducing the risk of legionella in properties globally utilising the information provided by ELDSNet. Now, however, ABTA will no longer receive details of any cases of legionella clusters in the EU or any cases of legionella outside the EU, which means that we will be unable to notify our tour operator Members of the details and to allow them to investigate and take action as appropriate. It is disappointing that our long-standing relationship with ELDSNet colleagues and active participation in working groups when developing protocols and procedures to ensure the needs of the UK travel industry is considered will no longer be possible.

Post-Brexit, we understand that the UK Department of Health and Social Care (via PHE) has the ability to sign up and pay to participate in ELDSNet as a separate country. It is unclear whether it is the UK Government's intention to do so.

Reciprocal healthcare

The EU-UK Trade and Cooperation Agreement contains provisions to temporarily retain the validity of European Health Insurance Cards (EHICs) that have been issued to UK nationals, until their natural expiry, while talks continue on the establishment of an alternative document for proof of right to obtain healthcare. Some individuals may be able to apply for a new UK-issued EHIC if they are covered by the Withdrawal Agreement (such as EU/EEA citizens, frontier workers etc). Under the terms of the Withdrawal Agreement, a new UK-issued EHIC also covers individuals for necessary healthcare from state services in Norway, Iceland, Liechtenstein and Switzerland. The original UK EHICs do not work in these four countries, however. The UK is seeking bilateral agreements with those countries, but in the meantime there is a gap in coverage (with the exception of Norway, with whom the UK has already reached a bilateral agreement).

Sanitary and Phytosanitary regulations

UK-based travellers are no longer able to take any meat, dairy or any products containing these items into the EU, although there are exceptions for powdered baby milk, baby food, or pet food required for medical reasons. All third country arrivals into the EU must also provide a phytosanitary certificate for all fruit,

vegetables, plants and plant products intended for personal consumption when entering the bloc. The only exceptions to this rule are bananas, coconuts, dates, pineapples, and durians. While this does not necessarily provide a barrier to travelling, in that failure to comply should not lead to refusal of entry, it will require UK nationals to be educated on the increased requirements upon them when travelling to ensure compliance with entry requirements.

Pet passports

EU pet passports are no longer valid, instead UK travellers now need an Animal Health Certificate and their pet has to be microchipped and vaccinated against rabies before travel to the EU. This requires a visit to veterinarians at least ten days before travel, and failure to comply could result in denial of entry.

Conclusion

UK outbound tourism has positively impacted lives, stimulated economic growth, provided jobs and supported businesses for decades throughout Europe. As the UK and EU embark on a new relationship, ABTA's message to policymakers in Westminster, Brussels and the national capitals across Europe, has remained clear and consistent: we must strive to preserve the benefits of travel. While these benefits might seem evident, recent events have also shown us they should not be taken for granted. We must continue to be proactive, and collaborative, in our approach to create the conditions that allow the industry to flourish and enable all our citizens to continue to travel with confidence.