

Canada's Response to International Travel During COVID-19 Pandemic – A Media Analysis

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Abstract

Background

The media play a critical role in informing the public about the pandemic. International travel is a highly contested subject in the media during the COVID-19 pandemic at both the international and national levels. We examined Canadian media reporting on international travel restrictions during the pandemic, how these restrictions aligned with the IHR (2005), and how the narrative around international travel evolved for the pandemic.

Methods

We analysed Canada's top three national newspapers by circulation, namely – The Globe and Mail, The National Post and The Toronto Star, published between Jan 1, 2020 - May 31, 2020. Our search yielded a total of 378 articles across the three newspapers. Upon removing duplicates and screening the remaining articles, we included a total of 62 articles for the analysis. We conducted a qualitative media content analysis by using the inductive coding approach.

Results

Three major themes were identified within the articles. These included: 1) The role of scientific and expert evidence in implementing travel restrictions; 2) Federal legislation, regulations and enforcement of international travel measures; and 3) Compliance with WHO guidelines in travel restriction policy- and decision-making. The federal government relied on scientific evidence for implementing international travel restrictions. The federal government fully exercised its powers under the Quarantine Act to enforce travel regulations and comply with the IHR (2005). The government embraced rules-based international order by following WHO recommendations on international travel, contributing to delaying border closure and travel restrictions until mid-March.

Conclusion

The media focussed significantly on international travel related issues during the early phase of pandemic. The dominant media narrative remained the need for earlier travel restrictions against international travel.

Introduction

On January 30, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a Public Health Emergency of International Concern (PHEIC) (1) and raised the risk assessment for the COVID-19 outbreak from 'high' to 'very high'. The outbreak was declared a pandemic on March 11, 2020 (2).

In order to prevent COVID-19 from spreading within their borders, many WHO member states imposed partial or complete border closures. The International Organisation for Migration reports that by March 23, 2020, 174 countries, territories, and areas around the world had coronavirus-related travel restrictions in place (3), impacting at least 7.3 billion people (i.e., 93% of the global population) (4). Annex 1B of the 2005 revision of the International Health Regulations (IHR (2005) provides guidelines around measures that can be taken during a PHEIC, including quarantining travellers. However, these measures should not include unwarranted travel and trade restrictions that may harm the economies of countries that report the health threats. As such, some scholars argue that by indiscriminately closing borders as part of their pandemic response, member states violated the IHR 2005(5), while others posit that it was a necessary part of infection prevention measures (6, 7).

The media have played a critical role in informing the public about the pandemic. This paper uses a media content analysis to examine reporting on international travel restrictions in Canada during the COVID-19 pandemic, how these restrictions aligned with the IHR (2005), and how the narrative around international travel evolved over the course of the pandemic.

Methods

Data Collection:

For this paper, we conducted a media analysis of Canada's response to international travel during the COVID-19 pandemic. All articles published between January 1, 2020 and May 31, 2020 in Canada's top three national newspapers by circulation (i.e., *The Globe and Mail*, *The National Post* and *The Toronto Star*) were screened for content. The Canadian Major Dailies - ProQuest database was used to identify articles that fit these criteria. This database provides access to current content and significant backfiles from more than 20 of Canada's top national and regional newspapers in full-text format. Through this database, news titles can also be searched together or separately for maximum efficiency (8).

Inclusion criteria:

Four types of newspaper text formats were included – news stories, editorials, commentaries and interviews. The federal travel rules and regulations reported in the newspapers were triangulated with the publications of federal departments and agencies such as Global Affairs Canada, Transport Canada, the Public Health Agency of Canada (PHAC), and Canada Border Services Agency (CBSA). We included content published between January 1, 2020 and May 31, 2020 using the key search term "COVID-19 AND International Travel". Multiple key terms were used initially to search the articles such as "coronavirus AND travel", "coronavirus AND international travel", and "COVID-19 AND travel AND coronavirus" giving us between 2000 to 3000 search results each. To keep the search contained, we used "COVID-19 and International Travel" as our only search terms. Only articles published in English were included.

Data preparation and analysis:

We developed a data extraction form to document data obtained from the articles. Two reviewers manually extracted content independently and in duplicate. We conducted a qualitative media content analysis (9) using an inductive coding approach wherein emergent themes were identified and extracted from the articles (10-13). The analysis focused on federal and provincial governments' guidelines and policies on international travel and changes in their position over time. The tone of the media articles (i.e., positive, neutral, or critical) was also identified. We also indicated whether the articles made reference to scientific and/or expert advice regarding international travel. Due to the evolving nature of the discourse around international travel, the extraction form and coding framework were modified as needed to capture emergent themes through a collaborative and iterative process. Two reviewers (KSR and SSM) were involved in the document identification, review, data extraction, and analysis. Any disagreements regarding the data extraction were resolved by consensus. Inter-rater reliability was calculated using Cohen's kappa co-efficient (κ) scale.

Results

Our search yielded a total of 378 articles across the three newspapers. After removing the duplicates (n=55), the remaining 323 articles were screened based on the inclusion criteria. A final total of 62 articles were included for analysis. Reasons for exclusion are shown in Figure 1. Inter-rater reliability testing revealed strong agreement between the two independent reviewers ($\kappa = 0.830$).

The highest number of articles came from *The Globe and Mail* (n= 24, 39%), followed by *The Toronto Star* (n= 19, 31%) and *The National Post* (n= 17, 27%). The majority of articles struck a neutral tone (n= 41, 66%) (Figure 2).

Thematic Analysis:

Three major themes were identified within the articles. These included: 1) The role of scientific and expert evidence in implementing travel restrictions; 2) Federal legislation, regulations and enforcement of international travel measures; and 3) Compliance with WHO guidelines in travel restriction policy- and decision-making.

1) The role of scientific and expert evidence in implementing travel restrictions

Despite measures taken to restrict international travel as early as January, the media criticized the Canadian response as inadequate and slow. The federal government justified their decisions not to implement harsher border restrictions by citing scientific evidence:

"[W]e are not closing the border to any further steps, but we will make those decisions based on what science tells us" – Prime Minister Justin Trudeau (14).

"I think Canadians think that we can stop this at the border, but what we see is a global pandemic meaning that border measures actually are highly ineffective and in some cases can create harm" – Health Minister Patty Hajdu (14).

Similarly, articles cited Taiwan, South Korea, and Singapore as examples of countries that had demonstrated adequate preparedness and response; these were regions that quickly implemented widespread thermal testing and travel restrictions (15, 16). By contrast, the media reported that the Canadian government deemed thermal testing of returning travellers unnecessary, citing a lack of scientific evidence in favour of the practice. Specifically, during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, 2.3 million travellers were screened using thermal tests at Canadian airports, but these tests were later found to be ineffective in detecting SARS cases (17, 18). However, Until March 10, the federal government continued to assert to the House of Commons Health Committee that the pandemic presented a low risk to Canadians (19). It was not until March 18 that Canada closed its borders to most international travellers (20).

Despite the federal government's stance, articles described actions implemented at the provincial level that did not align with federal action, including mass testing, screening of international travellers, stricter enforcement of quarantine orders, and recommendations for the use of masks (17, 19, 21-23). Other articles reported that the provincial leaders of Alberta, New Brunswick and Prince Edward Island saw value in the travel restrictions implemented by other countries, including closing international borders (21, 24).

ii) Media scrutiny of federal legislation, regulations and enforcement of international travel measures

On March 25, 2020, the federal government announced an emergency order under the *Quarantine Act, 2005*, which permits the screening of travellers entering Canada. Under the emergency order, any person entering Canada was required to self-isolate for 14 days regardless of whether or not they had symptoms of COVID-19(25). However, the media reported that provincial and federal travel screening measures and self-isolation guidelines were difficult to understand and inconsistent across jurisdictions (21, 23). In particular, the media noted that self-isolation for healthcare workers varied by province and over time (23). Restrictions were also implemented for travel between provinces, raising concerns over "mobility rights" of the Canadian Charter of Rights and Freedoms. By early April, at least eight provinces and territories had some sort of border checkpoint in place, but the content of these restrictions varied by jurisdiction (Table 1). However, the Supreme Court of Newfoundland and Labrador upheld the provincial order barring an individual from entering the province and emphasised the province's travel restrictions were consistent with the Constitution in the interest of public health and contained the pandemic spread (26).

Further federal regulation was enacted on April 14, 2020 when regulatory amendments under the Contraventions Act came into force. These changes provided increased flexibility for law enforcement agencies to issue fines to individuals in violation of the Quarantine Act (27). These actions received mixed coverage from the media, with some articles calling for the use of the Emergencies Act to restrict movement within the country as well as upon return from international travel (28). Others, however, argued that such sweeping measures would restrict the liberty of those infected with COVID-19 (29).

Some articles also criticized the federal government for adopting a preferential approach to the United States (US) when closing the borders to other countries (30). Despite the fact provincial data from Ontario, Quebec, Alberta and British Columbia showed that many of Canada's early COVID-19 cases came from the US (30), the federal government was slower to implement travel restrictions against the US compared to the action taken against other countries.

When it came to enforcing travel measures, the role of the CBSA – the federal law enforcement agency responsible for border control, immigration, and customs services in Canada – was closely scrutinized by the media. Despite the CBSA reporting that its officers were well trained to identify visible signs of illness and to ask screening questions about possible symptoms, CBSA was criticized for inadequate screening measures and a lack of transparency regarding screening for travel history and passenger nationality(31). The media also reported that there were inadequate screening measures in place at Canadian airports and that many health officials were screening passengers for COVID-19 symptoms over the phone, potentially increasing the risk of dishonesty from travellers. The media reported that this practice was attributed to a lack of sufficient personnel to accommodate in-person screening of all passengers (18).

iii) Compliance with WHO guidelines in travel restriction policy- and decision-making

In the early days of the pandemic, much of the media attention across the world and in Canada focused on the WHO's handling of the pandemic(32, 33). In accordance with the IHR (2005), the WHO recommended against travel or trade restrictions in response to COVID-19. However, as noted by the federal government, the pandemic shook national commitments to multilateral relations and contributed to a wave of protectionist sentiment and national border closures. In Canada, however, the media reported the federal government's confidence in and commitment to WHO guidance, with the Chief Public Health Officer noting that "*we are a signatory to the International Health Regulations and we'll be called to account if we do anything different*"(29). This rationale was used to explain a reluctance to close national borders. This stance was often in conflict with the perspectives of provincial premiers, some of whom argued that the federal government's delays were contributing to the spread of COVID-19(30), and resulting in individual provinces implementing their own travel restrictions.

Discussion

Our media analysis indicates that, despite having a comprehensive plan for meeting the IHR requirements regarding PHEICs at points of entry (34), Canada's implementation of international travel restrictions in the early days of the COVID-19 pandemic was viewed by the media as inadequate. The federal government strongly relied on WHO's advice and the scientific evidence for border closure and travel restrictions, despite a previous recommendation issued by the 2003 SARS commission that "reasonable steps to reduce risk should not await scientific certainty"(32, 35).

Specific media criticisms included the following. Earlier action by the federal government may have reduced the number of COVID-19 cases imported into Canada(30). The consolidation of provincial data

on the sources of new cases may have offered a window of opportunity for the federal government to develop a coordinated response with provincial governments to contain the early spread of COVID-19 cases in the country. Instead, the federal government's inaction was viewed as prompting provincial governments to develop their own the international and inter-provincial travel restrictions. While critical of federal governments' travel restrictions for international travellers, the media also reported Canada's distinction as one of the world's rare countries that exempted maritime crews from travel restrictions to facilitate world trade (36).

The media play an essential role in science and policy interface by communicating scientific information to the public and policymakers (37). One policymaking model specifically describes the media's role in the policy process as that of a key disseminator of scientific information for health emergencies(38). Like the earlier pandemics of SARS (2003), H1N1 (2009), and MERS (2012), the international and Canadian media significantly contributed to the COVID-19 "infodemics" (39-41). Our media analysis of three Canadian newspapers suggests that in the early days of the pandemic, much of the media attention remain focused on restricting the international travel, extended quarantines, financial and social hardships, mental health issues, and healthcare and systems capacity coping with the pandemic. The media studies conducted elsewhere reported similar findings (39, 42, 43).

Our analysis also suggests media reported popular beliefs and expert opinions, instead of verifiable published scientific evidence around international travel restrictions. In the early phase of the pandemic preparedness and response, the dominant media narrative remained the need for earlier travel restrictions against international travel and sensitising the federal government to restrict international travel.

Irwin's (2020) analysis found international media failed to communicate the complexities of science and policy in Sweden's pandemic preparedness and response; however, international media presented multiple narratives. They include (1) normalcy of life, (2) herd immunity strategy, (3) expert advice was not considered, (4) non-compliance of WHO recommendations (5) failing Swedish approach to contain the pandemic with in the country (6) Swedes trust the government. Irwin argues the importance of fact-checking and source critique and the need for precision when presenting data and statistics while evaluating the pandemic policies(42). On the contrary Australian media remained objective in reporting the pandemic and government's response(43) by framing the narrative specifically around "action" and "consequence"(43, 44), that were effective for Mad Cow Disease, West Nile virus, and Avian Flu outbreak responses earlier (44).

Our media analysis of selected three newspapers did not find the narrative framing as in the case Australian media, but found some similarities in the narratives framed by international media for Sweden's pandemic response. The similarities were Canada's difficulties in containing the pandemic, and Canadian trust in the federal government response. The differences were Canada's consideration of expert advice and compliance with WHO's recommendations for travel restrictions against international travel. In Canada, both the federal and provincial governments implemented unprecedented public health measures, including international travel restrictions. The studies conducted in Canada found through

appropriate and best data visualisation strategies, the public health experts and governments successfully convinced citizens that the measures taken were necessary (45). Media also reported Canada's embracement of rules-based international order - a shared commitment by all countries to conduct their activities by agreed international norms (46, 47).

Multiple modelling studies conducted around the effectiveness of international travel restrictions for the influenza pandemic and other outbreaks determined that international travel restrictions were of limited benefit in slowing the global spread of pathogens(48-53). The studies found similar evidence for COVID-19 pandemic(54). Notwithstanding scientific evidence, implementation of travel regulations appeared to be more political. For example, in Zimbabwe, the government's decision not to institute travel restrictions against Chinese citizens had drawn sharp criticisms from civil society and the main opposition political party. In Canada, the federal government's delayed implementation of international travel restrictions until mid-March received criticism by political parties, provincial premiers, civil society, and media alike (55).

The effectiveness of international travel restrictions such as border closures is not always definitive, but evidence suggests that the shutdown of international airports and border closures prevented spillovers across countries (56, 57) while countries that delayed closing their border may have had higher infection rates (58). Given these potential benefits, there is a need to review and potentially revise current IHR guidelines regarding travel restrictions during PHEICs (57, 59, 60).

Limitations

This study is limited to news articles published between January 1st and May 31st, 2020. The majority of data captured was published in March and April. As only one database was used and the article formats were limited to news articles, interviews, editorials, and commentaries, we may have missed information outside of our inclusion criteria. Moreover, the term "coronavirus" was more commonly used than COVID-19 in those months and non-inclusion of this search term may have eliminated some key information. Furthermore, restricting articles to those published in English language may also serve as a limitation.

Conclusion

As early as January, Canada implemented border screening measures for international travellers. In March, borders were closed to international travellers. However, our media analysis of Canada's international travel measures for the COVID-19 pandemic suggests that these measures were viewed as inadequate and occurred too late. By the time Canada imposed travel restrictions in late March, more than four million people had already entered the country. Media reporting suggested that the time for Ottawa to act broadly and in the national interest was in January or February, when strong actions in areas of clear federal responsibility could have had greater impact.

Declarations

Conflict of interests: KW has acted as a consultant for the WHO on two occasions. KSR, SM and LW declare no conflict of interests.

Ethics approval and consent to participate: Not applicable

Consent for publication: All authors consent for publication

Availability of data and materials: The materials and data are available in public domain

Competing interests: KW has acted as a consultant for the WHO on two occasions. KSR, SM and LW declare no conflict of interests.

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Author's contributions: KW conceptualised the idea. KSR and SM involved in media document collection, review, and analysis. KSR wrote the first draft of the article. SM contributed to writing the first draft, KW, LW and SM contributed to revisions. All authors approved the final version.

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Data availability statement: The data that support the findings of this study are available from the three Canadian newspapers ((i.e., *The Globe and Mail*, *The National Post* and *The Toronto Star*) and available in the public domain.

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Tables

Table 1: Entry and exit control for inter-provincial movement

Province name	Travel restrictions or measures
Quebec	On April 1, 2020, the Quebec government effectively divided Canada's Capital Region by placing checkpoints on the border between Ottawa, Ontario and Gatineau, Quebec. To block all non-essential travel into the province, the Quebec government also set up checkpoints on major roads leading to more remote areas of Quebec, as well as at the Quebec-U.S. border.
Ontario	No inter-provincial travel restrictions were placed.
Manitoba	Established checkpoints at main highways and airports to provide guidance about COVID-19 to travelers. Also issued travel advisories for domestic travellers entering the province to self-isolate for 14 days.
Saskatchewan	Although no domestic travel restrictions were placed, the government recommended that people self-monitor for symptoms if they have traveled outside of Saskatchewan, but within Canada.
Alberta	No inter-provincial domestic travel restrictions were placed.
British Columbia	No inter-provincial domestic travel restrictions were placed.
Yukon	All travelers entering the territory must self-quarantine for 14 days. This includes anyone returning home from other provinces and territories by road or air, as well as Yukoners returning home by road from Alaska.
North West Territories	All travellers into the territory by non-residents were prohibited with a few exceptions (such as those transporting essential goods and essential service workers).
Nunavut	Issued travel ban that restricts all entry into the territory aside from some specific exceptions like residents and essential workers. Furthermore, all residents returning must self-quarantine before entering Nunavut.
Prince Edward Island	Anyone coming into Prince Edward Island must self-isolate for 14 days following all out of province travel, including within Canada and the USA. Exceptions include essential service workers and flight crews.
Newfoundland and Labrador	All travellers entering the province must self-isolate for 14 days.
Nova Scotia	Anyone entering Nova Scotia must self-isolate for 14 days.
New Brunswick	As of March 15, 2020, anyone entering the province (aside from some exceptions like essential workers) must self-isolate for 14 days.

Figures

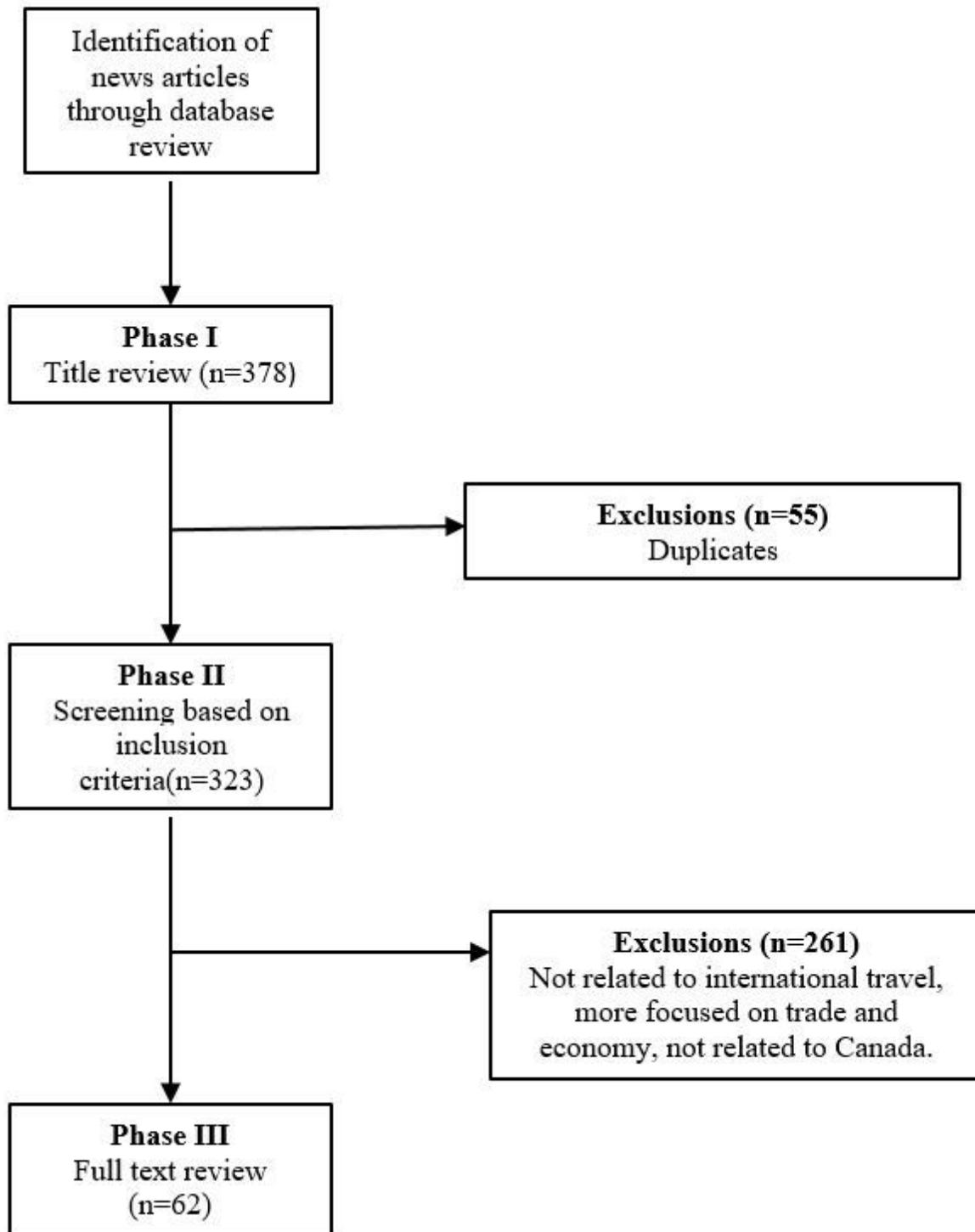


Figure 1

Flow chart for screening process

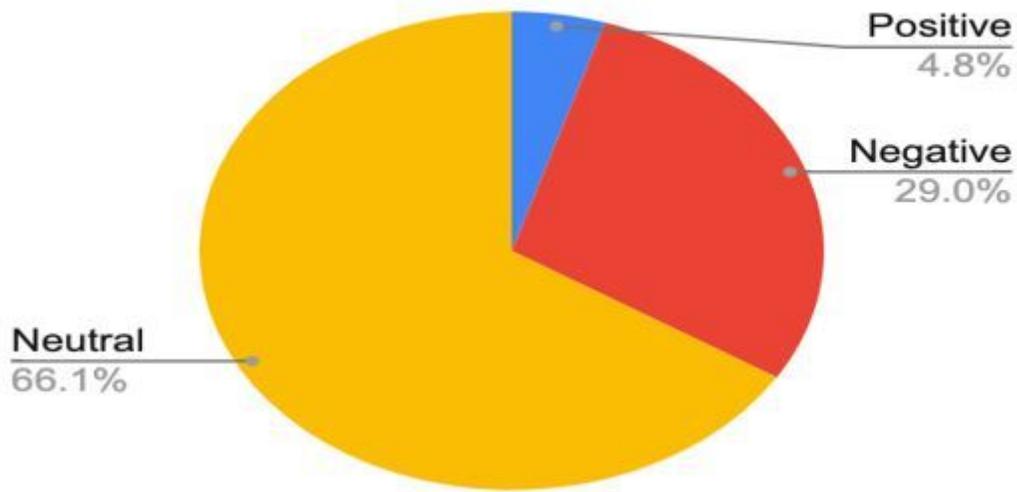


Figure 2

Overall media tone

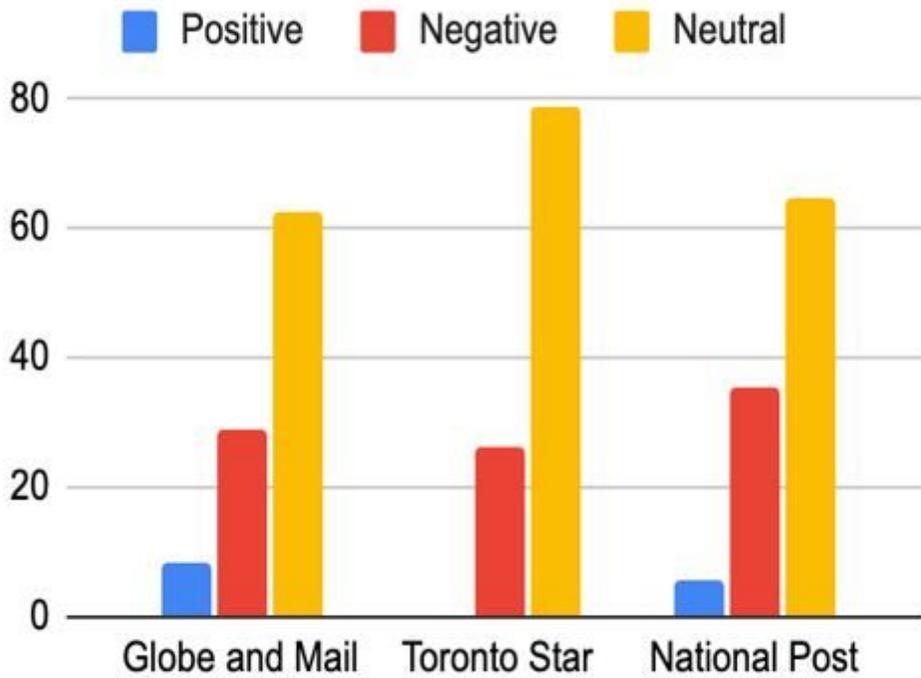


Figure 3

Media tone by newspaper