

IMPACT ASSESSMENT OF COVID-19: IN TOURISM PERSPECTIVE

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Abstract - The pandemic COVID-19 is continuously threatening the world with increasing number of infected population and number of human deaths. The world is struggling for vaccine and proper treatment for this pandemic. Unprecedented lockdown, travel restrictions, economic crisis, lock on import-export activities and others have raised a serious challenge before the world to explore the solutions for revival from it.

Many countries across the world have implemented lockdown policy and travel restrictions within and outside. The home is new office and internet is new player helping the world for serving work from home. Executives are working from home, teachers are teaching online from home, government officials are connecting through internet, etc.

The present scenario is causing the serious disruption to the global economy. During this hard time, focus is more on survival of our life. At the same time, there is also a need to sustain the economy. India is equally suffering with serious challenges of COVID-19 impact. The restrictions on air travel, cruises and accommodation have been devastating travel, tourism and hospitality industries. This paper discusses the assessment of COVID-19 and its impact in India which is under control till the end of April 2020 as the country implemented lockdown at the earliest stage of COVID-19 outbreak.

Keyword: *Pandemic, epidemic, COVID-19, tourism, work from home, India*

1. INTRODUCTION

COVID-19, a pandemic is known to be an infectious disease that primarily affects the lungs of human. It is a kind of communicable disease which mostly affects to the kids, old aged people and people suffering with cardiovascular disease, cancer, respiratory disease, diabetes, etc. (WHO, 2020). The name of new Corona virus disease was first declared as Public Health Emergency of International Concern (PHEIC) On 30th January, 2020 and declared as a pandemic COVID-19 on 11th March 2020.

Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death (WHO, 2020).

Around the world, people are experiencing the ever worst epidemic. It has spread in the 216 countries across the world. As of June 2nd 2020, 61.40 lakh confirmed cases of coronavirus have been reported and 3.73 lakh people have lost their lives worldwide (WHO, June 2, 2020). The present treatment being given is not very specific which can be claimed as a perfect and suitable medicine for COVID-19. Some antivirals and anti-parasitic drugs are being tried. However, there is a continuous improvement in recovery of COVID-19 infected people.

As there is no vaccine or suitable medicine to treat the disease, the governments are responding with various forms of non-pharmaceutical intervention (NPI), including lockdown, necessary Quarantine for fourteen days for people coming from any other places specially from foreign countries even without any visible symptoms. Globally, social distancing, physical distancing, using of Mask, Glubs, hand sanitizers, etc. are being tried to prevent the spread of this contagious disease. It has also been experienced highly effective and accepted by mass population.

The countries around the world are relying more and more on the use of modern technology, ubiquitous devices, sensors and powerful algorithms. In the war against COVID-19, many governments have implemented these new surveillance devices, Internet of Things (IoT) and Artificial Intelligence (AI) technology.

The air transport restrictions by the government has stopped the visitor's movement and hence tourism and hospitality industry globally. It has directly and immediately affected national economies, including commercial activities nationally and internally and activities

like domestic tourism, day trips and air transport, cruises, public transport, accommodation, cafés and restaurants, conferences, festivals, MICE industry, sport events.

The COVID-19, has affected almost all segments of the hospitality value chain. Cancellation of booking by the earlier scheduled visitors have directly affected to the hotel business, restaurants business, Café and many other supply-chain stakeholders viz. catering services, daily wage workers, communities facilitating home stay, vendors at remote tourist destinations etc. The professionals working in travel institutions viz. travel agencies, tour operators, and small entrepreneurs have lost their livelihood and fighting for survival. The travel, tourism and hospitality industry have lost large volume of revenue and huge number of employments globally.

The global tourism scenario which was suffering for over tourism at many of the popular tourism destinations across the world, specially in European countries have also turned into no tourism (Stefan Gossling Stefan, et al., 2020; Dodds and Butte, 2019; Serphein et al., 2018). According to various media reports, it is expected that for next couple of months, the destinations may face under tourism footfalls. In this unprecedented situation, it is unfair to compare post COVID tourism with pre-COVID tourism status. There will be a need to redefine the tourism development strategies by the governments and industry stakeholders for post COVID-19.

2. CRISIS AND TOURISM

The world has experienced wide range of crises including some major epidemics and pandemics since the beginning of the 20th century. The Spanish Flu (Influenza) occurred during year 1918-1920 affected the one third of the world population.

There are several crises occurred since the beginning of 21st century. The major disruptive events occurred viz. terrorist attack at Pentagon (11th September 2001), included the September 11, terrorist attacks (2001), SARS outbreak (2003), the global economic crisis (2008–2009); Middle East respiratory syndrome (MERS) outbreak (2015). The COVID-19, is being considered as the highest affecting pandemic in terms of loss of human life and is supposed to lead devastating impact on world economy and long term decline in the development of tourism for next couple of years. The United Nations World Tourism Organization (UNWTO), estimates that tourism is going to be highly affected. It is expected, that there will be loss of US\$ 910 billion revenue and 100 to 120 million jobs world-wide at the end of 2020.

Table 1. Major epidemic, pandemics and their impact

Years	Pathogen	Cases/Mortality	Impact
1918-20	Spanish Flu (Influenza)	500 million cases and 21 to 100 million deaths	The Spanish flu affected one third of the world's population and claimed the lives of 1–5% of world's population, far exceeding the death toll of WWI.
1957–1958	Asian flu (Influenza)	1 to 2 million deaths	The WHO (2009) estimate that between one to four million people died as a result of the pandemic with resultant change of -3.5% to 0.4% of global GDP. Accelerated development of a vaccine limiting the spread of the responsible strain.
1968–1969	Hong Kong flu (Influenza)	500,000 to 2 million deaths	The Hong Kong flu was the first virus to spread extensively due to air travel. The WHO (2009) estimated it contributed to a loss of between -0.4 to -1.5% of global GDP.
1960-present	Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS)	70 million cases and 35 million deaths (primarily Africa)	First identified in 1983. The earliest known case was in 1959. The decreased life expectancy in many African countries as a result of HIV/ AIDS is associated with an estimated lowering of economic growth rates by -0.3 to -1.5% and potentially higher.
1961-present	Cholera	1.4 to 4 million annual cases and 21,000 to 143,000 annual deaths	'Cholera outbreaks impact negatively on both domestic and international demand for tourism industry services of affected countries' (Kirigia et al., 2009). The seventh cholera pandemic began in South Asia in 1961. Recent notable outbreaks include those in Zimbabwe (2008–2009), Haiti (2010–present) and Yemen (2016–present).
2002–2003	SARS (coronavirus)	8,098 cases and 774 deaths	Estimated global economic cost of US\$100 billion, and US\$48 billion in China alone. Originated in China, International travel allowed the SARS virus to spread to 37 countries.
2009	Swine flu (Influenza)	284,000 deaths	The economic impact of the pandemic outbreak in Mexico where the swine flu

			pandemic started was estimated as >\$3.2 billion (0.3% of GNP) with estimated tourism losses of US\$2.8 billion
2012	Middle East respiratory syndrome (MERS-CoV) (coronavirus)	Transmitted by camels and humans, case fatality rate of 35%	No vaccine available. The MERS outbreak in Korea in 2015 resulted in an estimated \$2.6 billion in tourism loss. MERS advisories continue for those taking hajj and umrah pilgrimage to Saudi Arabia.
2014-present	Ebola (Hemorrhagic fever) West Africa (Mainly Guinea, Liberia, Sierra Leone) and the Congo	28,600 cases and 11,325 deaths reported (likely underestimates)	Caused by virus transmitted from wild animals, with case-fatality rate of up to 90% (50% average). Ebola vaccine now available. Estimates of the economic burden of the West African outbreak range from \$2.8 to \$32.6 billion in lost GDP.
2015-present	Zika (Americas, primarily Brazil; flavivirus primarily transmitted by Aedes aegypti mosquitoes)	Unknown number of cases. Few if any deaths, but can result in microcephaly in infants born by infected mothers and in Guillain Barre syndrome.	No vaccine available. The world bank estimates that the short-term impact of the ZIKV outbreak for 2016 in Latin America and the Caribbean was about US\$3.5 billion primarily in countries where tourism is significant, especially given the hosting of major sporting events.
2016 (present)	Dengue fever	100 million cases and 38,000 deaths	'Dengue is the most important vector borne viral disease of humans and likely more important than malaria globally in terms of morbidity and economic impact' (Gubler, 2012, p.743). The total annual global cost of dengue illness in 2013 was estimated at US\$8.9 billion. Outbreaks occur periodically but 2016 outbreak was global in scale.
2019-present	COVID-19 (coronavirus)	As of 21 st May, 2020, over 4893186 cases and 323256 deaths with significant underreporting	The World Travel & Tourism Council (WTTC, 2020), anticipate a tourism related loss of up to US\$ 910 billion in 2020 and up to 100 to 120 million jobs

Sources: Aleeban & Mackey, 2016; Al-Tawfiq et al., 2014; Bell et al., 2003; Bloom & Cadarette, 2019; C.M.Hall et al., 2020; Gubler, 2012; Huber et al., 2018; Joo et al., 2019; Kirigia et al., 2009; Petersen et al., 2016; Russy & Smith, 2013; Shepard et al., 2016; Siu & Wong, 2004; Taubenberger & Morens, 2006; WHO, 2009; World Bank, 2016; WTTC, 2020.

Burkley (2006), states that there is a direct relationship among health security and global change with crisis viz. epidemics and pandemic. Air travel is considered to be promoting and enhancing influenza and corona virus (Brown et al., 2016). The literature also advocate that the epidemic could lead to a shift from tourism (Gossling, 2002; Hall, 2006, 2020; Page & Yeoman, 2007; Scott & Gossling, 2015) to society and tourism posed a danger (Bloom & Cadgres, 2019; Fauci & Morens, 2012; Jonas, 2014; World Bank, 2012).

The origin of COVID-19 is an imported disease originated from Wuhan province of China. It spread by the travellers travelling to or from China from November -December 2019 onwards. It couldn't be identified or alerted in primary stage to the world and air travel and other transport systems continued across the world. On 30th January 2020, the World Health organization declared the outbreak of novel coronavirus 2019- nCoV as a Public Health Emergency of International Concern (PHEIC), based on the advice of the Emergency Committee under the International Health Regulations (2005) and then declared as Pandemic COVID-19.

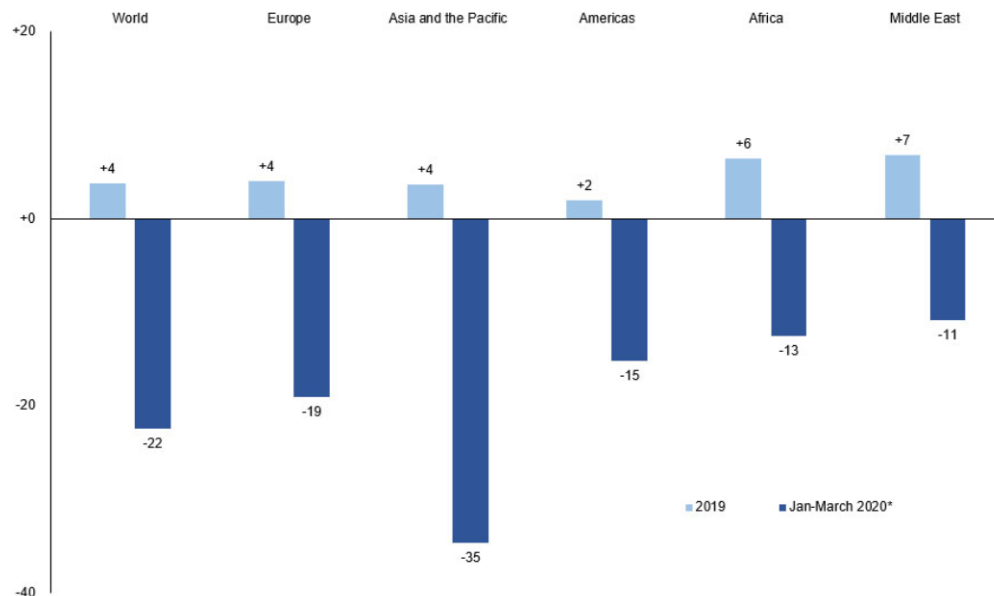
3. COVID-19 AND TOURISM

The majority of population across the world is seriously affected by COVID-19 and people are under lockdown situation. Business activities are suspended in most of the countries in order to stop and minimize the contamination. Air transport services are suspended unprecedentedly. As of April 2020, 96% of the worldwide destinations introduced travel restrictions due to the Corona virus. COVID-19 is more contagious than any other disease occurred before (Bai et al., 2020; Rothe et al., 2020). UNWTO estimates that the COVID-19 pandemic has caused a 22% fall in international tourist arrivals during the January-February-March of 2020. It is being estimated that the crisis could lead to decline between 60% and 80% this year compared to 2019. There are millions of livelihoods are at risk and threatens to roll back progress made in advancing the United Nations' Sustainable Development Goals (SDGs).

Globally, arrivals in March dropped by 57% following the lockdown in many countries, travel restrictions, the closure of airports and national borders. This turns into loss of 67

million international tourist arrivals and a deficit of around US \$ 80 billion foreign exchange earnings (FEE) from tourism.

Figure-1: Percentage change in International tourist arrivals in first quarter of 2019 and 2020



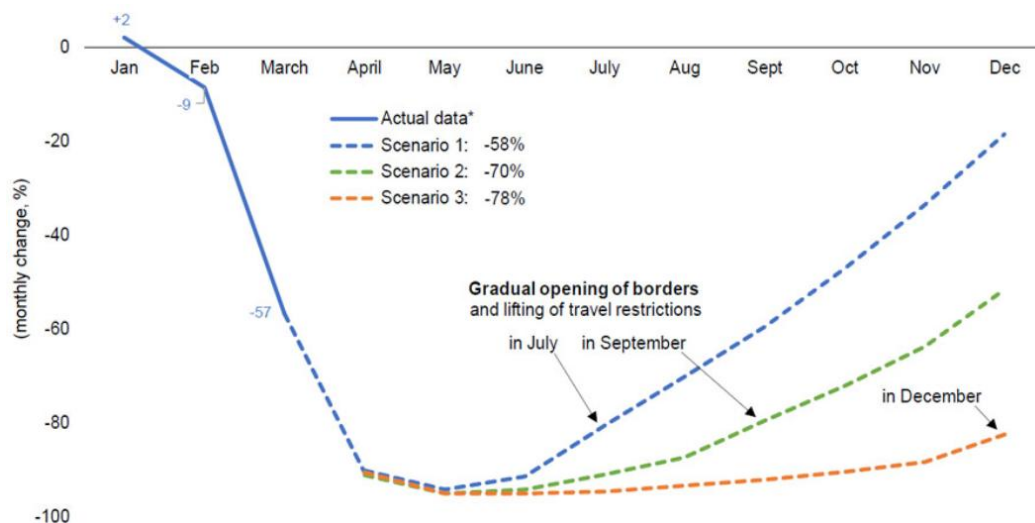
Source: UNWTO, 2020

4. INTERNATIONAL TOURISM 2020 SCENARIOS

Current scenarios point to possible declines in arrivals of 58% to 78% for the year. UNWTO estimates three possible scenario for the tourism performance in the year 2020 based on the forecasted dates for the gradual opening up of international borders. The scenarios are:

- Scenario-1: (-58%), if situation comes under control followed by the gradual opening of international borders and easing of travel restrictions in early July
- Scenario 2 (-70%) if situation comes under control followed by the gradual opening of international borders and easing of travel restrictions in early September
- Scenario 3 (-78%) if situation comes under control followed by the gradual opening of international borders and easing of travel restrictions only in early December.

Figure-2: Projection of International tourist arrivals in 2020 based on the above three scenarios



Source: UNWTO, 2020

5. COVID-19: IMPACT ON TRAVEL AND TOURISM IN INDIA

Travel, tourism and hospitality is among top industries in terms of economic contribution and employment generation. Tourism is playing significant role in socio-cultural development of semi urban and rural destinations. During year 2019, 4.2 crore jobs were created by tourism sector equivalent to the 8 % of the total employment in the country. Travel and tourism sector contributed US\$ 194.3 billion (6.8%) to the total economy of India during 2019 (WTTC, 2020). The country received US\$ 30.3 billion revenue from inbound tourism which is equivalent to 5.6% of total exports of India.

Tourist flow in India plays significant role in overall performance of the travel, tourism and hospitality industry. The country received 10.9 million inbound tourists from different countries and received US\$ 28 billion foreign exchange revenue, while 28 million outbound tourist during 2019. Domestic tourism in India is the backbone of the Indian tourism industry. The country received 1.8 billion domestic tourists between January to December 2019, which generated 83% of the total tourism revenue in the country (WTTC, 2020). Hence domestic tourism is said as the main stay of the local industry.

Travel, tourism and hospitality industry witnesses unprecedented situation in India. As a result of pandemic COVID-19, Indian tourism industry is witnessing from huge loss of revenue and massive unemployment. The job losses, and financial crisis has already begun

throughout the industry with the uncertainty of tourism revival soon. It is believed that more than 70 per cent out of a total estimated workforce of 5.5 crores (direct and indirect) could get unemployed. This effect of job losses and layoffs has already begun throughout the country.”

The disruptions have damaged to the entire stakeholders and supply chain viz. transport sector (airline, rail networks, roadways, water transport & Cruises, taxis, auto-rickshaws), accommodation (hotels, lodges, guest houses, home-stay and other regular and temporary accommodation), restaurants and other eateries, travel agents, tour operators, and large number of small vendors facilitating at remote tourism attractions and destinations across the country.

The airline industry in India is performing consistently better. It had 9% growth during February 2020. Because of the domestic and international travel restrictions, it is facing emergency situations ever. The Indian tourism industry is projected to record a revenue loss of US\$ 11,221 Million because of suspension and postponement of flight operations which will lead to 2.93 million of unemployment this year after the outbreak of COVID-19 (IATA, April, 2020).

The most visible and immediate impact of the Kovid-19 is seen in the hotel and tourism sector across all its geographies - inbound, outbound and domestic and almost all verticals - leisure, adventure, heritage, MICE (meetings, incentives, conferences and Exhibitions), cruise and corporate.

Given the various travel restrictions imposed by the Government of India as well as by the other countries, forward bookings for various conferences and holiday travel bookings to foreign destinations have already been cancelled. In India, most summer vacation bookings (for the states of Kerala, Rajasthan and Goa) have also been cancelled (around 40–50 per cent), affecting domestic tourism. The Indian tourism received 94% leisure spending while 6% of business spending during 2019.

The impact of COvid-19 in India was assessed well in advance and the Prime Minister Narendra Modi called for Janata Curfew (a kind of lockdown) from 7am to 9pm on 22nd march 2020. Then after it was addressed that, staying at home and other measures are the only solution from spreading the pandemic. The 21 days first lockdown (25th March to 14th April 2020) was implemented on 24th March. The lockdown was implemented when there was only 500 confirmed COVID-19 positive cases. After the implementation of first phase of lockdown, it was observed as very effective strategy, and then onwards second phase (15th April to 3rd May 2020), third phase (4th May to 17th May 2020) and fourth phase (18th May to 31st may 2020).

Table 2. State-wise COVID-19 Status in India

S. No.	State	Total Confirmed Cases	Cured/Discharged/Migrated	Deaths
1	Andaman and Nicobar Islands	33	33	0
2	Andhra Pradesh	4223	2539	71
3	Arunachal Pradesh	42	1	0
4	Assam	1988	442	4
5	Bihar	4493	2210	29
6	Chandigarh	301	214	5
7	Chhattisgarh	756	213	2
8	Dadar Nagar Haveli	12	1	0
9	Delhi	25004	9898	650
10	Goa	166	57	0
11	Gujrat	18584	12667	1155
12	Haryana	3281	2134	24
13	Himachal Pradesh	383	179	5
14	Jammu & Kashmir	3142	1048	35
15	Jharkhand	793	354	6
16	Karnataka	4320	1610	57
17	Kerala	1588	690	14
18	Ladakh	90	48	1
19	Madhya Pradesh	8762	5637	377
20	Maharashtra	77793	33681	2710
21	Manipur	124	38	0
22	Meghalaya	33	13	1
23	Mizoram	17	1	0
24	Nagaland	80	0	0
25	Odisha	2478	1416	7
26	Puducherry	82	25	0
27	Punjab	2415	2043	47
28	Rajasthan	9862	7104	213
29	Sikkim	2	0	0
30	Tamil Nadu	27256	14902	220
31	Telengana	3147	1587	195
32	Tripura	644	173	0
33	Uttarakhand	1153	297	10
34	Uttar Pradesh	9237	5439	245
35	West Bengal	6876	2768	355
	Total	226770	109462	6348

Source: Ministry of Health & Family Welfare, Government of India (Reconciled from ICMR), Dated 05th June, 2020.

6. CONCLUSION

The countries across the world is suffering with COVID-19. The world is afraid of this virus. It has affected

The Indian tourism industry is projected to record a revenue loss of 1.25 trillion and 40 million of employment in the year 2020. The countrywide lock down, cancellation of transport modes, cancellation of VISA and above all the fear of COVID-19 infection has devastated the travel, tourism and hospitality industry. It is being estimated that, tourism industry may have to face challenges for longer period and it may take time to revive soon. The travel restrictions by Government of India towards not to travel unnecessarily and several unprecedented changes is supposed to transform the future of travel, tourism and hospitality industry.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author(s).

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