



Department
of Health

Equality Analysis

Health protection (ships and aircraft) regulations

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www.gov.uk/dh

Equality analysis

Health protection (ships and aircraft) regulations

Prepared by the Equality and Inclusion Team, Department of Health, England

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help Department of Health staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact the Equality and Inclusion Team on 020 7972 5936 or aie@dh.gsi.gov.uk

Equality analysis

Title: Health Protection (International Travel) Regulations 2013

Relevant line in [DH Business Plan 2011-2015](#): N/A

What are the intended outcomes of this work?

The objectives are to (i) improve the framework for health protection at the border; (ii) create a simpler, more flexible and up-to-date set of regulations; (iii) complete the process of implementation of the International Health Regulations (IHR) in England insofar as legislation is required; (iv) replace specific lists of diseases in the current regulations with more general powers to protect public health, including from contamination; and (v) ensure new measures are overall cost-saving or cost-neutral.

The intended effect is that England has an effective and proportionate legislative framework to prevent the spread of infection or contamination either into the country or abroad, which does not unduly hinder international travel or trade. The devolved administrations will be making similar arrangements.

Detailed arrangements on the interpretation and implementation of these regulations will be produced and published with the final regulations.

Who will be affected?

The regulations have the potential to impact on anyone who travels in or out of England through its airports and ports. However, the regulations are contingency based and the exercise of the proposed measures is likely to be extremely rare.

Evidence

What evidence have you considered?

We have used evidence and data produced by the Health Protection Agency (HPA) on infectious diseases and their impacts. We have also used reports from industry, such as the Cruise Review 2010 from the Passenger Shipping Association.

Our main source of evidence has come from knowledge of the operational environment of health protection at airports and ports. This has been supplemented by extensive consultation and discussion with stakeholders with expertise in the area, such as Consultants in Communicable Disease Control, Environmental Health Officers and those representing industry such as the British Chamber of Shipping.

Disability

Disabled people are no more likely to be affected by these measures than other population groups. However, measures such as detention (even for a limited period, we propose a maximum of nine hours) may be more detrimental to those with a disability than to others and therefore present human rights issues. There is included in the regulations a duty on the Proper Officer to have due regard to a person's well-being, this would include taking account of

a disability. We also propose to advise in guidance how port health authorities (PHAs) or local authorities (LAs) can provide the necessary communication support and have regard to the welfare of those under detention. We consider that this is something which the authorities would do in any event, especially as acting with regard to a person's welfare would be more likely to secure their cooperation and make it easier to achieve the public health objective.

People with a disability that affects reading or writing may not be able to complete a request to provide personal information. This information is for contact-tracing in the event of possible exposure to infection or contamination. Although the regulations do not specifically specify their use, the most likely method for gaining this information will be the use of a passenger locator card (PLC), which is already widely used across the aviation industry. We propose to suggest in guidance that support be provided for those who would have difficulty completing a PLC or any other form of written information and that oral information may also be sufficient if appropriate.

Sex

No impact foreseen.

Race

Of the infectious diseases likely to meet the criteria in the regulations – the potential to cause significant harm to human health – some are more common in some countries than in others. For example, viral haemorrhagic fevers are endemic to Africa, South America and Asia¹, and most typhoid cases in England are in travellers returning from Pakistan, Bangladesh, India or parts of Africa². This is likely to mean that flights and voyages from areas where serious infectious diseases are more common are more likely to be affected by these proposed regulations, which may mean that some ethnic groups are more likely to be affected than others.

However, this is unlikely to equate to a significant impact because the exercise of the proposed measures is likely to be very rare. In addition, the proposed measures should mean that problems are picked up and dealt with as early as possible, that further spread is prevented and controlled, and that those affected receive treatment. Therefore, the impact of the proposed measures may in fact be positive rather than negative.

It seems reasonable to assume that people who do not understand English may have difficulty providing personal information, often by completing a PLC, if it were in English. In practice, this seems unlikely to be a problem; we note that UKBA landing cards ask for information to be provided in English. We do not think that a requirement to translate the PLC into other languages would be proportionate to the benefit that would arise, especially considering the rarity of their use. We propose to suggest in guidance that support be provided to those who have difficulty providing personal information for language reasons. Communication and welfare issues may also arise if a non-English speaker were detained under the regulations, which would present human rights issues. There exists in the regulations a duty on the Proper Officer to have due regard to a person's well-being, and this would include taking into account the difficulties posed by detaining a non-English speaker.

Age

¹ <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ViralHaemorrhagicFever/>

² http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1274087142302

Cruises attract a relatively high proportion of older people. The average age of cruise passengers in 2009 was 56, with 35% of passengers being over 65 (*Cruise Review 2010*, Passenger Shipping Association³). In addition, older people are often more vulnerable to infection (for example, norovirus, which in some circumstances could trigger powers under these regulations, is likely to affect older people more severely than younger age groups). Older people may therefore be more likely to be affected by the proposed regulations. However, this is unlikely to equate to a significant impact because the exercise of the proposed measures is likely to be very rare. In addition, the proposed measures should mean that problems are picked up and dealt with as early as possible, that further spread is prevented and controlled, and that those affected receive treatment. Any impact is therefore more likely to be positive rather than negative.

Gender reassignment (including transgender)

No impact foreseen.

Sexual orientation

No impact foreseen.

Religion or belief

No impact foreseen.

Pregnancy and maternity

Pregnant women or those with young children are no more likely to be affected by these measures than other population groups. Pregnant women may be less likely to undertake international journeys, especially travelling by air as some are advised by airlines or their doctors not to fly during certain stages of pregnancy.

Measures such as detention (even for a limited period, we propose a maximum of nine hours) may be more detrimental to those who are pregnant or have young children, and therefore present human rights issues. There is included in the regulations a duty on the Proper Officer to have due regard to a person's well-being, this would include taking account of pregnancy or the need to look after young children. We consider that this is something which the authorities would do in any event, especially as acting with regard to a person's welfare would be more likely to secure their cooperation and make it easier to achieve the public health objective.

Carers

Carers are no more likely than to be affected by these measures than other population groups. However, if a carer was to be affected by measures under the regulations, such as detention, it would pose a problem regarding their need to either care for someone at that time, or their need to leave the airport/port in order to care for someone. There is included in the regulations a duty on the Proper Officer to have due regard to a person's well-being, this would include taking account of any caring responsibilities. At the discretion of the Proper Officer there is the possibility that a reasonable request can be made for a carer to stay with those they are caring for. The Proper Officer would have to take into account that if the carer is infected or contaminated, they would pose a risk to the person(s) they are caring for. Regarding the need to leave an airport in order to care for someone, the Proper Officer would have to use their best judgement as to whether detention was proportionate in such circumstances, again taking into account that if the carer detained is infected or contaminated, they would pose a risk to the

³ Table 18 (page 13) - http://www.the-psa.co.uk/downloads/PSA_Cruise_Review_2010.pdf

person(s) they are caring for.

Other identified groups

It is possible that the socio-economic status of passengers differs among air and sea passengers in comparison with the general population. It is likely that the average income of those taking international journeys is higher than the average UK citizen as the average spend per visit abroad in 2009 was £540⁴. Those with higher incomes may therefore be more likely to be affected by the proposed regulations. However, this is unlikely to equate to a significant impact because the exercise of the proposed measures is likely to be very rare. In addition, the proposed measures should mean that problems are picked up and dealt with as early as possible, that further spread is prevented and controlled, and that those affected receive treatment. Any impact is therefore more likely to be positive rather than negative.

Engagement and involvement

Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)?

Yes

How have you engaged stakeholders in gathering evidence or testing the evidence available?

We have had informal discussions with Consultants in Communicable Disease Control (CCDCs), who are employed by the Health Protection Agency and have expertise in port health. These individuals have special expertise in infectious disease and its management and control in respect of international travel via ports and airports. We asked the CCDCs informally about current practice and their view of the impact of the new regulations, and their responses have informed this assessment.

Two stakeholder meetings were held on 13 and 14 July 2010 to explore views about the proposed regulations and their impact. The meetings were attended by a number of organisations including.

- Association of Port Health Authorities (APHA)
- All Leisure Holidays Ltd
- British Ports Association
- Chartered Institute of Environmental Health (CIEH)
- Chamber of Shipping
- Civil Aviation Authority (Aviation Health Unit)
- Crawley Borough Council
- Health Protection Agency (HPA)
- Heathrow Airport
- Hill Dickinson (an international law firm specialising in shipping)
- James Button Solicitors
- Passenger Shipping Association
- Royal Caribbean International, Celebrity and Azamara Club Cruises
- UK Major Ports Group

How have you engaged stakeholders in testing the policy or programme proposals?

⁴ http://www.statistics.gov.uk/downloads/theme_transport/travel-trends09.pdf

As above.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The key outputs of the stakeholder meetings were discussions surrounding many on the operational and policy dimensions of the regulations. There were no equality issues raised by stakeholders at the meetings.

Summary of Analysis

As the regulations are contingency based they are likely to be used on only very rare occasions. Despite this, there is the possibility that when used, people from certain ethnic minorities or nationalities travelling from areas with higher rates of infectious disease and older people travelling on cruises are more likely to be affected by the measures in the regulations.

However, the proposed measures should mean that problems are picked up and dealt with as early as possible, that further spread is prevented and controlled, and that those affected receive treatment. Any impact is therefore more likely to be positive rather than negative.

Eliminate discrimination, harassment and victimisation

No impact foreseen, as minority communities are not more likely to be affected by these regulations than other groups, especially as the use of the regulations is likely to be rare and on a contingency basis.

Proper Officers are well trained in health protection and only perform risk assessments or detentions of people under strict conditions. The regulations mean that they may only take action if someone presents or could present a risk of spreading infection or contamination. There is nothing in the regulations that allows any discrimination against any particular minority group.

Advance equality of opportunity

No impact foreseen.

Promote good relations between groups

No impact foreseen.

What is the overall impact?

The overall impact on all groups considered is minimal as the regulations will only be used on rare occasions, when there is an impact on such groups it is likely to be positive.

Addressing the impact on equalities

No impact on equalities is foreseen.

Action planning for improvement

Where challenges have been identified we have ensured that they will be dealt with in guidance to ensure their potential impact is dealt with, such as in the following areas:

- The welfare of disabled people, those not speaking English, pregnant women or carers if detained.
- Support for people who would have difficulty providing personal information when requested, such as in a PLC for reasons of disability or language.

Please give an outline of your next steps based on the challenges and opportunities you have identified.

- To introduce guidance as outlined above.
- Monitoring and evaluation of the regulations when in force to ensure no unexpected impacts on equality.

For the record

Name of person who carried out this assessment:

Tracy Owen

Date assessment completed:

Name of responsible Director/Director General:

Helen Shirley-Quirk

Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	<ul style="list-style-type: none"> Actively consider all potential equalities issues in developing policy. Ensure that relevant organisations with equalities interests are invited to contribute to the consultation. 	June 2013	Tracy Owen, PHD
Data collection and evidencing	<ul style="list-style-type: none"> Ensure any comments or concerns raised over equalities issues are taken into account in potential revisions of policy. 	Sept/Oct 2013	Tracy Owen, PHE3
Analysis of evidence and assessment	<ul style="list-style-type: none"> Any changes in policy due to equalities issues to be backed up by evidence. 	Sept/Oct 2011	Tracy Owen, PHD
Monitoring, evaluating and reviewing	<ul style="list-style-type: none"> The use of the regulations will be subject to a post implementation review. Cases under the regulations will be analysed and any equalities impacts will be evaluated and reviewed. 	July 2015	As yet unknown
Transparency (including publication)	<ul style="list-style-type: none"> Cases under the regulations may be published to ensure transparency (this is yet to be finally agreed). 	July 2015	As yet unknown

