

Exploring Health Tourism



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Last but not least, we would like to express our appreciation to the International Medical Travel Journal, LaingBuisson International, for their support and sponsorship to this research.

Foreword

In recent years health, wellness and medical tourism have grown exponentially. Both established and emerging destinations are increasingly tapping into the potential of this tourism segment in looking to diversify, increase revenue or tackle seasonality. Yet health tourism is still poorly-defined; data on it is fragmented and definitions and concepts of it vary significantly across countries. There is an essential need to better understand wellness and medical tourism in order to effectively seize its growth potential for sustainable tourism development.

This report *Exploring Health Tourism*, prepared by the World Tourism Organization (UNWTO) and the European Travel Commission (ETC) with the support of the International Medical Travel Journal – LaingBuisson International, proposes a consistent conceptualization of health tourism and explores travellers' motivations when looking for health-related services.

The study includes the first taxonomy to describe and define the intricacies of travelling for health purposes, as well as a practical toolkit for national tourism organizations and destination management organizations wanting to develop health tourism.

We trust this information will provide tourism destinations, companies and institutions with a better understanding and a more accurate picture of health tourism. The following guidelines and reference case studies are designed to help them leverage opportunities to seize the potential of this emerging, complex and rapidly-changing global tourism segment.

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Executive summary

The growing segment of health tourism

Health, wellness and medical tourism have grown exponentially in recent years and are becoming increasingly relevant in many established and emerging destinations around the world.

Yet, the health tourism segment is still not well defined, with differences based on geographical and linguistic characteristics and the large and wide variety of related cultural traditions. Furthermore, data is fragmented and limited.

Health tourism is considered nowadays to be an emerging, global, complex and rapidly changing segment that needs to be comprehended to a greater extent in order to leverage opportunities and better address challenges.

The purpose of this study prepared by the European Travel Commission (ETC) and the World Tourism Organization (UNWTO) is threefold:

1. To achieve a better understanding of health tourism at a global level, through the identification of current practices from stakeholders involved in the promotion of health tourism;
2. To propose a comprehensive taxonomy with a consistent terminology to define and describe the intricate system of travelling for health purposes; and
3. To provide a practical toolkit for national tourism organizations (NTOs) and destination management organizations (DMOs) wanting to develop health tourism.

The recommended definitions included in this study represent the culmination of a process starting with a working paper, the discussions and conclusion from the roundtable on health tourism convened by ETC and UNWTO in Budapest with the support of the Hungarian Tourism Agency, and the work carried out by the UNWTO Tourism Competitiveness Committee.

Defining health tourism: recommended taxonomy and definitions

Tourism (and travel) is an activity that can contribute to the creation or improvement of **wellbeing**.

Health tourism covers those types of tourism which have as a **primary motivation**, the contribution to physical, mental and/or spiritual health through medical and wellness-based activities which increase the capacity of individuals to satisfy their own needs and function better as individuals in their environment and society.

Health tourism is the **umbrella** term for the subtypes: *wellness tourism* and *medical tourism*.

Wellness tourism is a type of tourism activity which aims to improve and balance all of the main domains of human life including physical, mental, emotional, occupational, intellectual and spiritual. The primary motivation for the wellness tourist is to engage in preventive, proactive, lifestyle enhancing activities such as fitness, healthy eating, relaxation, pampering and healing treatments.

Medical tourism is a type of tourism activity which involves the use of evidence-based medical healing resources and services (both invasive and non-invasive). This may include diagnosis, treatment, cure, prevention and rehabilitation.

The 22nd Session of the UNWTO General Assembly held in Chengdu, China (September 2017), adopted as Recommendations the below definitions of health tourism, medical tourism and wellness tourism.

Factors shaping health tourism

Time spent on leisure activities (including health care and prevention) has increased over time. More available time and increased disposable income devoted to leisure activities (e.g., travel, entertainment, health care, personal wellbeing) are supporting healthy lifestyle motivations.

Medical tourism is particularly driven by **over-burdened health care** and public health insurance systems. Long-term care (LTC) expenditure has risen over the past few decades in many advanced economies, with **ageing population** requiring more health and social care.

Urbanization is a major challenge for public health. According to the United Nations, over half of world's population live in cities, a proportion that is expected to increase to two-thirds in 2050. Urban living associated health condition and chronic diseases are leading to a growing need and demand for healthier trips, *natural* alternatives and *escapism*.

Certain legal directives are also perceived as influential, especially those in medical tourism, like the European Union (EU) Directive on cross-border mobility. The Directive 2011/24/EU on patients' rights in **cross-border health care** "clarifies that patients are entitled to seek health care abroad, including for planned care, and be reimbursed for it, in principle without having to seek prior authorisation"¹.

The global nature of financial markets fuels rapid developments, especially in the hospitality and spa market. **Increasing investments** (often as foreign direct investment) are taking place in medical tourism as well, mainly in the form of investments in technology and know-how. However, the concept of **brain drain** is quite common especially in the medical tourism industry (i.e., doctors and other health care professionals choose to work in medical tourism rather than treating local residents).

¹ European Patients Forum (2011), *EU Directive 2011/24/EU on the application of patients' rights in cross-border healthcare: Legislation Guidance for Patient Organisations* (online), available at: www.eu-patient.eu/globalassets/policy/crossborderhealthcare/2013-11-18_cbhc_guidance-final.pdf (27-06-2017).

Rapid **technological developments** and inventions also influence travel for health purposes. For instance, faster and less invasive, non- or minimal invasive technology (e.g., laparoscopy) in beauty and medical treatments. Technology and innovation companies with global outreach can influence the development of medical tourism locally.

Apps, **wearables** (or hearables) have the potential to change how users will consider health and health management in future years. **M-health** (mobile health) and **e-health** smart solutions and real-time information can help health care providers to define personal treatment plans.

Protection of personal health data (i.e., privacy), information and malpractice legislation in health (especially in medical) tourism is paramount.

The market of health tourism

In line with the continuous expansion of world tourism, an increasing number of people is travelling for health purposes. Flows have been facilitated by affordable, accessible travel and readily available information over the Internet.

Due to limited, fragmented and often unreliable data, as well as varying definitions of health tourism and its components, it is difficult to estimate the size and growth of health tourism as a market.

Some estimates by industry bodies point to USD 45.5 billion to USD 72 billion market size of medical tourism (Patients Beyond Borders) or USD 100 billion (Medical Tourism Association). Depending on the source estimates of the value of the medical tourism market differ greatly.

Most countries that engage in delivering care to medical tourists do so to increase the level of foreign exchange earnings coming into their country and to improve their balance of payments position.

Supply of health tourism

The supply of health tourism is already very wide from hotels with spas facilities, to wellness hotels and thermal baths to specialized hospitals and clinics. There are **several types of facilities** that can provide services in many areas of health tourism (e.g., wellness cruises can also provide services such as spas, IVF clinics, dental or plastic surgery clinics). Operators in the health tourism supply can range from providers, brokers or hotels to certification, accreditation and insurance companies.

Since a globally accepted typology of service providers is not available, the size and capacity of the actual supply (probably apart from hotels and hospitals) is not well seized.

The hospitality industry recognized the growing demand and interest in health or wellbeing, and an increasing number of operators either have reshaped their services or launched new brands adapted to the new demand trend (e.g., in the form of **healthy options**).

Demand of health tourism

Although populations in western countries, as well as countries in the Far East are facing **rapid ageing**, global data still show that half of the world's population is younger than 30 years of age. Young people represent a potential demand for health related tourism in the near future.

Cultural traditions, natural assets and heritage play a significant role in defining demand and motivations.

International wellness travellers tend to be **savvy** and lead a **wellness lifestyle**. They seek healthy services and prefer lifestyle-based treatments.

Domestic health tourism is significant in several countries. This is especially true in countries where the government still subsidises national or domestic health tourism (e.g., thermal medical bath treatments) through social tourism.

Medical tourism involves people travelling expressly to access medical treatment. People travel for wellness to maintain or enhance their personal health and well-being, and wellness services focus on healing, relaxation or beautifying of the body that is preventive and/or curative in nature.

The **key drivers** for medical tourism are the lack of insurance and services (in the patients' home country), lower costs, better quality care, procedures unavailable at home and shorter waiting periods.

Medical tourism has historically been from lower to higher income countries, with better medical facilities and more highly trained and qualified professionals. However, this trend is now reversing and most recently *hubs* of medical excellence have developed which attract people regionally. Many countries participate in medical tourism as importers, exporters or both.

The main **importing** countries (those where the medical tourists come from) are in North America and Western Europe. The main **exporting** countries (those who provide the services to medical tourists) are located across all continents, including Latin America, Eastern Europe, Africa and Asia. Countries and/or hospitals tend to be specialized in certain procedures.

Management and marketing

Social policies and public as well as private initiatives aiming at the improvement of the general wellbeing of citizens also support travelling for health purposes.

National and regional policies and initiatives are often paving the way for domestic and/or international health tourism (e.g., investment, incentives or regulations), especially if supported and facilitated by a relevant organization, e.g., industry co-established cluster or governmental department.

Distribution in health tourism is quite unique. In **medical tourism**, **facilitators** (and not traditional tour operators) play an important role. In wellness tourism (especially in retreat-based or spiritual tourism) small but rather specialized tour companies provide packaged services or operate

distribution platforms. The online distribution (e.g., online travel agencies) has not yet developed (or applied) a terminology that would support distribution on a larger scale.

Conclusion and recommendations

Health tourism is certainly one of the **fastest growing forms of tourism** at the time. The analysis of the supply and demand in the health tourism market brings up relevant issues that need attention such as the different typologies of service providers and the lack of reliable and comparable data and evidence-based information, making hard to benchmark performance at country, destination or individual facility level.

NTOs, DMOs and the industry at large would benefit from **improved data** collected and developed under a harmonized conceptual framework with clear definitions. This would ensure **comparability**, more accurate **measurement** and better **management**. Health tourism is still a niche market and it is important not to over-inflate or double count statistics.

The concept of supported or co-funded holidays (or **social tourism**) is often related to **accessible** tourism: it is a different form of travel aiming at the improvement of health or wellbeing of the beneficiary travellers (families, young people or senior citizens), at least partially. These travellers can generate additional revenue, but also may help to reduce health cost through prevention measures and decreased pharmaceutical consumption.

Sustainability and responsibility have become key criteria in health tourism, which often relies on natural resources and assets. When managing health tourism it is certainly important to have a sustainable approach in terms of development, planning and impact management. It is also critical to observe regulations and ethics. The incorporation of sustainable practices and corporate social responsibility the inclusion of local communities, the Sustainable Development Goals as guiding framework for both public and private stakeholders, are key fundamentals for the long-term viability of the health tourism related industry and maximizing benefits for local communities.

Destinations should look at the impact of health tourism on the quality of life of residents. The **wellbeing** of local residents is equally important as the health improvement of tourists. **Monitoring** economic, social and environmental impacts need dedicated attention and resources.

As part of a **health tourism strategy**, destinations should look into travel facilitation issues:

- Visa policy, enhanced connectivity, safety and security, mobility framework for people with disabilities;
- Diversification of source markets and segments;
- Attraction of investment;
- Establishment of a regulatory framework, including legislation, incentives and standards;
- Quality of service and infrastructure;
- Training and skills development;
- Accreditation and certification of health tourism facilities and practices; as well as
- Product development, involving e.g., the meetings industry or gastronomy.

Health tourism can help tackling **seasonality**, as it does not necessarily follow a seasonal pattern compared to other tourism segments. It tends to be less seasonal, and can be integrated into

365-day destination strategies. Health tourism can also contribute to tourism **dispersal**, as many wellness and medical facilities can be located in city outskirts and rural areas.

Collaboration and partnerships are key among the different stakeholders involved in the health tourism value chain: destinations, authorities, local communities, accommodation and transport, providers, facilitators. Health tourism can be better integrated into tourism policies overall. The successful **public-private** initiatives to promote health tourism put in place in some of the leading health tourism destinations, and which can be considered best practices, could be replicated in other countries. Co-opetition in health tourism can also have a trickle down effect on know-how and technological transfer. Finally, cooperation with international organizations concerned becomes essential.

Hospitality and the health care industry can **learn from each other** through the exchange of know-how and practices, in order to optimize the delivery of services and ensure a quality tourism experience. The hospitality industry can also complement wellness and various related tourism services in the supply of accommodation, gastronomy and others.

Destinations should pay attention to **product-segment** matrices. New product concepts are emerging and **market intelligence** produced by NTOs and DMOs and the design of innovative digital marketing strategies can help attracting new market segments such as millennials or LGBT. **Segmentation** and motivation modelling should incorporate new approaches such as lifestyle-based segmentation and 'tribal marketing'.

Technology advances and mobile applications such as eHealth and mHealth (or Artificial Intelligence and robotics in the near future) can bring new solutions and opportunities to health care, including real-time monitoring of patient vital signs and mobile telemedicine, as well as how tourism service providers communicate and relate to their guests.

The **toolkit for health tourism development** included in the full study should facilitate, guide and support step-by-step NTOs and DMOs in their effort of developing and managing any form of health tourism.

Chapter 1

Introduction

The new phase in human evolution represents a culmination of thousands of years of human history during which many different cultures, philosophies, traditions and technologies have attempted to address the questions of life, ageing, illness and death. It seems that all people have tried to tackle the question of: How to live well in the world?

Cohen, M. (2010)¹

Health tourism as a concept and product is not new, contrary to common belief. It has been deeply rooted back to many societies and cultures for decades if not centuries. People have been using thermal waters since the Roman times, and sought pain relief by visiting climatic destinations and resorts. Patients have been visiting healers, doctors and spiritualists since the early days of humankind.² Yet, health tourism has become a modern and contemporary phenomenon, as well as an attractive business opportunity. Health care, wellness and spa operators are increasingly focusing on this growing segment of tourism, as well as many countries and destinations. However, many questions have remained unanswered, especially in terms of common terminologies, definitions and taxonomies.

1.1 Purpose of the study

Health tourism is now understood to be an emerging, global, complex and quickly changing phenomenon that needs to be better understood in order to increase possibilities and better address challenges. In both established and emerging destinations guidelines are needed to successfully initiate and support the required development.

As part of their joint research programme, the European Travel Commission (ETC) and the World Tourism Organization (UNWTO) commissioned a study on health tourism, which goal is to meet the needs of tourism administrations, boards, destination management organizations and operators. As a primary objective, the development of a taxonomy is especially relevant to define the scope of health tourism and to facilitate data collection and research on supply and demand.

The purpose of this study is to provide the tourism sector with insights regarding the complex phenomenon of health tourism. The study introduces the evolution of health-related tourism products and services from all around the world. Users are provided with insights into the current

1 Cohen, M. (2010), 'Spas, Wellness and Human Evolution', in: Cohen, M. and Bodeker, G. (eds.), *Understanding the Global Spa Industry: Spa management*, Routledge, London, pp. 3–25.

2 Smith, M.K. and Puczkó, L. (2013), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London.

situation of the industry, as well as the development potential both at national and destination level. The aim of the study is threefold:

- To achieve a **better understanding** of health tourism at a global level, through the review of current practices and future plans from both public and private tourism stakeholders;
- To provide a **comprehensive taxonomy** that serves as a common reference for tourism destinations operating in this field; and
- To map all publicly available **data sources** that support destinations in monitoring the evolution of the demand and supply.

The study has global coverage but due to the rich history, tradition, and the advanced stage of health tourism development in many European countries, special attention was paid to the state of affairs and development trends in Europe.

The study is a first attempt to set a coherent conceptualization of health tourism and define the motivations behind travellers looking for health-related services. The taxonomy was first presented in a working paper, in order to receive feedback from the different stakeholders that could help fine-tuning and ultimately validate the proposed definitions.

The taxonomy and key findings of the working paper were discussed at a roundtable of international experts held in Budapest, Hungary, in June 2016. The ETC-UNWTO roundtable 'Exploring Health Tourism' aimed at better understanding and exploring the growing segment of wellness and medical tourism. The roundtable gathered experts from the World Health Organization (WHO), the European Union (EU), the World Travel and Tourism Council (WTTC), the European Spas Association, the Global Wellness Institute and Spaincares, as well as representatives from the health-related tourism sector from Hungary, Lithuania, Malaysia and Mexico³.

The 22nd Session of the UNWTO General Assembly held in Chengdu, China (11–16 September 2017), adopted as Recommendations the proposed definitions of health tourism, medical tourism and wellness tourism included in this study (UNWTO Committee on Tourism Competitiveness).⁴

It is aimed that these operational definitions provide UNWTO, as well as ETC and other tourism stakeholders with a comprehensive and concise operational, applicable and globally relevant conceptual framework on some concepts used in the tourism value chain and on some selected tourism types to set the scene and contribute to establish a common ground for a harmonized understanding.

3 Full list of participants: the World Health Organization, the European Commission, the European Parliament, the World Travel and Tourism Council, the European Spas Association, the Global Wellness Institute, Spaincares, the Malaysia Healthcare Travel Council, the Mexican Council for the Medical Tourism Industry, the Lithuania Medical Tourism Cluster, the Lithuania State Department of Tourism, the Hungarian Tourism Agency, the Hungarian Hotel Association, the Danubius Hotels, Xellum and Intuition Communication.

4 UNWTO Committee on Tourism Competitiveness, http://cf.cdn.unwto.org/sites/all/files/pdf/ctc_definitions_en_web.pdf and <http://marketintelligence.unwto.org/content/competitiveness-committee-ctc>.

1.2 Methodological approach

The field of health tourism is quite complex, constituted by different understandings and classifications according to sectors, countries, companies and industry organizations. The study therefore applies a detailed approach to data and information collection and analysis. The research includes both primary and secondary data collection methods and considers both industry and academic resources. One of the main objectives of this study was to produce a clearer and more comprehensive taxonomy for health tourism and its related subsectors (e.g., wellness and medical tourism). In order to achieve this, the following methods were used to collect data, information and industry intelligence:

- An extensive review of **existing secondary literature** was undertaken, including academic papers, books, industry reports, specialized trade journals and case studies. This review provided the framework for the PESTLE analysis, as well as a basis for suggested definitions and for the market overview which was then supplemented and corroborated using primary data.
- **In-depth interviews** with a carefully selected range of experts from the spa, health, wellness and tourism sectors (altogether 30 expert interviewees from 18 countries, plus representatives of global associations, initiatives and companies). Interviewees were asked to define key terms such as health, wellness and medical tourism and its connection to tourism demand. They were also asked questions about policy, management, regulatory and legal issues. A list of interviewees is presented in annex 1.
- A **word cloud survey** methodology aimed at national tourism organizations (NTOs) and industry representatives. The survey included 28 participants from 21 NTOs and 7 industry representatives. Participants were given a number of different scenarios related to health services used by tourists in different countries and were asked to categorize and comment on the service and types of tourists. This made possible to assess how products, services, packages and tourists can be typologized and the rationale behind it. A detailed description of the methodology is available in annex 2 and annex 3.

In addition, several key **social media platforms** and sites in medical and wellness tourism were analysed in order to illustrate key information searching patterns of users, patients and travellers.

The **case studies** and **examples** included in this study were chosen as examples of good practice or to highlight interesting issues that exist at global, regional, national, destination and/or site level. This includes case studies showing the growth of health tourism different types of health tourism services; destination management; good practice in sustainable management; government policy, regulation and legislation; innovations in technology; and uniqueness in health tourism products and services. Occasionally, more than one case study or example has been given from the same country to emphasize different issues in health tourism or to show developments at national, as well as local level. Boxed examples and case studies are given from more than 25 countries covering the different world regions. However, in addition to these, many shorter examples are given throughout the study to illustrate the great diversity of health tourism developments that exist around the world.

1.3 Study overview

The study begins by presenting the results of the so-called **PESTLE analysis** which identifies the most relevant and influential changes and trends taking place in contemporary societies and their influence on leisure and tourism. The PESTLE analysis includes the following factors: political, economic, social, technological, legal and environmental.

Following the PESTLE, the study provides an overview of both existing and suggested definitions based on the research findings. The taxonomy chapter oversees at the broader picture and the relationship between wellbeing and health. The analysis culminates in a new set of recommended definitions for each of the main forms and subsectors of health tourism (note: the words *form* and *sector* were used for the supply side, and the word *segment* was used for the demand side overview). This includes:

- Health tourism;
- Wellness tourism; and
- Medical tourism.

It could be argued that holistic retreat, spiritual and spa tourism are also important subsectors, but not all research respondents agree that such forms of tourism exist and should be included in mainstream typologies. Definitions and taxonomy are devised based on the primary motivation of tourists. Facility-based definitions, such as spa or retreat tourism are not recommended since in other forms of tourism, e.g., in cultural tourism 'museum' tourism is not registered either.

The study introduces and discusses the nature of supply and demand for those forms of tourism which are considered to be the most important. Not only international but domestic travel, as well as complementary services related to health tourism were also included in the analysis:

- **Supply side:**
 - Main forms of supply (medical, wellness); and
 - Types of facilities (hospitals/clinics, hotels/resort, spas, thermal baths, retreats).
- **Demand side:**
 - Key motivations of health tourists;
 - Cultural and national differences in demand;
 - Major segments for health and consequently wellness and medical tourism; and
 - International flows in wellness and medical tourism (outbound and inbound countries).

Data collected mainly for the health tourism market chapter was closed in August 2018.

The last part of the study focuses on organizational, management and marketing aspects. Since the scope of the study has an NTO and DMO perspective, the overview on management looks at the following areas in particular:

- Relevant policies (e.g., health, tourism, social);
- Organizational structures (e.g., the 'Kurdirektion' concept, medical and wellness clusters and destinations);
- Management and marketing (communication) strategies and tactics at destination level; and
- Monitoring and regulatory systems.

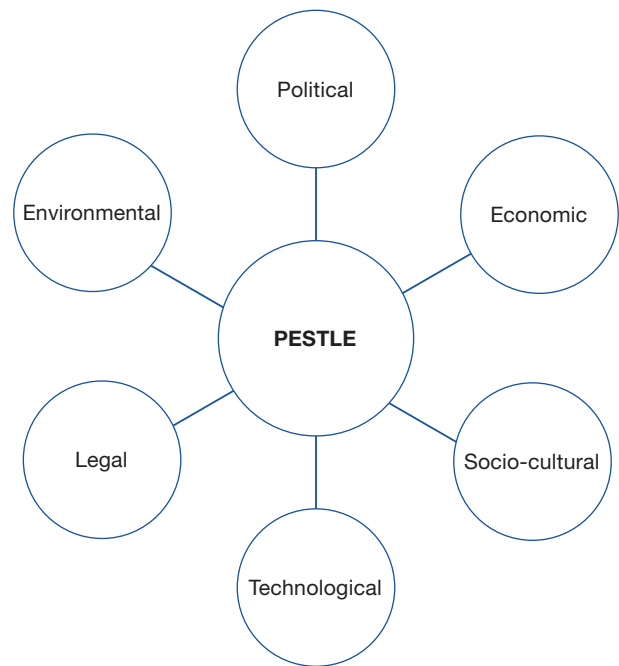
A **toolkit for health tourism development and management** is included. This toolkit was created to facilitate and direct the planning and management of activities by NTOs and DMOs should they be interested in developing health tourism.

Analysis of macro-environmental factors

The emphasis is mainly on advanced economies, including most of Europe, North America, Australia and New Zealand. It is however recognized that many citizens in other parts of the world (e.g., the Middle East, Asia, Central and South America) also enjoy higher standards of living with increased disposable income dedicated to health and travel. Since travelling for health purposes plays an important role in several European countries, special attention was paid to information and data relating to Europe and other factors that may affect European countries in particular.

It is often the case that people who are engaged in a healthy living style and leisure time are more likely to be attracted by health tourism destinations such as spas, wellness hotels or retreats. However, many people also become health tourists upon recommendations of doctors, in which case their government provides financial support. In addition, they may be sent on a wellness incentive trip or to experience occupational wellness activities by their employer. External factors such as an economic recession may lead to an increased need for health and wellness-enhancing trips, as a way to relieve stress and renew energy. This section explores the factors which influence the propensity to engage in health tourism in the form of a PESTLE analysis, taking into consideration political, economic, social, technological, and environmental factors.

Figure 2.1 **PESTLE analysis**



This information is mainly derived from secondary data sources but opinions from interviewees about which factors they thought influence the market are also included. Many interviewees mentioned the importance of legislation, such as regulations for practitioners and for various drugs and treatments. Many believe that information and communication technologies (ICT) and especially social media plays a major role, not just for information provision but also for diminishing face-to-face contact (e.g., cyber-consultations, tele-education, second opinion on-line). Governmental support and investments were considered to be some of the most important factors.

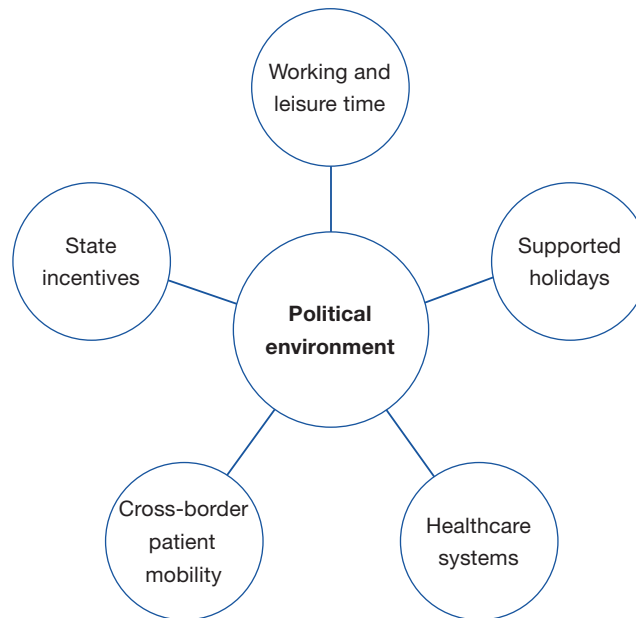
Certain directives were also perceived as influential, especially those in medical tourism, like the European Union (EU) Directive relating to cross-border mobility (i.e., patients travelling from one country to another within the EU to receive treatments which may not be available in their own country). Consumers were observed to become more educated not only about their health but also on the numerous options available. The need to develop more sophisticated and competitive destinations, facilities and treatments and to segment the market properly became more evident. Since environmental factors tend to be interrelated and interdependent, factors were grouped under the most fitting umbrella (i.e., it is understood that several factors could be listed under more than one umbrella term).

2.1 **Political factors**

This section includes those factors which influence peoples' propensity to engage in leisure and tourism activities and the extent to which healthy living is becoming important in many societies and countries. These trends are often supported by government initiatives and funding, as well as by regional and international organizations. As mentioned earlier, the primary focus of this section

is on Europe and advanced economies, but some global examples are also given to illustrate differences around the world.

Figure 2.2 **Key factors in the political environment**



2.1.1 Working and leisure time

People in the developed world devote more time for **leisure activities** (e.g., travel, entertainment, health care, personal wellbeing and compact health programmes), a trend which can support healthy lifestyle motivations. Campaigns of raising awareness of healthy lifestyles are an important political measure in several Organisation for Economic Co-operation and Development (OECD) member countries (e.g., some governments are developing policies to decrease obesity).¹ Furthermore, many governments started campaigns against obesity. Often these initiatives are aimed at school-age children, with initiatives like changing the school environment and canteen menus, as well as including health and lifestyle education in the curriculum.

Raising awareness in the corporate world supports the demand for wellness services in daily life and creates demand for the so-called lifestyle-based services (e.g., life coaching, healthy cooking).

This forecast has become a reality as research has shown that for each dollar spent on wellness programs, large companies from the United States of America got back USD 3.27 in reduced health costs, and USD 2.73 in costs connected to absenteeism.² Up to 20% of spa and wellness

1 Organisation for Economic Co-operation and Development (2014b), *Obesity Update* (online), available at: www.oecd.org/health/Obesity-Update-2014.pdf (26-07-2017).

2 Huffington, A. (2014), 'Big Business Finally Learns That Wellness Is Good Business', *Huffingtonpost*, 07-05-2014 (online), available at: www.huffingtonpost.com/arianna-huffington/big-business-finally-lear_b_5559758.html (08-07-2017).

demand registered in wellness and spa operations (except day spas) comes from local customers, which indicates the role of health-oriented demand during leisure time.³

2.1.2 Supported holidays

The concept of **supported or co-funded holidays** (or 'social tourism') often related to accessible tourism, is a different form of travel aiming at least partially at the improvement of the health or wellbeing of the beneficiary travellers. Different forms of state support can be seen in Europe: holiday vouchers, specific accommodation or funds for disadvantaged social groups.⁴ In five European countries (France, Hungary, Italy, Romania and one non-EU member, Switzerland), systems based on holiday vouchers exist. Some 40% of the EU population, mostly due to financial reasons, did not engage in tourism, which justifies the attempts made by governmental and non-governmental organizations.⁵

The objective of the European Commission initiative called Calypso is to support social tourism, mainly in low season, among seniors, young people, disabled people and families. There are several special initiatives of Calypso. One of these is the so-called 'social tourism opportunities in wellness and leisure activities' (SOWELL) with the objective of promoting wellness and leisure tourism during off-peak seasons for young and senior travellers.⁶

Social tourism, as well as the growing popularity of national holiday voucher systems helps to involve the less-mobile segments in health tourism, particularly those (often disabled and senior) people who specifically need health tourism services. For example, thermal baths have been one of the most popular destinations where beneficiaries could redeem their vouchers (e.g., in Hungary or France). One study under the Calypso scheme indicated that visiting thermal baths/hot springs is the second most popular motivation, especially for senior travellers.⁷

One of the final outputs of this project was an online platform designed for families and seniors who are searching for travel options in Poland and Hungary. Another relevant initiatives the 'Off to Spas' project. The main idea of the project was to create new, thermal water-related international health tourism products (international balneology products) in spa towns of Central Europe that could serve as a main attraction in order to bring seniors to these regions in the low tourism seasons.⁸

3 The Tourism Observatory for Health, Wellness and Spa (2017), *International Wellness, Spa & Travel Monitor 2017*, TOHWS, Budapest.

4 McCabe, S.; Minnaert, L. and Diekmann, A. (2012), *Social Tourism in Europe: Theory and Practice Aspects of Tourism*, Channel View Publications, Ontario, Canada.

5 International Social Tourism Association (2016), *The Right to Holidays: Reclaiming lost grounds* (online), available at: www.oits-isto.org/oits/files/resources/379.pdf (17-07-2017).

6 European Commission, DG Enterprise and Industry (2010b), *Sowell. Social tourism opportunities in wellness and leisure activities* (online), available at: ec.europa.eu/docsroom/documents/7190/attachments/1/.../pdf. (18-06-2017).

7 Bodnár, D.; Zámbo, V. and Záray, S. (2014), *Az OFF2013 magyar-lengyel európai uniós szociálturisztikai projekt eredményei* (online), available at: www.itthon.hu/documents/28123/10245587/02+OFF2013.pdf/db648213-cd10-4ee3-b80b-9c3f0ee6adf2 (10-07-2017).

8 Off to Spas (2017), *Hévíz: Hungary* (online), available at: www.offtospas.eu (22-07-2017).

In addition, **dedicated funds can be available for families and young people** (or senior citizens). There are numerous related bilateral agreements (e.g., between France, Spain and Portugal). These funds have been in effect since 1999. Bilateral agreements aim at supporting low season travel and social tourism, and can involve specialized health tourism service suppliers.⁹

It is important to highlight that according to the estimations, nearly one third of the EU population will then be aged 65 or over in 2060¹⁰. According to Eurostat, tourists aged 65 or over accounted for more than 1 in 5 tourism nights for private purposes by EU residents aged 15 or over in 2014. This figure was equal to this age group's share of the population aged over 15 (22%). However, when looking at the broader group of tourists aged 55 or over, the gap increased by 2%, as people aged over 55 accounted for 39% of tourism nights for private purposes while their share of the population aged over 15 was of 37%. Within the trips for personal purposes, no significant differences were observed between the younger and older tourists regarding trips for leisure, holidays and recreation or trips to visit relatives and friends. The category that included "other private/personal purposes" was higher for senior travellers – this category included trips relating to health treatment.¹¹

The Calypso initiatives specifically support senior tourism, particularly disadvantaged seniors such as people with disabilities and with financial constraints, and based on this programme the European Commission launched in May 2012 a pilot phase for a "Senior Tourism Initiative", to define the framework conditions to enhance senior citizens to travel in Europe.¹²

2.1.3 Health care systems

The state of the **national health care system** (the ability to care for citizens) is a defining issue in international (or domestic) health tourism. Political decisions are often necessary to decide which part of the health care sector can be opened for tourists. These may be foreign tourists but they could also be domestic tourists depending on distance travelled and whether they have to stay overnight (e.g., travelling for a specific doctor or treatment not available elsewhere in their country).

Medical tourism is particularly driven by the problems of **over-burdened health care** and **state insurance systems** including waiting times for surgery. Recent studies show that health spending has generally increased and now accounts for about 9% of GDP on average in OECD countries, inequities and inefficiencies in health systems should be addressed. It is also noted that there is a need to create a proper balance between spending on disease prevention and treatment.¹³

9 European Commission, DG Enterprise and Industry (2010a), *Calypso Study, Final Report* (online), available at: www.ec.europa.eu/commission/index_en (16-06-2017).

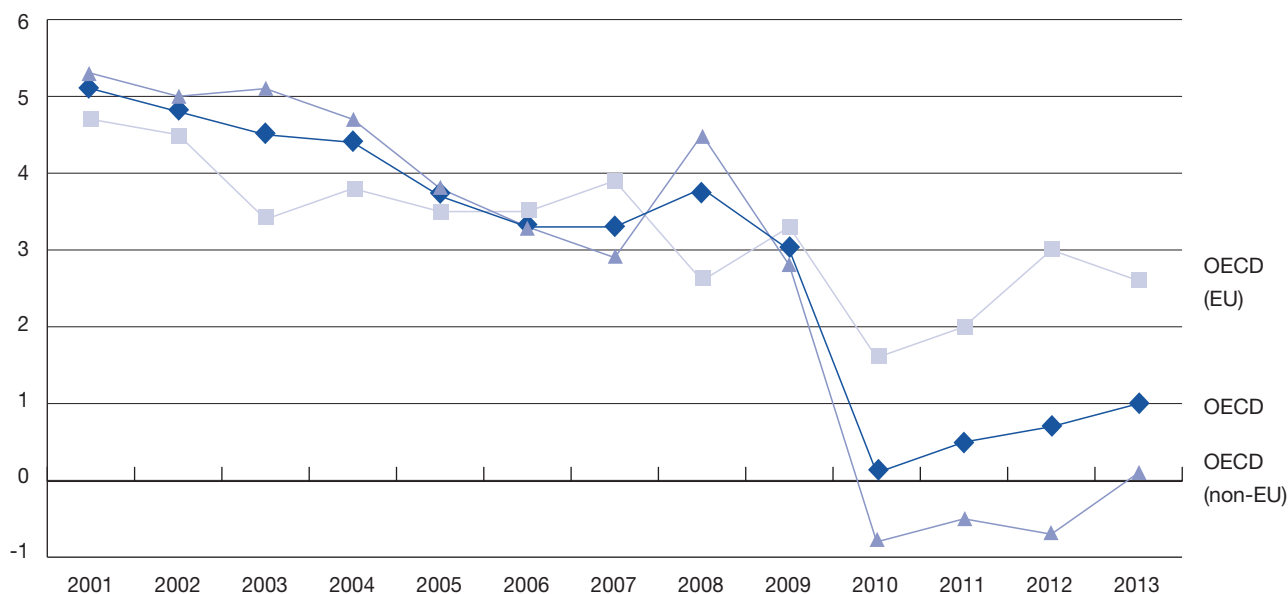
10 European Commission (2012a), *Ageing report: Europe needs to prepare for growing older* (online), available at: http://ec.europa.eu/economy_finance/articles/structural_reforms/2012-05-15_ageing_report_en.htm (16-06-2017).

11 Eurostat (2016), *Senior tourists make longer trips, preferably in their country of residence and staying at non-rented accommodation* (online), available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Tourism_trends_and_ageing (18-06-2017).

12 European Commission (2013b), *Europe – the Best Destination for Seniors* (online), available at: www.accessibletourism.org/?i=enat.en.forums.1513 (21-06-2017).

13 Organisation for Economic Co-operation and Development (2015a), *Health at a Glance 2015: OECD Indicators* (online), available at: www.apps.who.int/medicinedocs/documents/s22177en/s22177en.pdf (25-07-2017).

Figure 2.3 Health spending changes (real terms), 2001–2013



Source: Organisation for Economic Co-operation and Development (2015b), *Slow growth in health spending but Europe lags behind* (online), available at: www.oecd.org/health/slow-growth-in-health-spending-but-europe-lags-behind.htm.

The so-called ‘**new health economy**’ can be described as ‘plug-and-play health ecosystem’. The health industry is considered as a closed and highly siloed system. It is suggested that powerful global forces are transforming the industry into a nimble, innovative and modular ecosystem serving the consumer, with profound implications for players both new and traditional.¹⁴ Such suggested developments in health care would certainly change how health and health care provision is perceived. The proposed model would take into consideration care delivery, diagnostics and therapeutics, financing, payment and regulation, as well as wellness services. The connection and facilitation of these four domains would need to be supported by government and employers.

Another important issue is **health insurance**. By 2013 in most OECD countries the cover reached up to 100%, except the United States of America, Chile and Greece being under 90%.¹⁵ In the United States of America, 95% of the country’s population was covered by the health insurance system under the Patient Protection and Affordable Care Act (PPACA) between 2014 and 2017.

International patient flow, apart from the **faster availability** of services, is also fuelled by the different pricing, as well as the approval systems of medical interventions. International medical tourists often seek such treatments (e.g., in vitro fertilisation (IVF) or stem cell treatments) abroad that are not approved by their health authorities at home. It must be highlighted that the **quality of medical services**, along with price is one of the key factors driving medical tourism, especially in terms of patient care, equipment, technology, and of course, excellent doctors.

14 PriceWaterhouseCoopers (2015), *The New Health Economy* (online), available at: www.pwc.com/us/en/health-industries/assets/pwc-health-research-institute-the-coming-plug-and-play-health-ecosystem-essay-dec-2015.pdf (22-06-2017).

15 Organisation for Economic Co-operation and Development (2015a).

2.1.4 State support and incentives

Several countries have made a political decision with regard to providing state support for one or more forms of health tourism. This support can be available either for domestic and/or foreign trips aiming primarily at medical treatments. Many governments have started to promote their comparative advantage as medical tourism destinations at large international trade fairs, via advertising through the foreign media, and official support for activities as part of their economic development and tourism policy. Bilateral agreements provide a basis for international medical tourism flow, such as post-traumatic treatments for war veterans (e.g., United States soldiers to Germany) or for African patients to Dubai, Jordan or Malaysia.

Mainly Asian governments, as well as Turkey, focus on medical tourism with the provision of building infrastructure, legislative support (e.g., a special visa for medical tourists) and focused image campaigns.

Example 2.1 State support of health tourism in Malaysia

Malaysia is committed to becoming a leading health tourism destination in Asia. The Malaysia Healthcare Travel Council (MHTC), an initiative by the Ministry of Health of Malaysia, has opened offices to promote medical facilities in Bangladesh and Indonesia, and soon in Hong Kong, China. The number of health travellers to Malaysia has grown from 643,000 to 921,000. The bulk of the travellers that visit Malaysia seeking health treatments are from Indonesia, India, China, Japan, the United Kingdom, Australia and Middle Eastern countries. Overall, the industry is growing at an average rate of 12% to 14% every year, generating an expected MYR 1.3 billion revenue in 2017. Besides the direct revenues from health travellers, the travel spending creates sizeable multiplier effects from non-medical expenditures such as hospitality services, tourism activities, and logistics.

Source: Malaysia Healthcare Travel Council (2018), *Healthcare Travel in Malaysia Setting the Standard* (online), available at: www.mhtc.org.my/media-centre/ (24-04-2018).

Governmental bodies consider **information provision** a key factor in the health tourism market. Governmental bodies attempt to give proper and transparent information about treatments, success and failure factors. One example is the Techniker Krankenkasse (TK), a German Insurance Institution, which includes information about inpatient and outpatient care (diagnostic codes, costs, length of stay, dates and physician codes), information about prescriptions and medical devices, and information about patient satisfaction.

International or **cross-border patient mobility** is an increasingly important topic. The Directive 2011/24/EU on patients' rights in cross-border health care "clarifies that patients are entitled to seek health care abroad, including for planned care, and be reimbursed for it, in principle without having to seek prior authorisation. [...] Not all health care is automatically reimbursed. [...] what will be reimbursed and at what level is entirely the decision of Member states. In principle, patients are entitled to receive reimbursement for the same or similar health care, for the same amount that would have been given in the home Member States"¹⁶.

16 European Patients Forum (EPF) (2011), *EU Directive 2011/24/EU on the application of patients' rights in cross-border health care: Legislation Guidance for Patient Organisations* (online), available at: [www.eu-patient.eu/globalassets/policy/cross-borderhealth care/2013-11-18_cbhc_guidance-final.pdf](http://www.eu-patient.eu/globalassets/policy/cross-borderhealth%20care/2013-11-18_cbhc_guidance-final.pdf) (27-06-2017).

EU Member States had time until 25 October 2013 to pass their own implementation of the Directive. The Directive was a long-awaited step, there was a lot of debate around it, and there were several countries in delay with the implementation.¹⁷ Although there are several forecasts saying that the Directive will boost EU medical tourism, Tonio Borg, the former European Commissioner for health said: “[The Commission expects that] only 1% of EU citizens will use this, because people prefer to get health care in their own country, surrounded by friends and family”¹⁸. The Directive, however, was expected to boost medical tourism from EU Member States. Actual data may prove otherwise. The first report from the European Commission on the application of the directive states that patient flows for health care abroad under the Directive are low.¹⁹ Twenty Member States reported data on reimbursement made exclusively under the Directive. For these, a total of 39,826 reimbursements were made, of which 31,032 were reported by Denmark alone. Only four of these Member States reported more than 1,000 reimbursements, and eight Member States had made fewer than 100 reimbursements and six had made no reimbursements at all. This seems to be due to low numbers of claims rather than large numbers of refusals: the available data suggests that roughly 85% of reimbursement claims are granted.²⁰

Other initiatives include encouraging physicians to provide appropriate counselling for at-risk patients, strengthening food labelling and advertising regulations, and fiscal measures to tax unhealthy foods and reduce taxes on healthy foods. In relation to health, it is important to refer to the attempts and regulations of several OECD countries that have achieved remarkable progress in reducing tobacco consumption over the past few decades.²¹

2.2 Economic factors

The **global economic and financial crisis**, although it started almost ten years ago, caused several permanent changes, which had an impact on the health tourism market both directly and indirectly. Other factors, such as social or technological changes and trends also have certain economic or business aspects that shall be considered.

17 European Voice (2013), *Member states fall behind on cross border healthcare rules* (online), available at: www.politico.eu/article/member-states-fall-behind-on-cross-border-healthcare-rules/ (19-06-2017).

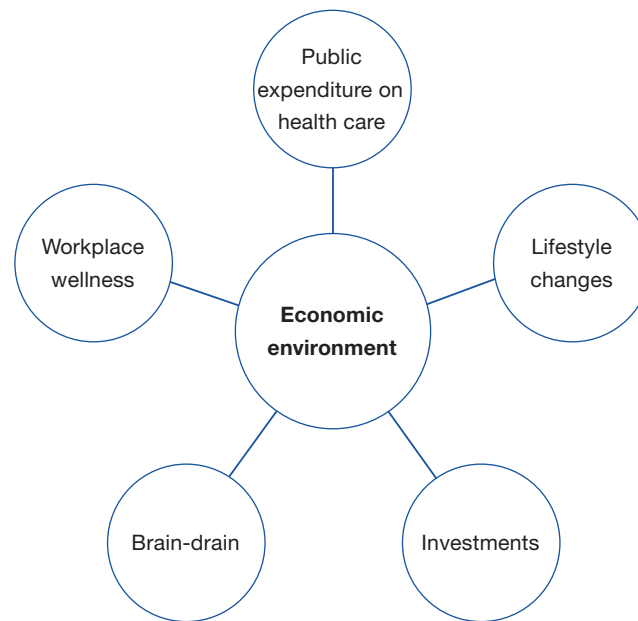
18 European Voice (2013).

19 European Commission, Cross-border healthcare, https://ec.europa.eu/health/cross_border_care/overview_en.

20 European Parliament (2015), *Commission Report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare* (online), COM(2015) 421 final, European Parliament (online), available at: eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52015DC0421 (11-04-2018).

21 Organisation for Economic Co-operation and Development (2013b), *Health at a Glance 2013: OECD Indicators* (online), available at: www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf (19-07-2017).

Figure 2.4 Key factors in the economic environment



One of the economic challenges is the decreasing public expenditure on health care. The growth in health spending has slowed in most OECD countries since 2008. Total health spending fell in 11 out of the 34 OECD countries between 2009 and 2011, compared to pre-crisis levels. Countries that were hit hardest by the economic crisis have witnessed the biggest cuts in health expenditure. Although health expenditure represents as much as 10% in some OECD countries, there is still a need to improve the efficiency of health care systems.²²

The **economic crisis** has also had impacts on the ways in which people live their everyday life. A shift towards less healthy behaviours, e.g., less healthy dietary habits, was noticeable after the economic crisis had commenced.²³

Globalization, affordable international air travel and increased price sensitivity resulted in the so-called '**reverse movement of health travellers**' (i.e., from east to west or from developing to developed countries). Until a few years ago, both medical and wellness tourists from advanced economies tended to visit emerging and developing ones. However, price is still a major consideration for the majority of international health tourists. Hotel spas and spa hotels are particularly affected by the bargain-hunter of international travel. Coupons or other discount sites have also become popular even for the luxury segment. Patients or wealthy health tourists have been looking for high quality services which lack supply in their home countries. Central and South Americans visit the United States of America, wealthy citizens from the Commonwealth of Independent States (CIS) (especially from Central Asia) visit the Republic of Korea, Switzerland, Germany or the United Kingdom for medical treatments or more frequently luxury wellness and

22 Organisation for Economic Co-operation and Development (2015a).

23 Foscolou, A. et al. (2017), 'The Impact of the Financial Crisis on Lifestyle Health Determinants Among Older Adults Living in the Mediterranean Region: The Multinational MEDIS Study (2005–2015)', *Journal of Preventive Medicine & Public Health*, 50 (1), pp. 1–9 (online), available at: www.jpmp.org/journal/view.php?number=1895 (19-06-2017).

spa services. The global nature of financial markets fuel rapid developments. Hotel brands with spa facilities and specialized spa brands are opening all over the world. Medical or health care cities are being built in several countries in Central and South America, in Turkey, in the Middle East and in South-East Asia.

The hospitality industry is now demanding greater **transparency** and **better performance information** to aid analysis of the operations. They need to triangulate their performance measuring approaches and tools to achieve a more fitting solution that can furnish them with more accountable data and information.²⁴

Increasing investments (often as foreign direct investments, FDI) are taking place in medical tourism as well, mainly investing in technology and know-how. The relaxation of restrictions on foreign ownership in many emerging-market economies has channelled FDI into health care sectors. This has helped to finance the building and running of modern hospitals. Destinations such as Turkey, Malaysia, Dubai or Abu Dhabi invested heavily in improving their supply and competitiveness.²⁵

The concept of **'brain drain'**, i.e., departure of skilled and qualified personnel to a third country, is quite common especially in the medical tourism industry. This means that good medical practitioners choose to work in another country, in a different region of their country, or even cross over into the private medical tourism sector from the public local one. One of the key branding and patient safety messages used in hospitals and clinics is assuring that their professionals are trained in developed countries. On the other hand, they often have to offer them incentives to return home.

Dubai, which is not only a destination for medical tourists, but also for health care professionals, announced plans to establish three new medical colleges and five nursing schools over the next ten years.²⁶

The **treatment of chronic diseases** (e.g., cardiovascular disease, cancer, respiratory diseases and diabetes) puts burdens on national economies. Stress is also a major cause of health problems. Workplace wellness (or corporate wellness or workplace health promotion) which originated back in the 1970s can partly help to solve these problems, for example, through stress management or life coaching programmes: "The workplace is an important location for successful prevention strategies because employees today spend a growing amount of time at work and employers can influence behaviour by providing a supportive environment and leveraging existing infrastructure to offer low-cost but effective interventions", according to the World Economic Forum.²⁷

24 Puczkó, L. (2016), 'Owners Demand More Accountability in Wellness/Spa Investments and Operations', *Hotel Executive*, 10-07-2016 (online), available at: www.hotelexecutive.com/business_review/4806/owners-demand-more-accountability-in-wellnessspa-investments-and-operations (19-06-2017).

25 Economist Intelligence Unit (2011), *Travelling for health. The potential for medical tourism* (online), available at: www.pages.eiu.com/rs/eiu2/images/Travelling_for_health_Executive_summary.pdf (26-06-2017).

26 Kadrie, M. (2015), 'Health care education is a lifeline for the national economy', *The National*, 13-06-2015 (online), available at: www.thenational.ae/business/economy/health-care-education-is-a-lifeline-for-the-national-economy (19-06-2017).

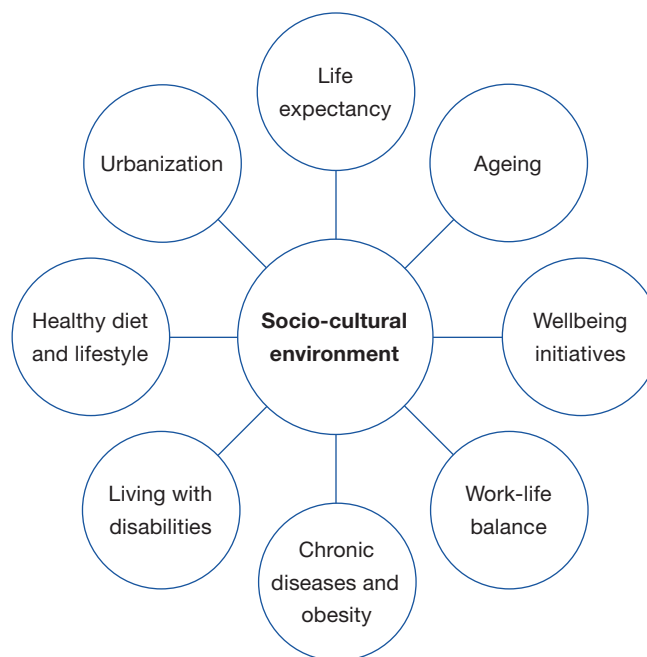
27 World Economic Forum (2013), *The Workplace Wellness Alliance. Making the Right Investment: Employee Health and the Power of Metrics* (online), available at: www3.weforum.org/docs/WEF_HE_WorkplaceWellnessAlliance_Report_2013.pdf.

The question is to figure out how many of these workplace wellness programmes may or could incorporate a travel component. Most of the programmes, so far, provide services either at the workplace or in the country of residence of the employee. Companies and organizations, however, start to explore how to develop and offer wellness programmes especially for top managers that involve some travel, even long haul. The question remains how to separate luxury trips used as incentives from wellness-oriented trips.

2.3 Socio-cultural factors

The **health status** of the traveller is not a straightforward factor among the drivers of health tourism. The longer **life expectancy**, along with the **higher discretionary income** of the elderly in the western world created a new concept, i.e., active or fit ageing and longevity. Life expectancy at birth continues to increase in EU countries, rising on average by 3 months each year.²⁸ All OECD countries have seen life expectancy at birth increase by over ten years since 1970 to reach an average of 80.6 years.²⁹ On the other hand, the so-called social diseases created a huge need for different approaches (e.g., to address modern diseases such as nature deficit disorder, technology addiction or increasing loneliness), and for prevention measures. In Asian societies, the rapid ageing of large segments has already created issues that require governmental actions, as well as social changes.

Figure 2.5 Key factors in the socio-cultural environment



28 Organisation for Economic Co-operation and Development (2016), *Health at a Glance: Europe 2016, State of Health in the EU Cycle* (online), available at: www.oecd.org/health/health-at-a-glance-europe-23056088.htm (20-07-2017).

29 Organisation for Economic Co-operation and Development (2017), *Health at a Glance 2017* (online), available at: www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm (18-07-2017).

Ageing populations and the **'long-term care'** (LTC) expenditure (both health and social care) put a great burden on governments. A significant share of LTC services is funded from public sources. Governments, particularly in Asia support the establishment of retirement villages (e.g., My Second Home Malaysia) for foreign citizens. Since they are based on a specific age group (over 55 or over 60) these developments will require special investments for LTC facilities. The increasing retirement migration can mean increasing demand on health care services, as well as for medical and wellness services. Retirement communities operate as mixed-use resorts or cities. Some residents move there indefinitely, whereas some commute to and from their permanent homes. Moreover, these communities are planned in such a fashion that residents can accommodate their relatives and friends as well (like in the case of holiday apartments or second homes).

However, global data still shows that 50% of the world's population is younger than 30 years of age (over 4 billion people).³⁰ In particular Africa, the Middle East and South America have an important young population. This can lead to global travel with huge contrasts. In a few years, there may be an even faster growth in family or child-orientated facilities (e.g., spas), or the younger consumers (e.g., Generation Z). The above mentioned will depend of course on the economic status and spending power of those countries with such young populations; however the middle and upper classes of the BRIC countries are increasingly travelling to international destinations and will most likely become the lead tourists of the future. For example, traditional healing practices are popular in South America, whereas thermal/hot spring based treatments (primarily medical) are well known and sought by tourists from CIS countries.

Social policies, as well as public and private initiatives aiming at the **improvement of the general wellbeing of citizens** also support travelling for health. OECD member countries have made considerable progress in many wellbeing areas over the past 20 years or so, including subjective wellbeing and work-life balance.³¹

Work-life balance and emotional wellbeing failure can easily be connected to chronic diseases, and lifestyle or social illnesses. The treatment and especially the prevention of these illnesses would require lifestyle changes, and the provision of supporting wellness services. Large hotel chains (e.g., InterContinental, Fairmont or Starwood) have already considered changes in their service offering (e.g., healthier food options, jogging concierge or rentable gym gear) contributing to a better work-life balance. These concepts, as well as service improvements are for the more healthy-minded guests but not specifically for wellness or medical tourists. In some countries, there appears to be a national trend towards encouraging the population to engage in preventative wellbeing or wellness activities. These initiatives may come from governments, the health sector or even from the spa industry as the case study of the Netherlands shows.

30 United Nations (2017), *World Population by Age Groups*, United Nations Department of Economic and Social Affairs, Population Division (online), available at: www.population.un.org/ProfilesOfAgeing2017/index.html (27-06-2017).

31 Organisation for Economic Co-operation and Development (2017).

Example 2.2

The Growth of preventative wellness in the Netherlands

Preventive wellness has been growing in the Netherlands over the years.^a Yoga has become a lifestyle product in the Netherlands.^b There are approximately 60 large wellness centres, hot baths and saunas. The demand for preventive wellness and its provision in wellness centres is changing. A holistic lifestyle, in which movement, diet and relaxation are the focus is growing, but still a comparatively modest number of people is consciously involved. Yet, some companies are seeking to take advantage by developing innovative preventive wellness concepts within Dutch wellness centres.^c There is also a new and unique initiative in the province of Zeeland which consists in developing a so-called 'health region'. This includes health promotion aimed at residents and the development of health tourism at the same time.^d

- a) Kruizinga, P. (2013), 'Heritage and the renaissance of Domburg as a health resort', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 379–382.
- b) Gerritsma, R. (2008), 'The Growing Yoga Community in the Netherlands How Yoga is becoming a Lifestyle Product including Tourism Activities', in: Smith, M.K. and Puczkó, L. (eds.), *Health and Wellness Tourism*, Butterworth Heinemann, Oxford, pp. 361–365.
- c) Vork, J. and Lombarts, A. (2013), 'Research on preventive wellness in the Netherlands', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 435–442.
- d) Kruizinga, P. (2016), 'Health tourism and health promotion at the coast', in: Smith, M.K. and Puczkó, L. (eds.), *Routledge Handbook of Health Tourism*, Routledge, London, pp. 386–398.

Chronic diseases cause around three-quarters of all deaths in OECD countries. Many of these diseases are preventable, since they are linked to modifiable lifestyles. While smoking rates continue to decline, obesity rates have been increasing in recent decades in almost all OECD countries, with an average of 54% people overweight, of which 19% are obese. Obesity rates are considerably higher than the OECD average in five countries, with rates highest in the United States and Mexico. Obesity is lowest in Japan, the Republic of Korea, Italy and Switzerland.³²

Based on OECD data the growth in **pharmaceutical spending** slowed down in many OECD countries in recent years. However, for many categories of pharmaceutical drugs, the quantities consumed continue to increase, partly driven by growing demand for drugs that treat ageing-related issues and chronic diseases.

All of these diseases could be prevented, and due to the growing need and popularity of healthy (or at least healthier) lifestyles, as well as the support from governmental campaigns, prevention is an important topic in everyday life and it is becoming strongly health motivated. **Complementary and alternative medicines** (CAM) are enjoying increasing popularity, though there is a lack of clinical evidence in some cases.

Health can be an important travel motivation for people **with disabilities**. Taking part in therapies (e.g., balneo- and physio therapies), connecting with people living with similar conditions or without, and the feeling of being on holiday can support their physical and mental health. The World Health Organization reported over one billion people with disabilities in the world in 2011, or 15% of the total population.³³ International and even domestic travel can be a real challenge for this segment; however their health status and search for solutions can also create significant

³² Organisation for Economic Co-operation and Development (2017).

³³ World Tourism Organization (2016), *Manual on Accessible Tourism for All: Principles, Tools and Best Practices. Module I: Accessible Tourism – Definition and Context* (online), available at: <http://ethics.unwto.org/content/accessible-tourism> (23-06-2017).

demand (both domestic and international) for health improving services and care. The segment will become wider due to the ageing population. Wellness and medical facilities can become more welcoming to this segment of the population, with improved planning, design, segmentation, and targeting.

The **consumption of healthy** (or at least healthier) **food** is not a very new phenomenon. The 'better-for-you' (BFY) concept refers to products where the amount of unhealthy substances has been actively reduced or removed during production (i.e., fats, sugars, salt and carbohydrates).

Besides healthy food, organic foods are also widely popular, mainly for the health-conscious segment, and for those who care about the natural environment. The need for healthy and organic food is likely to grow in tourism facilities all across the industry. Destination spas in particular are known to be paying special attention to eating and nutrition.

Urbanization is a major challenge for public health. More than half of the world's population are now living in urban areas, a proportion that is expected to increase to 68% by 2050, according to the United Nations Department of Economic and Social Affairs. However, city living also provides great potential for better work, education, social, cultural and other opportunities. On the other hand, urban regions offer so-called 'urban penalty', which include stress, noise, congestion, bad air; as a result the deprived social groups have a higher rate of child mortality, die younger and suffer from more diseases than their more affluent neighbours.³⁴ Urban living associated health conditions and diseases will also lead to the growing need and demand for healthier alternatives and healthier trips. Residents have an increasing wish for escaping into nature areas, and prevent or cure the 'urban penalty' in healthy touristic facilities.³⁵

Celebrity culture has major impacts on health in behalf of the widespread media and social media promoting it. Celebrities such as actresses, pop stars and models are often very focused on their looks (i.e., beauty and body) which can contribute to the increase in cosmetic surgery tourism ("me too" syndrome). There is an increasing willingness to travel for surgery which can be attributed to the growth and acceptability of cosmetic or dental surgery in many societies. In the last fifteen to twenty years, cosmetic surgery has gone from being the preserve of the rich and famous to becoming acceptable and accessible to a much wider range within the different socio-economic groups. The lifestyle of celebrities and sportsmen, however, can also contribute to healthier living (e.g., through celebrity blogs or product endorsement).

2.4 Technological factors

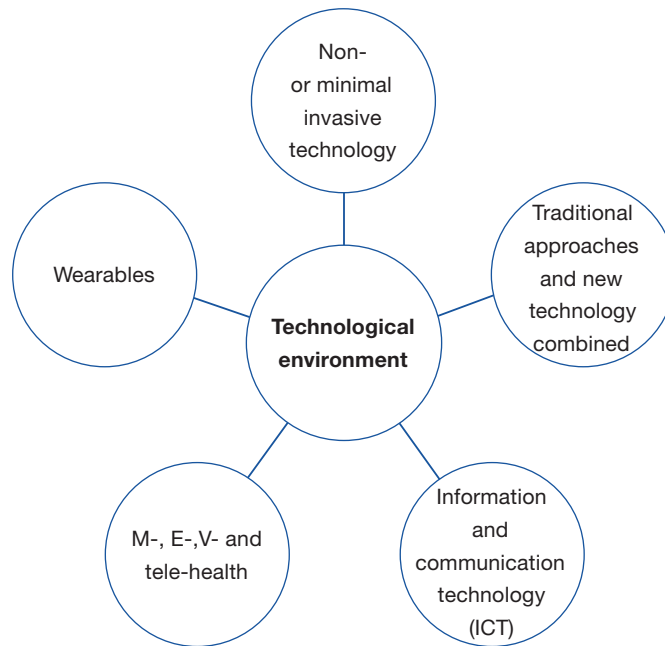
The rapid technological developments have certainly been important factors in the growth of health-motivated travel. The faster and less invasive nature of non- or minimal invasive technology in beauty and medical treatments, for example, have become key attractions for medical tourists. Laparoscopic surgical procedures are the cutting edge of medical technology in the 21st century. These less invasive surgical techniques and procedures using laparoscopic surgery enable patients to heal faster, reduce the risk of infection, and cause less tissue damage and resulting

34 World Health Organization (2010), *WHO global forum: mayors and national leaders to address urban health, develop action plan* (online), available at: www.who.int/mediacentre/news/releases/2010/cityhealth_20101115/en/index.html (21-07-2017).

35 World Health Organization (2016), *Global Report on Urban Health* (online), available at: www.who.int/kobe_centre/measuring/urban-global-report/en (27-06-2017).

complications. Laparoscopic surgery is also known as keyhole surgery or **minimally invasive surgery (MIS)**. Since these modern approaches may not be available in every country or for every insured person, a certain part of international medical travel is driven by this technological invention. These new surgical approaches are often linked to a certain physician or consultant, who can become the reason behind an international medical trip.

Figure 2.6 **Key factors in the technological environment**



Technological innovation helped Republic of Korea to become one of the leaders in medical tourism as the case study of Republic of Korea shows.

Example 2.3

Combining traditions and new technology in the Republic of Korea

The Republic of Korea has many pioneering techniques in medical tourism, as well as a growing trend in marine medical tourism (thalassotherapy), in addition to the thermal bath traditions. The Republic of Korea is rich in thermal springs with an own facility and tradition known as the jimjilbang. In these bathing complexes guests can bathe, have a massage but also rest and sleep as long as they wish in a common resting room. The country has also started developing medical tourism opportunities based on their healing traditions (Traditional Korean medicine). The Korean Government together with leading industry representatives (e.g., LG and Samsung) have been working hard to develop the medical tourism supply in the country (with several centres in Seoul, Daejeon or Jeju), partially building on the large Korean population in the West Coast of the United States of America who come home for treatments. Medical tourism became one of the key industries fostered by Korean authorities, further to a change in legislation back in 2009. The law established a 'medical visa' and permitted hospitals to treat foreign patients. Medical Korea is the specialized agency of the Korea Health Industry Development Institute (KHIDI), which provides marketing services to health care providers, such as industry events and fairs, information services for patients (e.g., medical call center) and support to medical care providers and facilitators.^a The Republic of Korea has medical tourism clusters in Daejeon and Jeju. Wellness resorts have developed such as the Helience Zen Town, focused on improving lifestyle habits towards greater longevity.

a) Visit Medical Korea (online), available at: www.english.visitmedicalkorea.com/english/pt/index.do (20-06-2017).

Technology also plays an important role in the beauty and wellness segment. New and effective treatments can take place replacing old treatments or even surgery (e.g., body shape technology, fractional therapy skin rejuvenation, permanent laser hair removal). High-tech beauty and wellness treatments (such as snow shower from KLAFS – a company specializing in saunas and spas, or the Gharieni products) will increasingly spread in spas, wellness centres creating new treatment options and leisure experiences for spa guests.

Information and communication technology (ICT) developments and solutions have probably the most significant impacts on health (e.g., Internet bookings, smart phone applications).

The need for widespread online access to accurate, relevant information on diseases and therapies, as well as to personal health data, is essential. The so-called '**big data**' analytics in health care is expected to change how health care providers, researchers and insurers look at health data. The health care sector traditionally collects and stores a large amount of data. The digitalization of existing data and the digital management of recent data allow for better and more efficient clinical decision support, disease surveillance, or population health management. Big data-based, or **Internet of things (IoT)** and therefore improved prevention or treatment plans can be beneficial for medical, as well as wellness tourism providers and guests alike. However, with IT development new challenges arise, including cybersecurity and data protection issues.

Nowadays **mobile applications** are crucial: There are now around 165,000 health-related applications which run on one or other of the two main smartphone operating systems, Apple's iOS and Google's Android³⁶ and smart watches and other mobile and personal technology (e.g., wearables or hearables) have already had a major impact on health-related information and awareness (e.g., the 10,000 steps per day recommendation became more widely recognized, although not necessarily directly justified).

Price Waterhouse Cooper named **health care** as one of the top-3 biggest **mobile trends** for 2016.³⁷ Social media seems to be more and more influential. 42% of consumers have used social media to access health-related consumer reviews (e.g., of treatments or physicians). At least 30% have supported a health cause, 25% have posted about their health experience, and 20% have joined a health forum or community. Interestingly, however, review sites are rare in medical tourism.³⁸ Due to legal and liability issues, only a handful of sites provide (or permit) on-line moderated patient reviews. There are specialized portals (e.g., Treatment Abroad, Patients Beyond Borders, PlacidWay, medicaltourism.review or Yelp) that share useful information for Internet surfers interested in medical services with specific tips: highlighting risks, disadvantages of destinations, processes, providing information with a focus on values and advantages. The wellness-orientated sites provide inspirations for healthy lifestyle in various forms: tips, articles, mottos or experiences. They provide useful information about service suppliers and allow sharing reviews and rankings, which are much more popular than those in medical tourism. This can be

36 The Economist (2016), *Things are looking app* (online), available at: www.economist.com/business/2016/03/10/things-are-looking-app (18-06-2017).

37 PriceWaterhouseCoopers (2016), *Mobile will be a top health industry trend in 2016* (online), available at: www.economist.com/business/2016/03/10/things-are-looking-app (20-06-2017).

38 Health Research Institute (2012), *Social media 'likes' healthcare: From marketing to social business*, PwC (online), available at: www.pwc.com/us/en/health-industries/health-research-institute/publications/health-care-social-media.html (07-07-2017).

explained by the fact that wellness tourism is a more open, much less private experience than that of medical tourism (and liabilities are much less expensive).

Applications can positively contribute to health-oriented travel. Service providers can use their own applications for being permanently linked to their guests or patients. Alternatively they can collect daily, real-time information from the status of their prospective guests or patients based on which treatment programme can be the most accurately personalised by the time of arrival. In addition, eHealth and tele-health solutions can improve trust between guest/patient and the health facility, improving patient safety (and the perception of it). **M-health** (or mobile-health) is also growing as the following box shows. According to the Institute for health care informatics (IMS), mHealth is defined as ‘medical and public health practice supported by mobile devices such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices’. In comparing the number of m-health applications available on the iOS platform, the number of health and wellness applications increased over 100% from 2013 to 2015 to reach 90,088.³⁹ The mobile health care market is projected to reach USD 58.8 billion by 2020.⁴⁰

Example 2.4 The m-health market

Portable blood-pressure monitors have been around for some time, but the idea of linking a tiny, wearable to a smartphone and then to a software application is an example of how entrepreneurs are harnessing wireless technology to create innovative services. By letting doctors and carers monitor patients remotely, and by making it simpler to collect vast amounts of data on the effectiveness of treatments, the mobile-health story, or m-health as it has become known, aims to drive down costs while improving results for patients. The m-health market can be broken down into two broad categories. Firstly, there are the applications and appliances used to monitor the wearer’s physical fitness. Secondly, other applications and devices link patients with a medical condition to the health care system. Google said it was working on a contact lens containing a tiny wireless chip and sensors that would measure and transmit the glucose levels in a diabetic patient’s tears. In December 2013, Apple was granted an American patent on a means to incorporate a heartbeat sensor into its devices. The goal is to save money while improving health.

Source: The Economist (2014), *Health and happiness* (online), available at: www.economist.com/news/business/21595461-those-pouring-money-health-related-mobile-gadgets-and-apps-believe-they-can-work (22-06-2017).

Online platforms provide opportunities to match supply and demand creating an excellent option for the wellness and medical travel industry. In medical tourism, however, there are specialized agents or **facilitators** that operate as tour operators with specific knowledge and skills in medical services. These facilitators provide individual solutions and packages for patients and they are responsible for the patient flow and experience not only in the destination country, but also in getting to and from the destination. Facilitators use online platforms through which the patient can meet his or her physician and agree to the terms and budget of the treatment plan. Facilitators organize local transportation, accommodation and other services just like tour operators, and knowing at the same time the steps and possible unexpected changes of the treatment plan.

39 IMS Institute for healthcare informatics (2015), *Patient Adoption of mHealth* (online), available at: http://moodle.univ-lille2.fr/pluginfile.php/215343/mod_resource/content/0/IIHI_Patient_Adoption_of_mHealth.pdf (03-05-2018).

40 Allied Market Research (2013), *mHealth market is Expected to Reach \$58.8 Billion Globally by 2020* (online), available at: www.alliedmarketresearch.com/press-release/mhealth-market-is-expected-to-reach-588-billion-globally-by-2020.html (03-05-18).

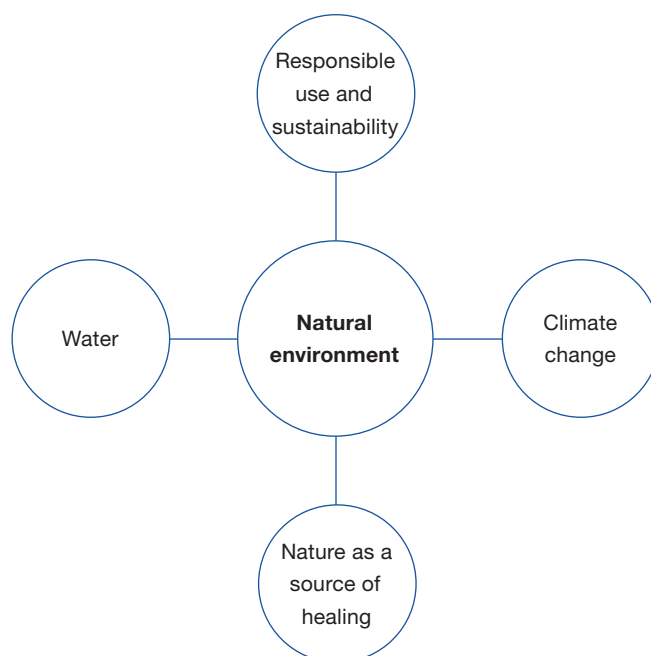
So-called '**wearables**', i.e., gadgets that can collect and monitor key biological functions of the body may re-define health and lifestyle. This includes not only smart watches but also other wearable technology (e.g., smart clothing with sensors collecting information permanently). This data can provide health and biophysical information data (either realtime or as regular data dispatch) not only to the owner, but also medical professionals, wellness or spa personnel. Professionals can therefore indicate symptoms or dysfunction or can overview rehabilitation processes. Service providers can tailor-make treatment plans and wellness programmes based on the information shared prior to the visit. Corporate wellness programmes can also capitalize on such information and data, however health data is expected to remain confidential.

Technological achievements are not, however, always without negative consequences as **FOMO** and **JOMO** represent hyper-experiential involvement (FOMO: **fear of missing out**; and JOMO: **joy of missing out**). There is an accentuated trend of being hyper-connected. However, many people have realized that being 'disconnected' (sometimes referred to as 'digital detox' in the wellness industry) has significant benefits. This situation has become so extreme that behavioural health hospitals have included the treatment of technology addictions.

2.5 Natural factors

Environmental or sustainability issues are crucial for the competitiveness of the tourism sector, as it largely influences the development of medical or wellness tourism.

Figure 2.7 **Key Factors in the natural environment**



UNWTO defines **sustainable tourism** as “tourism that takes full account of its current and future economic, social and environmental impacts, addressing the needs of visitors, the industry, the environment and host communities”⁴¹.

The effects of **climate change** on nature, society and economy may include various impacts, such as damage caused by storms or by fires in wild forests; extinction of species and land loss due to sea level rising; impact on natural water resources, food supplies, human health, and energy costs. The most important effects of global warming include significant coastal erosion, an increased frequency of extreme weather events (such as prolonged droughts or sudden floods), a reduction of rainfall (between 30 and 40%), and an increase in the average temperature.⁴² Climate change can have a very direct influence on all those sites and services based on natural (healing) resources (e.g., microclimate, thermal springs, mud or peloid). In addition, the most popular spa resorts are often located in the seaside, facing risks of being threatened the rising sea level.

Water, especially having access to safe drinking water will become a critical issue globally. The anticipated rise of the world's oceans will not only have an impact on the growing urban population in coastal metropolises but also on the availability of obtaining fresh water sources. Not independent from such global challenges, medical, as well as wellness operators also need to pay more attention to their water usage. Rising sea level may have a direct impact on thalasso facilities (being the closest to the coast) likewise on thermal or mineral water springs due to saline water's ability to infiltrate in these water bodies.

Medical and wellness tourism accommodation facilities and baths (using natural spring water) operate several pools, and other wet areas consuming large amount of water. As an industry standard, there is a tendency for higher standard accommodations to consume significantly higher water volumes. Water-intensive facilities typically have landscaped grounds requiring prolonged irrigation. Higher laundry volumes per guest per day as a result of sport and health centres, and textile quality and/or heavy weight laundry items, including large towels at spa facilities represent high water consumption.⁴³ The water usage of a 5-star resort with a thermal (hot spring) spa can reach 500 litres/day per person.

There are several industry initiatives addressing these issues, such as the Green Spa Network or the benchmarking and operation guides for energy saving Smart Water Fund by the Australian Spa Association, or Energy-benchmark for wellness hotels by Cluster Wellness Tyrol⁴⁴, and eco-spa certification (e.g., Ecocert).

The European Union has several initiatives for the **green movement**, e.g., DestiNet (Knowledge Networking Portal for Sustainable and Responsible Tourism) and Ecotrans (European Network for Sustainable Tourism Development), and so does UNWTO: the year 2017 was declared as

41 World Tourism Organization (n.d./a), *Definition of Sustainable Tourism* (online), available at: <http://sdt.unwto.org/content/about-us-5> (12-06-2017).

42 Breda, Z. et al. (2010), 'Climate change impact on seaside tourism – Portugal and Romania: Two different case studies with strong particularities', *Revista Economică*, 54, pp. 113–135.

43 Gössling, S., et al. (2012), 'Tourism and Water Use: Supply, Demand, and Security, An International Review', *Tourism Management*, 33 (1), pp. 1–15.

44 Cluster Wellness Tyrol (2016), *Cluster Renewable Energies Tyrol* (online), available at: www.standort-tirol.at/page.cfm?vpath=cluster-partners/tyrolean-clusters/renewable-energies#schwerpunkte (11-08-2017).

the “International Year of Sustainable Tourism for Development” by the United Nations General Assembly.

The rise and growth of niche segments of **LOHAS** (lifestyles of health and sustainability) further show the importance of green initiatives in the travel market, particularly in the health tourism market. More environmentally focused products have also emerged, such as eco-spas or adventure spas and wellness facilities, which seemingly are among the most popular facility types of the future (taking second place after family spas).⁴⁵ Some spas pride themselves on being sustainable, and it is especially important for those that are located in a natural landscape and utilizing natural resources. An excellent example of this is the Blue Lagoon in Iceland.

Example 2.5 A sustainable spa: the Blue Lagoon, Iceland^a

Iceland is one of the most sustainable countries in the world with a Government committed to sustainable development and tourism.^b The Blue Lagoon is one of Iceland’s most famous attraction. It is a natural geothermal spa outside Reykjavik, and offers unique spa and wellness experiences in a natural, sustainable wilderness setting. It has been awarded an Environmental Award by the Icelandic Tourist Board. The Blue Lagoon describes itself as “a leading company in terms of green thinking” which is 100% powered by clean thermal energy. The Blue Lagoon is seen to be part of an ecocycle, where nature and science work in harmony, with as little environmental impact as possible. The Blue Lagoon is part of the Svartsengi Resource Park, which is a concept based on ecological balance, economic prosperity and social progress. The Blue Lagoon has a Blue Flag award meaning that the waters meet stringent quality standards and are monitored regularly. Architecture and design are conjointly harmonised with nature.

a) Blue Lagoon (2013), *Environmental Focus* (online), available at: www.bluelagoon.com/about-us/environmental-focus (08-07-2017).

b) Mynatour (2013), *Iceland: A Truly Sustainable Destination* (online), available at: www.mynatour.org/destination/iceland-truly-sustainable-destination (18-07-2017).

Medical facilities are less connected to sustainability efforts in comparison to wellness or spa operators or so it seems, although they are not short of green initiatives. Healing or therapeutic gardens at hospitals or ‘cure’ parks of rehabilitation centres are examples of how nature can be incorporated into the treatment plan.

The therapeutic benefits of nature have been recognized for centuries but there is nowadays a revival of interest in reconnecting human beings with nature (e.g., ‘nature deficit disorder’⁴⁶).

Example 2.6 The therapeutic benefits of nature

In the last two decades, gardens with therapeutic qualities have begun to appear in the United States of America and the United Kingdom health care facilities. ‘Healing gardens’ are being designed to support the treatment of patients with specific conditions. The idea that nature has a soothing, restorative effect is nothing new. From medieval monastic infirmary gardens to the landscaped grounds of 19th century mental asylums, enlightened carers have recognized that access to the outdoors has a salutary effect on a person’s mental and physical health. With the onset of modern medicine and its emphasis on treatment via surgery and drugs, this knowledge was lost or deemed ‘unscientific’. High-rise construction techniques created medical settings where patients were

45 The Tourism Observatory for Health, Wellness and Spa (2013a), *International Wellness & Spa Tourism Monitor 2012–2013*, TOHWS, Budapest.

46 Louv, R. (2005), *Last Child in the Woods: Saving our Children from Nature Deficit Disorder*, Atlantic Books Berkeley, CA.

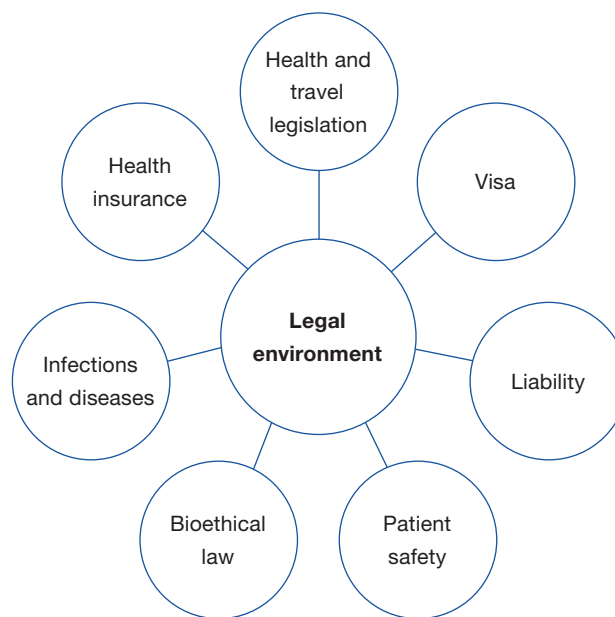
disconnected from the outdoors. From the early 1990s a change began to happen in health care design – termed patient-centred care, there were marked changes in the interior design of hospitals. Then, in the late 1990s, three books appeared having documented the therapeutic value of outdoor spaces in health care. The era of the healing garden had arrived. The basics of healing garden design relate to the issue of stress, as the relief of stress helps to bolster the immune system and stimulate the body's natural healing proclivity. There is credible scientific evidence demonstrating that there are four elements that can be implemented to help reduce stress: the distraction provided by green nature; exercise; social support; and a sense of control.

Source: Design & Health (2013), *Landscape design: Patient-specific Healing Gardens* (online), available at: www.worldhealthdesign.com/Patient-specific-Healing-Gardens.aspx (25-06-2017).

2.6 Legal factors

Most legal issues are very closely connected to policy measures, therefore some of the already mentioned issues and challenges will not be repeated in this section. The legal environment is particularly important in regards to international health tourism, although most factors discussed are also relevant to domestic health tourism. Medical tourism generally requires stricter legal and regulatory frameworks than the spa or wellness sectors. However, there is also the Directive 2009/54/EC of the European Union, which defines the use of natural mineral waters and protects other natural healing resources like muds or caves.⁴⁷

Figure 2.8 Key Factors in the Legal Environment



⁴⁷ European Commission (2009), *Natural mineral waters and spring water* (online), available at: www.ec.europa.eu/food/food/labellingnutrition/water/index_en.htm (17-06-2017).

In international tourism, a **country's openness** is a critical characteristic. The World Tourism Organization (UNWTO) has been long advocating for the need to advance travel facilitation as a means to promote tourism development and multiply its socio-economic benefits.⁴⁸

Several countries (e.g., India, the United States of America, Dubai, Turkey) introduced special visas specifically for medical tourists. Whereas other countries possess existing regulations that can significantly limit or make it difficult for foreign medical tourist arrivals (e.g., travellers from the Middle East or the Russian Federation to Europe). On the contrary, the Malaysia Healthcare Travel Council (MHTC) in cooperation with Kuala Lumpur International Airport opened a welcome lounge for medical tourists in the arrival hall of the airport. Similarly, Taiwan authorities created special 15-day health/medical tourism permits for mainlanders in 2013.

Regulatory measures also have direct impacts on health tourism. The Directive 2009/54/EC of European Union defines the provisions applicable to the marketing and exploitation of natural mineral waters. Other natural resources such as mud, climate or caves are important elements of the supply only in certain countries (due to tradition, as well as to natural conditions), there are no international standards or regulations available (not even for what can be considered a hot or thermal spring). The legal protection of these resources, however, tends to be rather strict. Often these are protected areas, or even belong to a national park, with limitations to build up ratios, setting up new industries, or additional activities at the source or in the buffer zone.

Ethical, liability, health legislation and patient safety issues are particularly delicate and important issues, especially in medical tourism. The Declaration of Istanbul (2008) against organ trafficking was accepted by 100 countries. It was an important political step against organ traffic and 'transplant tourism'. There are several ethical questions, which should be addressed such as whether foreign paying patients have priority over local state insured patients, or how the medical records are exchanged between the home and foreign medical institutions. The European Healthcare Fraud and Corruption Network was established to fight against acts like bribery.⁴⁹

Further ethical questions concern the availability of health care to the local people. If medical tourism grows in a poor region, doctors may trade public health care jobs in exchange for better salaries in the private sector of medical tourism services ('brain drain' as mentioned earlier).

Health tourism as a terminology, although it refers to medical tourism, can be controversial as highlighted in the United Kingdom recently. A health tourist could also be someone who travels to the United Kingdom, and gets their treatment free on the NHS, when they should be charged for their treatment. Whitehall research puts the cost to taxpayers of health tourism at anywhere between GBP 200 million and GBP 2,000 million a year.⁵⁰

48 World Tourism Organization (n.d./b), *Facilitation of Tourist Travel* (online), available at: <http://rcm.unwto.org/content/facilitation-tourist-travel> (19-06-2017).

49 International Medical Travel Journal (2009), *Countries tackle fraud and corruption in health tourism* (online), available at: www.imtj.com/news/countries-tackle-fraud-and-corruption-health-tourism (27-06-2017).

50 Borland, S. (2017), 'Health tourism 'chaos' draining the NHS: MPs condemn ministers over millions lost on foreign patients who don't pay', *Mail Online*, 01-02-2017 (online), available at: www.dailymail.co.uk (15-07-2017).

One of the most important legal issues widely discussed in industry events is the protection of **personal health data and information**. International law does not give enough guidance and frameworks, therefore medical service providers can use their certification to prove how solid and closed the dataflow is. This is of great concern to almost any international (as well as domestic) patients, since national regulations may even forbid informing close relatives about the actual state of health of the patient, especially given the growing concern about cybersecurity and cybercrime.

In the European Union the Directive 2011/24/EU on patients' rights in cross-border health care supports cross-border health care. Not only the patients move across borders, but so do their confidential personal health and medical records.

The **bioethical law** concerning international travel for abortion, fertility treatment, stem cell therapy varies from country to country and some treatments are not legal in the country of origin. This is particularly critical in the case of cross-border reproductive care.⁵¹ For example, the United States of America is already an attractive destination for reproductive treatments with patients coming from countries that have a ban on using IVF. Other examples include the so-called 'experimental therapy tourism', such as stem cell therapy and people travelling for drug trials, or to receive drugs that have not yet been approved in their home country. Stem cell tourism is a phenomenon where people travel to other, often developing countries to undergo radical, experimental treatments not offered in their own country.

Another ethical issue is the possibility of medical tourists being carriers of **infections and diseases** from one country to another. Viral and bacterial infections can pass on to medical tourists in hospitals in third country environments. The resistance of the human body to infections is related to the geographical location and to the bacterial environment of where they are living.

In terms of legislative challenges in international patient flows, **malpractice-related complications** should be mentioned. Since laws referring to medical malpractices are widely different in the origin and in the destination countries of medical tourists, policies and strategies need to be set to protect patients, as well as health care providers in cases of lawsuit disputes. Consent forms have been developed for this matter. Another strategy could be the development of an alternative dispute resolution system. Currently there is no organized international system for resolving legal disputes of medical tourists. Medical service providers are particularly concerned about liability and malpractice issues; this is the reason why medical practitioners in North America have expensive malpractice insurance policies. In some other countries legislation is not as strict and insurance policies are cheaper. In certain cases and countries, the state-financed hospitals where foreign patients are treated stand for the claims against their doctors (whereas in private hospitals doctors should have their own policies).

Private, self-funded insurance plans have more flexibility in terms of health care services abroad being covered by the insurance plan. In the United States of America, however, when health insurance works differently from Europe, then employers provide special health care packages for their employees. Certainly, insurance companies avoid risks, therefore, a foreign medical trip can be considered an unnecessary risk. There are several insurance companies (e.g., BUPA, Blue Cross Blue Shield, Techniker Krankenkasse) which are looking at or are already involved in travel for

51 Frischhut, M. (2017), 'Legal and Ethical Issues of Cross-border Reproductive Care from an EU Perspective', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 203–218.

health business. Existing plans as part of some preventative packages can cover wellness services, and consequently, wellness trips too. Bilateral governmental agreements in medical tourism can take the place of the insurance company. In such cases, there are direct agreements between the health care providers and the government, which takes care and pays for the interventions (e.g., this is the case with certain London hospitals and several governments).

2.7 In a nutshell

The PESTLE analysis indicates that there are many changes taking place in society, and new trends which are having an impact on health tourism patterns. Some of the main ones are recalled below:

- Mobile, active, ageing consumers want to live and travel more healthily and happily;
- Consumers are becoming more educated about their health and are more likely than ever to use the Internet or other forms of (new) technology (e.g., smart phones, social media, review sites, blogs) to search for information and make bookings;
- The growth of medical tourism and travel worldwide is partly a result of the over-burdened national health systems. On the other hand, consumers are also looking for alternative and complementary ways to improve health. Governments are still funding some forms of social tourism (e.g., thermal bath visits) but any decline in funding in the future will have huge implications for many facilities and services;
- The growth of medical tourism should happen under a normative framework that provides consumers with safe and good quality experiences;
- Stress in living and work environments is getting more significant, as well as over-dependence on technology. Too much time is being spent indoors with technology sometimes leading to conditions such as 'nature deficit disorder';
- There is a growing interest in re-balancing work and life and reducing occupational stress through workplace health, occupational or corporate wellness programmes. A focus on healthy living is becoming more prominent; and
- Nature-based activities seem to become elements of therapies but only if those resources and facilities are managed sustainably in the long-term.

In light of these complex and rapidly changing factors, research was undertaken to consider which definitions and frameworks could be used for defining and typologising health tourism and its various subsectors, followed by considerations of how they can be better managed.

Chapter 3

Development of a taxonomy for health tourism

3.1 Preliminary remarks

In recent years, academic and professional interest in health, wellness and medical tourism have grown exponentially. However, it is important to distinguish and define what exactly is health, wellness or medical tourism. All tourism activities ideally bring health benefits or improve happiness though it is not enough to qualify as health tourism in official definitions and collection of statistics. A comprehensive taxonomy is therefore needed in order to define the scope of health tourism, to facilitate data collection and to better measure the impact of the health tourism phenomenon.

This section provides proposed definitions of key concepts which characterize health tourism. It includes a review of the literature produced by academics and researchers, as well as industry reports and other documents.

This section also presents a synthesis of the opinions by industry practitioners who were interviewed as part of the research. Industry experts, representatives of leading companies and national tourist offices were asked for their opinion with regards to the need for a global taxonomy (a list of participants can be reviewed in annex 1). It was commonly thought that currently there are no single, widely agreed definitions and that the existing ones are highly dependent on historical and cultural context. Political interests and policies were also thought to influence definitions. There was a consensus around the need to have simple or at least simplified and standardised definitions. A word cloud exercise among NTO representatives and practitioners was also undertaken to assess the understanding of the different concepts. A detailed description of the methodological approach is presented in annexes 2 and 3.

The authors of the study considered given definitions from the various sources including the primary data (e.g., interviews, word cloud) and reached a consensus based on the convergence of ideas (e.g., those elements that were repeated the most often by respondents and did not contradict the seminal secondary literature). The wording of the recommended definitions follows international English practice (also synonyms such as baths or therme/terme are also introduced). It should be noted that in various languages the translation or the equivalent of certain words or expressions recommended may not exist, or can have a different meaning (especially when it is translated back to English). For example, in German *Wohlfühlen* (well-feeling) and *Wohlbefinden* (wellbeing) are often used instead of wellness; in Finnish the equivalent of wellness does not exist; Spanish uses *bienestar* or Italian *benessere* (meaning wellbeing) in the context of health tourism.

The research team invited 30 leading industry and research representatives from all around the world to take part in the professional interviews. Care was taken to create a balanced panel. Since the industry is very diverse, representatives of medical, wellness, spa, holism and plastic surgery

professions were selectively chosen, with the intention of representing every continent by the invited experts (see list of experts in annex 1).

Overall, this exercise revealed a number of important points that were then considered in the compilation of definitions:

- Many respondents use the terms health tourism and wellness tourism or medical tourism inter-changeably and are unable to distinguish between them (it is later argued that medical tourism and wellness tourism are subsectors of health tourism);
- Many respondents argued that medical tourism is different from medical travel. This is a common debate especially amongst health practitioners, and will be discussed in more depth;
- No real distinction was or could be made between wellness and wellbeing tourism (separate definitions are given in this study but it is indeed challenging to differentiate between both terms; the term wellness tourism is preferred);
- Most respondents agreed that tourists should only be defined as health, wellness, wellbeing or medical tourists, if health improvement is their **primary motivation**. Having a massage or two while on a different kind of holiday (e.g., skiing) is not specifically health tourism;
- All respondents agreed that if someone becomes sick on holiday or is involved in an accident, that person does not become a health or medical tourists;
- There was considerable confusion over the meaning of 'holistic', which is used only in some countries in the context of tourism. It was also not always clear what retreats offer either;
- There was some uncertainty amongst respondents as to whether cosmetic surgery and non-invasive cosmetic treatments were related to medical tourism or not;
- There was some confusion about the categorization of health trips that were funded by employers or even the government. These were seen to be corporate or business tourism;
- Spirituality was included as a category but usually only when yoga, meditation or holistic holidays were mentioned; and
- Yoga was seen by some as a 'fun' or 'entertaining' activity rather than a health-related one (most serious practitioners of yoga would disagree, due to yoga being the fastest growing sub-niche of retreat-based tourism).

Suggestions were also made by those who were interviewed in addition to the word cloud exercise. Some interviewee respondents thought it is better not to use the term health tourism as there is confusion over its meaning and it is often used synonymously with medical tourism. However, others see health tourism as an umbrella term or a continuum for other types of related tourism. This can include medical tourism and wellness tourism.

Health tourism does not constitute a homogenous market segment: some respondents thought that the major differences between concepts are the target markets. Some respondents believed that there is little difference between concepts, especially wellness, wellbeing and spas. Medicine and spirituality were considered to be more distinctive. However, the aim of tourists, customers or patients was often seen as being the same, i.e., achieving optimum wellness or personal happiness.

Most of the interviewees seem to have a 'global' view, as the majority of them work in international environments and did not provide country or language-specific definitions. Interviewees were sometimes specialists in one field (e.g., plastic surgery, general health care or spa) which proved to be a limitation in terms of taxonomy and definition formulation, since they claimed to have little understanding or knowledge of other fields.

3.2 Discussing definitions around health tourism

Wellbeing is considered to be a wider and more inclusive concept than health in most social scientific and psychological research. Many studies consider health to be only one arena or domain of wellbeing alongside many others (e.g., economic and material resources, social issues, environment, education, political freedom, etc). Indeed, many of the indicators used to measure wellbeing (including quality of life, life satisfaction and happiness) only include health as one domain out of many.¹ Travel can improve one's wellbeing (78% of respondents said that the opportunity to travel is important or very important for them to feel happy)². However, although tourism can contribute to improving wellbeing, the experiences tend to contribute to short-term happiness rather than longer-term wellbeing.³

There are debates within both psychological and tourism circles about *hedonic* versus *eudaimonic* paradigms of health and wellbeing. The hedonic approach focuses on happiness and defines wellbeing in terms of pleasure attainment, and the eudaimonic approach focuses on meaning and self-realization. Tourists may aspire to both, although it is recognized that eudaimonic activities may have longer-lasting health and lifestyle benefits. Beauty spa visits are considered being almost purely hedonic, while spiritual retreats are more eudaimonic, and lifestyle retreats would be placed somewhere in the middle of the continuum.⁴

Interviewees in this research were asked to define the term 'wellbeing', it was considered to be a state of being where a person has no sense of physical or psychological health problems. Words like "contentment", "satisfaction", "a sense of meaning", "feeling good", "happiness" and "joy" were mentioned. In addition, it was seen to be based mainly on subjective perceptions mental and emotional rather than physical dimensions. However, social and financial domains were also mentioned.

In many countries of the world, the word 'wellbeing' is used in preference to 'wellness' in the context of tourism (e.g., Australia, Finland). The Finnish have no word for 'wellness' and have been using the term 'wellbeing tourism' for more than ten years now.⁵ The Finnish concept of wellbeing tourism, however, is very much focused on outdoor recreation and the healing powers of nature. Wellness is a subsector of wellbeing tourism and that pampering or self-indulgence are just one part of the possible product and experience range of wellbeing tourism.⁶ This example highlights the difficulties of defining and marketing of tourism services, since languages and cultural background can create special considerations, applications and adaptations of approaches.

1 Gallup (2014), *State of Global Wellbeing* (online), available at: www.info.healthways.com/wellbeingindex (18-06-2017).

2 Xellum (2010), *4WR: Wellness for Whom, Where and What? Wellness Tourism 2020*, Xellum Ltd, Budapest.

3 Nawijn, J. (2010), 'Happiness Through Vacationing: Just a Temporary Boost or Long-Term Benefits?', *Journal of Happiness Studies*, 12, pp. 651–665.

Filep, S. (2014), 'Moving Beyond Subjective Well-Being: A Tourism Critique', *Journal of Hospitality and Tourism Research*, 38, p. 266.

Mitas, O.; Nawijn, J. and Jongsma, B. (2016), 'Between tourists: Tourism and happiness', in: Smith, M.K. and Puczkó, L. (eds.), *Routledge Handbook of Health Tourism*, Routledge, London, pp. 47–64.

4 Voigt, C.; Brown, G. and Howat, G. (2011), 'Wellness tourists: in search of transformation', *Tourism Review*, 66 (1/2), pp. 16–30.

5 Konu, H.; Tuohino, A. and Björk, P. (2013), 'Wellbeing tourism in Finland', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 345–350.

6 Konu, H. (2014), *Defining and developing wellbeing tourism*, Licentiate thesis Joensuu, University of Eastern Finland.

In the Australian context wellbeing tourism is also widely used. Both wellbeing travellers and non-travellers unequivocally associate the term 'wellbeing' with 'health'.⁷ Past definitions have also implied that health is a state of wellbeing.

Example 3.1 Wellbeing tourism in Australia

Australia is an example of a country which is mainly focused on wellbeing tourism. The emphasis is on spas, and holistic retreats. Medical tourism is not yet developed in any kind of organized way, but it is worth mentioning that the number of spas has grown significantly in the last ten years (by 129%). Australia has much in common with many other Western developed countries, for example, the United Kingdom and the United States of America, as well as much of Europe. The most popular kinds of wellbeing facilities are beauty spas (including water-based treatments such as the Peninsula Hot Springs in Melbourne), lifestyle resorts (including fitness, nutrition, counselling, weight and stress management), and spiritual retreats (including meditation, yoga, Tai Chi or reiki, for example). Some spas are exploring opportunities to source and include products that are indigenous to the area, e.g., Hepburn Springs and Daylesford Naturals products, which is located in the most visited spa region in Australia. This can include raw products used in treatments that are sourced in the local area, or those that have been or are currently being used by Australia's indigenous Aboriginal communities. For example, the spa menu at the Daintree Eco Lodge and Spa in Queensland has been collated out of respect and with approval of the local tribal Kuku Yalanji Elders, and aims to integrate the wisdom of ancient cultures, medicines, spirituality and healing. Australia also has a growing number of holistic retreats, especially around Byron Bay.

Source: Voigt, C.; Howat, G. and Brown, G. (2010), 'Hedonic and Eudaimonic Experiences among Wellness Tourists: An exploratory enquiry', *Annals of Leisure Research*, 13 (3), pp. 541–562.

However, any form of travel can technically contribute to the wellbeing of the tourist, especially if it is defined as broadly as it is in most social and psychological research studies. It also seems to be the case that health is considered to be only one domain of wellbeing, albeit perhaps the most important one. Therefore, the term 'Wellbeing Tourism' is not recommended for common usage in the context of health tourism taxonomies, as wellbeing is not generally thought to be a sub-set of health (rather the reverse is true), and it also runs the risk of becoming too broad and all-encompassing. Improving wellbeing (albeit usually in the short-term) is a motivation and sometimes just a by-product of a holiday; it is not a product in itself.

In terms of the definition of a traveller or tourist, this study concurs with UNSTAT's recommendation: "A traveller is someone who moves between different geographic locations for any purpose and any duration. The purpose of introducing the concept of usual environment is to exclude from visitors those travellers commuting regularly between their place of usual residence and place of work or study, or frequently visiting places within their current life routine [...]. A visitor is a traveller taking a trip to a main destination outside his/her usual environment, for less than a year, for any main purpose (leisure and recreation, business, health, education or other purposes) other than to be employed by a resident entity in the country or place visited. Tourism comprises the activities of all these categories of visitors. This scope is much wider than the traditional perception of tourists, which includes only those travelling for leisure."⁸

7 van den Eynde, A. and Fisher, A. (2013), 'The Social Construction of Travelling for Wellbeing in Australia', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 389–394.

8 United Nations Statistics Division and World Tourism Organization (2010), *International Recommendations for Tourism Statistics 2008*, United Nations, New York.

Some of the activities which tend to improve wellbeing directly and consciously could include lifestyle improvement, stress management or self-development.

It can therefore be stated that travel (and consequently tourism) is an activity that can contribute to the creation or the improvement of wellbeing such as feelings of contentment, satisfaction and happiness by supporting, facilitating and initiating the improvement of mental and emotional health, work-life balance, self-realization, and the ability to connect with oneself and others.

However, it is only when such activities are intentionally consumed in a location that is specifically provided for that purpose (e.g., typically in spas, hospitals, hotels or retreats) that they should be considered under the umbrella of health tourism.

The research team synthesized the most relevant information, data, research findings and industry intelligence from international and domestic health tourism. The definitions below therefore are based on the widest available primary and secondary sources. The definitions refer to the relationship between wellbeing and tourism and how the main forms of tourism for any form of health motivation can be understood and then defined.

The research team formulated definitions for health, medical and wellness tourism. These definitions, however, are recommendations and assumed to be further discussed, and eventually further refined based on the conclusions of inter-, as well as intra-industry consultations and governmental discussions.

3.2.1 Health tourism

It is important to select a broadly and ideally globally accepted definition of health when defining health tourism. Most of health practitioners tend to use the World Health Organization's definition: "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."⁹ The WHO also refers to peoples' abilities to perform family, work and community roles; their ability to deal with physical, biological, psychological and social stress; the extent to which they experience feelings of wellbeing, and their state of equilibrium with their environment. "The extent to which an individual or a group is able to realise aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasising social and personal resources, as well as physical capabilities".¹⁰

Some other generally accepted definitions of health exist such as "a condition of well being, free of disease or infirmity, and a basic and universal human right"¹¹, or "a dynamic state of wellbeing characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility."¹² Some authors have argued that

9 World Health Organization (1948), *Constitution of the WHO* (online), available at: www.who.int/governance/eb/who_constitution_en.pdf (22-06-2017).

10 World Health Organization (1984), *Health Promotion: A Discussion Document*, WHO, Copenhagen.

11 Saracchi, R. (1997), 'The World Health Organization needs to reconsider its definition of Health', *BMJ*, 314, pp. 1,409–1,410.

12 Bircher, J. (2005), 'Towards a dynamic definition of health and disease', *Medicine, Health Care and Philosophy*, Springer, 8, pp. 335–341.

the spiritual dimension is missing from the definitions of health.¹³ This has been debated within the WHO since the 1980s. It was argued that psychological insecurity and social malaise were partly caused by a spiritual vacuum. In 1983, 22 member countries proposed a draft resolution affirming that the spiritual dimension is implicit in a concept of health and sought to have this dimension included in their strategy for Health for All. In 1998 it was recommended that the definition should be amended to “Health is a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity”. However, this was not adopted at that time, but the growing importance of spirituality for health, even in some medical circles was emphasized.¹⁴

The interviewees in this research generally defined health in a way that is consistent with WHO definitions of health, and some of them actually quoted the WHO definitions or parts of them.

Clearly, any definition of **health tourism** should take into consideration WHO’s or other widely accepted definitions of health. Health tourism is often seen as being the ‘umbrella’ term for wellness tourism and medical tourism.¹⁵ However, health tourism is used by many governments as a synonym for medical tourism.¹⁶ Those interviewees who work for or with national governments were more likely to see health tourism as synonymous to medical tourism. Industry representatives, however, generally do not share this belief. There were no identifiable country variations.

Early definitions included the International Union of Official Travel Organizations (IUOTO; precursor of the World Tourism Organization) in 1973 which stated that health tourism is “the provision of health facilities utilising the natural resources of the country, in particular mineral water and climate”.¹⁷ One definition of health tourism which was translated from German defines it as “[...] the sum of all the relationships and phenomena resulting from a change of location and residence by people in order to promote, stabilize and, as appropriate, restore physical, mental and social wellbeing while using health services and for whom the place where they are staying is neither their principle nor permanent place of residence or work.”¹⁸

13 Larson, J.S. (1996), ‘The World Health Organization’s definition of health: Social versus spiritual health’, *Social Indicators Research*, 38 (2), pp. 181–192.

14 Cummings, B. (2013), ‘Time for the W.H.O. to Revisit Their Definition of Health’, *Patch*, 05-04-2013 (online), available at: www.farmington-mi.patch.com/groups/bob-cummings-blog/p/bp--time-for-the-who-to-revisit-their-definition-of-h00171272cc (15-07-2017).

15 Smith, M.K. and Puczkó, L. (2009), *Health and Wellness Tourism*, Butterworth Heinemann: Elsevier, London.
Smith, M.K. and Puczkó, L. (2013).

Smith, M.K. (2017), ‘An overview of lifestyle trends and their impacts on health tourism’, in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 20–31.

16 Global Spa Summit (2011), *Wellness Tourism and Medical Tourism: Where do Spas Fit?*, GSS, New York (online), available at: spalietuva.it/wp-content/uploads/2011/04/ISPA-US-Spa-Industry-Study-2011-FINAL-260911-online.pdf (27-06-2017).

17 International Union of Official Travel Organizations (IUOTO) (1973), *Health Tourism*, United Nations, Geneva.

18 Müller, H. and Kaufmann, E.L. (2001), ‘Market analysis of a special health tourism segment and implications of the hotel industry’, *Journal of Vacation Marketing*, 7 (1), pp. 5–17.

Example 3.2 Health tourism in Jordan

Health tourism in Jordan in recent years has been mainly associated with medical tourism because of the decision to actively promote this sector. However, there is a much longer history of other forms of health tourism (e.g., hot springs) there is now a move into wellness and spa tourism too, especially by the Dead Sea. Jordan demonstrates the range of sectors which can be included under the term *health tourism*. Health tourism in Jordan dates back more than 3,000 years since the time of the Greeks and Romans as evidenced by the Madaba map of the Fifth Century AD that shows the Dead Sea, Ma'in Hot Springs, Jordan River and the Baptism Site of Jordan and the Holy Land.^a Jordan started to invest in therapeutic tourism on the Dead Sea in the 1980s. However, it also developed other therapeutic hot and mineral springs such as Alhimmah in the 1960s; Ma'in and Alshouna at the beginning of the 1980s; Afra in the 1990s and Albarbaitah in the 2000s.^b Jordan has been a leading country in the Middle East and known worldwide for medical tourism for many years. Jordan was recognized by the World Bank as the leading regional destination for health care, and the fifth medical tourism destination worldwide in 2010.^c Most Jordanian health care facilities are accredited by both domestic and international organizations. Dental tourism is one of the fastest growing sectors within medical tourism in Jordan.^d The spa business in Jordan was currently growing at 12% to 15% per year, with 11% of room nights at the Dead Sea currently derived from spa and wellness visits. That market was expected to grow 10% per year to 2020.^e

- a) The Jordan Tourism Board (2012), *Official Website of the Jordan Tourism Board* (online), available at: www.visitjordan.com (18-06-2017).
- b) Harasheh, S. (2013), 'Therapeutic tourism on the Dead Sea of Jordan is in danger', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, p.174.
- c) Stefano, R.-M. (2012), *Jordan to release its Health and Wellness Destination Guide* (online), available at: www.medicaltourismassociation.com/en/press/jordan-to-release-its-health-and-wellness-destination.html (19-06-2017).
- d) Al-Hammouri, F. (2010), *Medical Tourism: The Fastest Growing Industry Overview with a Focus on the Jordanian Experience*, 18-03-2010, Moscow Medical & Health Tourism Congress.
- e) United States Agency for International Development (USAID) (2009), *Market Assessment and Demand Forecast for the Jordan Dead Sea Development Zone*, Jordan Economic Development Program, Amman.

Taking into consideration the WHO and other widely accepted definitions of health, as well as the responses of interviewees in this research, the following definition of health tourism is proposed:

Although the WHO definitions of health do not adopt the word spirituality, for many cultures (especially in Asia and the Middle East) spirituality is often viewed as an integral or even fundamental part of health. Many tour operators (e.g., Skyros Holidays, Mystic Asia), wellness hotels, spas and retreats are increasingly offering activities which are linked to non-religious spiritual practices such as yoga or meditation. Several interviewees categorized yoga or meditation holidays as spiritual, especially in the word cloud exercise. Spirituality is therefore seen as an important aspect of health tourism and of wellbeing in general.

3.2.2 Wellness tourism

The terms 'wellbeing' and 'wellness' are often used inter-changeably, but it should be taken into account that many languages do not even have a word for 'wellness' (e.g., Finnish, Hebrew). Many would argue that it is not even an English word and that it was merely invented using the combination of wellbeing and fitness or wellbeing and wholeness. However, the first written record of the word in the English language stems from 1654 and then reappeared when Halbert Dunn introduced the term into contemporary discourse.¹⁹ Dunn is often described as being the 'father'

19 Voigt, C. (2013), 'Towards a conceptualisation of wellness tourism', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 19–44.

of the wellness concept, which he described as being not the absence of disease, illness, and stress but the presence of:²⁰

- Purpose in life;
- Active involvement in satisfying work and play;
- Joyful relationships;
- A healthy body and living environment; and
- Happiness.

The concept of wellness has taken on a slightly different focus since Dunn defined it in the 1960s. Dunn's original definition is arguably closer to the concept of wellbeing today, which has broader connotations and close links to satisfaction, joy and happiness, as well as health.

Interviewees in this study considered that wellness is linked to **health, quality of life and wellbeing**. They saw it as a balance between body, mind and soul with a relaxing, sensuous, beautifying and pampering dimension. Fitness and leading an active life were also seen as important elements, as were healthy nutrition, diet and natural healing factors. Wellness was seen as a mindset and also an active or proactive process rather than a passive one involving self-responsibility. It was considered to be more preventative than curative and something of a life-long practice, which is orientated to maximising an individual's potential.

In previous literature, it has generally been agreed that the concept of wellness includes a balance of life domains which are more subjective than quality of life (which also includes standard of living and other objective indicators). Life domains are physical, mental, psychological, social, environmental, spiritual, occupational, intellectual and emotional.²¹ Most wellness tourism services can be considered to be holistic because they address body, mind and spirit.²²

20 Dunn, H.L. (1961), *High-Level Wellness*, Beatty Press, Arlington.

21 National Wellness Institute (2007), *About Wellness* (online), available at: www.nationalwellness.org (19-07-2017).

22 Voigt, C. (2013).

Figure 3.1 **Wheel of wellness**

Source: Smith, M.K. and Puczkó, L. (2009), *Health and Wellness Tourism*, Butterworth Heinemann: Elsevier, London.

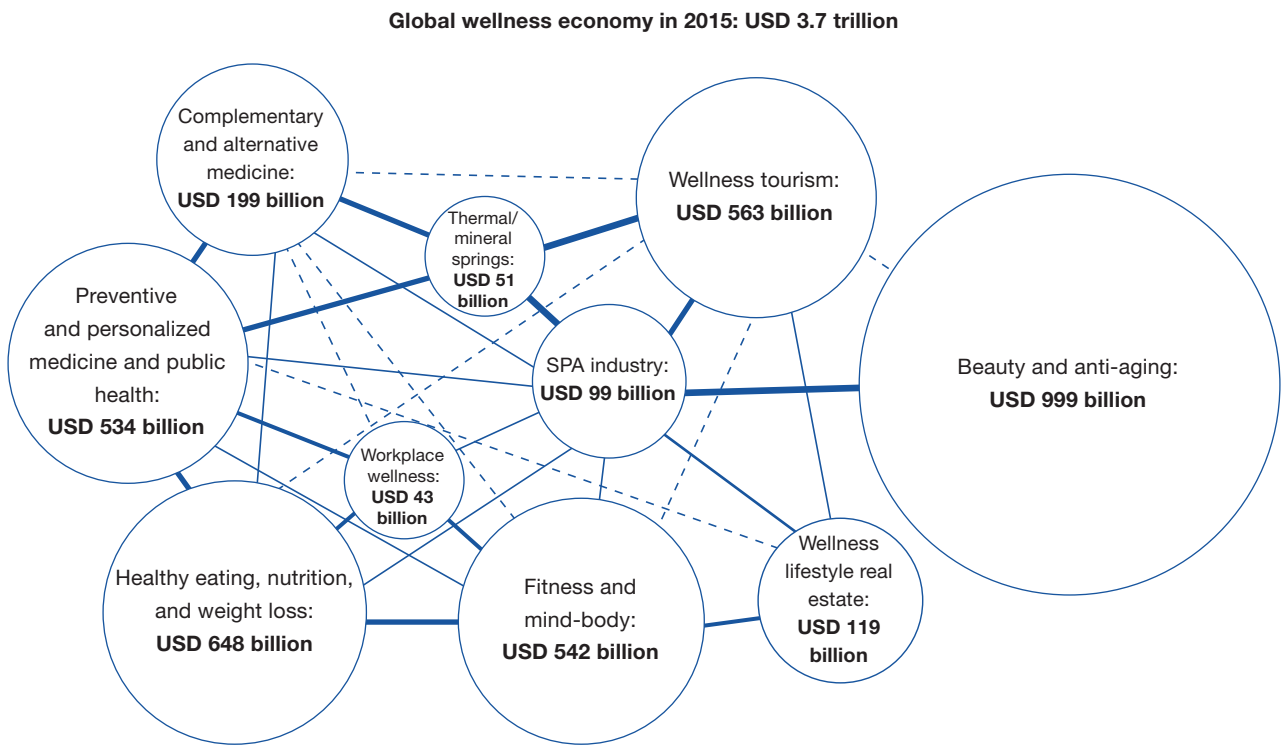
Wellness is about the relationship between all of these domains which need to be seen in a holistic, integrated and balanced way for optimum results. Of course, this is extremely challenging and cannot easily happen within a short period of time (e.g., a holiday). However, more ‘educational’ forms of wellness tourism include those where doctors, spa therapists, counsellors and other professionals aim to teach tourists how to improve their lifestyles and live better on a daily basis.

Wellness has become more closely associated with spas since the Global Spa Summit changed its name to the Global Spa and Wellness Summit, and consequently to Global Wellness Summit. It is suggested that “[...] wellness is the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health.”²³ The global wellness economy is comprised of the following industries:

- Beauty and anti-ageing;
- Healthy eating, nutrition and weight loss;
- Fitness and mind-body;
- Wellness tourism;
- Preventative and personalized medicine and public health;
- Complementary and alternative medicine;
- Wellness lifestyle real estate;
- Spa industry;
- Workplace wellness; and
- Thermal/mineral springs.

23 Global Wellness Institute (2017), *Global Wellness Economy Monitor*, GWI, Miami (online), available at: www.globalwellnessinstitute.org/global-wellness-institute-releases-global-wellness-economy-monitor-packed-with-regional-national-data-on-wellness-markets (28-06-2017).

Figure 3.2 Global wellness economy, 2015



Note: Numbers may not add due to overlap in segments.

Source: Global Wellness Institute (2017).

Spas are defined as “places devoted to overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit”.²⁴ Wellness tourism is described as consisting of “hedonistic indulgences of spas and alternative therapies”.²⁵ The Finnish Tourist Board’s definition of wellness: “Wellness, above all, includes high quality concerning place, atmosphere, settings, service, products and professional staff. It stimulates all senses in an aesthetic environment. A wellness product is a well planned, segmented, marketed and implemented entity, which also includes a touch of luxury”.²⁶

It is important to define wellness tourists as those whose main motivation is to improve their health and wellbeing, and who stay at least one night in a facility designed specifically for that purpose.²⁷ This could be a spa, wellness hotel or retreat, for instance. Wellness tourism should be mainly voluntary, proactive and preventative (rather than reactive and curative like medical tourism), therefore developing lifestyle-based habits and self-responsibility are important elements. Healthy diet can also be an important element, as the case study below shows. Wellness tourism is a more pleasurable and fun form of tourism than when compared to medical tourism.²⁸

24 International Spa Association (2013a), *Types of Spas* (online), available at: www.experiencespa.com/resources/spa-goers (25-06-2017).

25 Henderson, J. (2005), ‘Healthcare tourism in South-East Asia’, *Tourism Review International*, 7, pp. 111–121.

26 Konu, H. (2014).

27 Voigt, C.; Brown, G. and Howat, G. (2011).

28 Voigt, C. and Pforr, C. (2013), *Wellness Tourism: A destination perspective*, Routledge, London.

There are **several sub-sets of wellness** which should be mentioned here. The first is holistic, the second is spirituality and the third is medical wellness (which will be discussed later, under ‘medical services’). The industry and NTO representatives in this study were asked to define ‘**holism**’. They referred to it as a whole or global approach to healing or total wellbeing incorporating many elements, not only the physical body. They associated ancient Greek practices when it came to the balance of body, mind, emotion and spirit, as well as with the natural and social worlds. Similarly, the Indian approach which includes five levels was mentioned. All physiological functions are seen as interdependent. Treatments might include complementary and alternative therapies, acupuncture and naturopathy.

There are two standard definitions that are used for **holistic**:²⁹

1. Holistic as a whole made up of interdependent parts, most likely referred to as the mind/ body connection; mind/ body/ spirit, or physical/ mental/ emotional/ spiritual aspects. When this meaning is applied to illness, it is called holistic medicine and includes a number of factors, such as dealing with the root cause of an illness; increasing patient involvement; and considering both conventional (allopathic) and complementary (alternative) therapies; and
2. Holistic as a *synonym for alternative therapies*. By this definition, “going holistic” means turning away from any conventional medical options and using alternative treatment exclusively. This meaning mainly relates to illness situations, and sometimes is used for controversial therapies.

Holistic activities often tend to be offered at ‘retreat centres’ which are usually purpose built. However, holistic therapies may be offered in spas and wellness hotels or resorts, as well as in some clinics and medical centres. Holistic approaches to health may include a combination of the following activities, therapies or treatments, for example:

- Physical (e.g., massage, Pilates, Alexander technique);
- Therapeutic (e.g., massage, aromatherapy, acupuncture);
- (Alternative) Medicinal (e.g., Ayurveda, Chinese medicine, Bach Flower remedies);
- Mental (e.g., life-coaching, stress management, transactional analysis);
- Spiritual (e.g., meditation, yoga, Tai Chi); and
- Healing (e.g., reiki, aurasoma, colour therapy).

In some cases, whole destinations have become focused on holistic activities, like Byron Bay in Australia.

Example 3.3

Byron Bay, Australia – A holistic health and wellness destination

Byron Bay is often described as ‘the alternative and spiritual capital of Australia’, dedicated mainly to holistic practices. Located in New South Wales just south of the Queensland border, Byron Bay is a small town which for years has been seen as the place for alternative lifestyles. From the 1960s onwards, surfers have enjoyed a nature-based lifestyle, in addition, around the same time many different therapies began to emerge, for example, massage, or even tarot readings and astrology. A consultancy study undertaken for Byron Shire Council in 1983 determined that the ‘relaxing lifestyle’ was the most valued feature about living in the area. Byron Bay became an important Australian tourism destination during the 1990s, as a result, the accommodation stocks

29 American Holistic Health Association (2007), *Definitions* (online), available at: www.ahha.org (18-06-2017).

diversified from 1950s/60s-style beach houses to backpacker hostels, luxury guesthouses and apartments. Many entertainment venues and nightclubs were also developed. Today, there are many alternative new-age shops, including spiritual services and new-age therapies such as meditation classes, tarot card reading, energy therapies and healing centres. Some spa and wellness resorts and retreats were built in the mid-2000s, such as the Gaia Retreat and Spa which was developed in 2005 by Australian celebrity Olivia Newton-John. The retreat offers health, fitness, detox and yoga packages, day spa services, and daily activities such as yoga, Tai Chi, Chi Kung, meditation, and Pilates. Byron Bay is also well known for its detoxification and rehabilitation retreats for addicts (e.g., the Sanctuary). It is estimated that there are 144 operations offering beauty, spa, health, wellness and spiritual services in Byron Bay.

Source: Voigt, C. et al. (2010), *Health Tourism in Australia: Supply, Demand and Opportunities* (online), available at: [www.crctourism.com.au/wms/upload/resources/WellnessTourism_Ind%20Summary%20WEB%20\(2\).pdf](http://www.crctourism.com.au/wms/upload/resources/WellnessTourism_Ind%20Summary%20WEB%20(2).pdf) (21-06-2017).

Yoga was identified as the most popular activity in retreat centres all around the world.³⁰ Therefore, it is worth defining yoga as a separate form of tourism, even though it is a sub-niche of holistic and wellness tourism. Yoga classes may be offered in spas or wellness hotels, yet some retreats are devoted specifically to yoga and even certain types of yoga (e.g., Ashtanga). Yoga retreats are for those who want to learn and practise yoga, including postures, breathing and meditation. It should be noted that yoga tourists tend to practise yoga for spiritual reasons, as well as physical. The main motivations of those who participate in yoga holidays are to improve self-understanding (82%), to enjoy a spiritual experience (61%), to be part of a community (51%), and to get fit (45%).³¹ The importance of community for yoga tourists, as well as transformation of the self is also important,³² as well as the evidence-based medical benefits of yoga, and the spiritually transformative ones.³³

The interviewees in this research were asked to define **spirituality**. They defined it as a broader concept than religion. It was described variously as a state of mind which goes beyond material and physical existence; the seeking of a higher consciousness; giving meaning to one's life; the search for God and sacred pursuits; deep connection to the essential self; transcendence of the self; self-understanding and realisation; soul energy and inspiration; prayer and meditation.

Some authors have argued that **spirituality** is at the core of wellness.³⁴ It is certainly an important domain. However, a distinction must be made between religious and spiritual practices, as spirituality in the context of wellness is not generally connected to a specific religion (although research shows that religious people often have an increased sense of wellbeing). Some of the activities may be similar: for example, spiritual tourism (like religious tourism) can include visiting religious sites or buildings, spiritual landscapes, pilgrimage centres, ashrams, retreats or gurus. However, the spiritual quest is seen as more abstract than a specifically religious one, focusing on the balance of body, mind and spirit and the connection to oneself and the universe. Besides,

30 Sziva, I.; Kulcsár, N. and Smith, M.K. (2013), 'The Propensity for Yoga Practitioners to Become Tourists: A Case Study of Budapest,' in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 435–442.

31 Sziva, I.; Kulcsár, N. and Smith, M.K. (2013).

32 Ponder, L.M. and Holladay, P.J. (2013), 'The Transformative Power of Yoga Tourism', in: Reisinger, Y. (ed.), *Transformational Tourism: Tourist Perspectives*, CABI: Wallingford, pp. 98–108.

33 Smith, M.K. and Sziva, I. (2017), 'Yoga, transformation and tourism', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 168–180.

34 Myers, J.E.; Sweeney, T.J. and Witmer, M. (2000), *A holistic model of wellness* (online), available at: www.mindgarden.com/products/wells.htm (16-06-2017).

it is also about the search for a higher meaning beyond physical existence. This may also occur through the connection to nature and landscape, as well as spiritual buildings and people. In spas or retreats the reference to body-mind-spirit practices is becoming more common and usually involves yoga, meditation, Tai Chi or similar practices coming from Asian tradition. A growth of stays in Christian monasteries has been registered.

The term **wellness has been (over)used** so broadly in recent years in marketing and advertising that it has often lost its original connections to health promotion and holistic health.³⁵ It is worth mentioning that the word 'wellness' (as well as 'spa') have become fashionable labels on various products and in different industries. Health in general has also gained popularity at political, social and business levels alike. Global brands and companies have recognized the (anticipated) market value of wellness and not only sport brands (such as Nike), but companies like Nestlé have communicated an interest to become a health and wellness company. Wellness terminology is so widely popular that even someone's car can be sent to a 'car spa' or a 'car doctor'. It is not impossible to witness something similar to what happened with the green/eco/sustainability movement in the last 10 to 15 years. The green label was received well by customers and led to the concept of 'green-washing' (labelling products 'green' although the core of the provision was not that green).

3.2.3 Medical tourism

As mentioned above, many definitions of health tourism seem to be used synonymously with medical tourism. However, in this section it is argued that medical tourism is just one subset of health tourism.

The interviewee respondents were asked to define '**medicine**' and '**healing**' in preparation for the creation of a definition of medical tourism. Medicine was defined as "the art and science of promoting, preserving, maintaining or restoring health" and as "the science of studying a disease, to diagnose it and find the right treatment to cure it". Recurrent words or phrases included "evidence-based", means that scientific research was used to test and verify the impacts of a certain medicine or treatment. "Prevention" was also mentioned in addition to "cure", as it is becoming increasingly important in medical circles and is deemed more cost-effective to promote preventative methods rather than curative processes. Interventions were described as surgical or pharmaceutical, while remedies were also being mentioned. It was stated that these should be administered by a doctor or trained medical professional.

Evidence-based medicine (and wellness) means interventions for which it exists proven and clinically tested scientific evidence consistently showing the improvement and how they improve patient outcomes across larger populations e.g., thalassotherapy provides services by and services based on the sea. Water, algae and salt are used for treating certain diseases by bathing in mineral spring water. It is typically provided in baths where the mineral (and often thermal) water contains certain minerals which can be absorbed through the human skin, such as silica, sulphur, selenium and radium in high concentration. In certain destinations, the term 'resort medicine' is used to indicate that medical professionals use local resources for medical (primarily rehabilitation-oriented) programmes based on locally available resources and assets.

35 Voigt, C. (2013).

Healing was defined as “a process of getting better”, “recovery” and “a natural restoration of health and balance of life”. This can include physical, mental, psychological and emotional dimensions. Ideally, a definition of medical tourism would include both medicine and healing. However it is less common for healing to be included. For example, many countries with hot springs have curative properties commonly referred as healing (or curing) waters and they are used as a source for evidence-based medicine (extensive related literature can be found through the International Society of Medical Hydrology and Climatology). The most relevant countries having built on these resources include Central and Eastern European countries, Baltic States, Former Soviet Union countries, and many countries with hot springs which are or could be used for healing purposes, for example South Africa, Argentina, United States of America or China. However, thermal water-based treatments so far are rarely considered in definitions of medical tourism. Another medical treatment that has not yet gained global acceptance is therapeutic recreation which focuses on rehabilitating people with illnesses or disabling conditions.

There is no agreed definition of medical tourism, as methods applied by countries vary substantially.³⁶ Some countries count foreign patients' visits to hospitals, whereas others count the entry of individual patients into the country. Other countries record nationality but not place of residence of patients, which can be problematic when migrants return to their home country for treatment. Four modes of supply through which services can be traded are defined:³⁷

- Cross-border supply;
- Consumption of health services abroad;
- Commercial presence; and
- Movement of medical personnel.

Medical tourism falls under Mode 2 but domestic medical tourism can also exist, of course (i.e., moving from one part of a country to another for a certain treatment, hospital or specialist, for example).³⁸ However, in most studies, papers or strategies, medical tourism is considered to take place in a foreign country. In the last couple of years, after all, domestic medical tourism has gained increased attention in several countries (e.g., United States of America). In Central and Eastern Europe in particular, domestic medical tourism has been flourishing for many decades, based on evidence-based resources and treatments (e.g., thermal springs, healing muds or climate).

This definition of medical tourism is also very broad and corresponds more to a wider understanding of health tourism including wellness: “Medical tourism is a broad term that involves travelling in order to undergo different types of medical treatments that enhance a person's physical or mental wellbeing, ranging from medical intervention (elective or essential), traditional and alternative treatments, to holistic medicine offered by spas and wellness resorts”³⁹.

There are definitional problems within the field of medical tourism and numerous debates about what should be included in definitions of medical tourism, many have argued that ‘medical travel’

36 World Health Organization (2013a), *Medical Tourism* (online), available at: www.who.int/global_health_histories/seminars/kelley_presentation_medical_tourism.pdf (19-07-2017).

37 Chanda, R. (2002), ‘Trade in health services’, *Bulletin of the World Health Organization*, 80, pp. 158–163.

38 Paffhausen, A.L.; Peguero, C. and Roche-Villarreal, L. (2010), *Medical Tourism: A Survey*, ECLAC, Washington (online), available at: wiwi.uni-passau.de/fileadmin/dokumente/lehrstuehle/grimm/Publikationen/Medical_Tourism_A_Survey_L111_final.pdf (15-07-2017).

39 Paffhausen, A.L.; Peguero, C. and Roche-Villarreal, L. (2010).

is a better way of describing the phenomenon where patients travel to a destination outside their normal place of residence to use a medical service or to have a medical intervention.⁴⁰ The reason for this debate is that most patients are arguably not in the position to enjoy most of the typical tourist facilities of a destination, as it is not their primary purpose (e.g., especially after extensive invasive surgery).

The possible distinction between medical tourism and medical travel are also discussed. Medical tourism involves a trip to a place outside a person's normal place of residence for the purpose of receiving medical treatments, interventions or therapies.⁴¹ This approach took into consideration the difference between travel and tourism as discussed earlier in this section.⁴² The patient and whoever accompanies them also make use of the destination's tourist infrastructure and facilities. Many authors do not agree that having a medical treatment is enough to qualify the experience as tourism. They would not agree to classify it as an 'attraction' in the conventional sense. Medical travel means travelling for the sole purpose of having medical treatments, interventions or therapies. Although medical travellers use transport services, accommodation and several other services, they may not visit tourist attractions or sites. Medical tourists can only go on a tour if they are well enough; this is why many authors only talk about medical travel.

"Medical travel is not about cost-efficient medical treatments with recreational prospects in exotic locations. That is medical tourism."⁴³ However, many medical tourists combine their use of medical intervention services with "a vacation or tourism elements in the conventional sense",⁴⁴ such as medical tourists in China, India, Jordan and Thailand who do some sightseeing, shopping or cultural activities as part of the treatment.⁴⁵

The terms '**treatment abroad**', '**cross-border health care**' and '**patient mobility**' are also used, mainly by health and medical professionals, and policy makers. Patient mobility refers to those people who travel for medical procedures to another or a bordering country, within their own country (i.e., another state in the United States of America), or within their geographical region (i.e., the EU).

The following are tourists but **not medical** tourists and should not be counted in medical tourism statistics. They are tourists who only take medical treatments:

- Tourists who have an accident or illness while on holiday and have to use local medical services – known as emergency medical services (sometimes referred to as 'travel medicine');
- Tourists who decide to have a procedure while on holiday (e.g., dentistry or a cosmetic treatment) but who did not travel to their destination with the primary motivation of doing so; and
- Diplomats, long-term and temporary ex-patriates, soldiers and military personnel, overseas students (who do not travel within their country of residence for medical treatments) having medical treatments in their temporary resident country.

40 Connell, J. (2012), 'Contemporary medical tourism: Conceptualisation, culture and commodification', *Tourism Management*, 34, pp. 1–13.

41 Smith, M.K. and Puczkó, L. (2013).

42 United Nations Statistics Division and World Tourism Organization (2010).

43 MedHalt (2016), *Medical Travel or Tourism: What's The Difference?* (online), available at: www.medhalt.com/blog/medical-travel-tourism-difference (19-06-2017).

44 Voigt, C.; Brown, G. and Howat, G. (2011).

45 Connell, J. (2012).

The latter are often counted in definitions of medical tourism to boost the statistics.⁴⁶ Many hospitals and clinics also 'double count' patients who visit their facility more than once during their trip. There is also a great deal of diasporic medical travel, where immigrants go back to their country of origin. There is a strong tendency to travel back to the home country for certain medical procedures (due to trust, language or cultural reasons). This is a rather significant segment of international medical travel in Asia (e.g., travelling back to Republic of Korea from west coast United States of America).

Medical tourists are usually ill (as opposed to wellness tourists who are 'well' but want to improve)⁴⁷. Medical tourism is mainly curative (wellness tourism is often preventative)⁴⁸. However, in the case of cosmetic surgery and dentistry, it is debatable as to whether the tourist is to be considered ill (or at least unwell since they are not satisfied with their looks). There is also a growth in many forms of preventative health care which are supervised by doctors (e.g., in longevity centres). Some countries or regions are becoming internationally known for their cosmetic surgery, for example several countries in Central and South America.

Medical tourists are those who decide to travel across international borders to receive some form of medical treatment.⁴⁹ Treatments may span the full range of medical services, but the most common are dental care, cosmetic surgery, elective surgery, and fertility treatment. There are other definitions of medical tourism which have been used within an industry context, for example: "People who live in one country travel to another country or travel within their country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are travelling for medical care because of affordability, better access to care or a higher level of quality of care".⁵⁰

This is a useful definition, nonetheless it is debatable as to whether medical tourism should also include preventative health care, healing methods and **natural resources** (e.g., thermal water) **based treatments**. The evidence base for the latter is only accepted in certain countries. Many types of healing are not accepted as medical practices universally (e.g., energy healing in the Philippines). Medical tourists do not necessarily have to be 'ill' if cosmetic dentistry and surgery are included in definitions, as they almost always are. Many would still argue that 'medical travel' is a better description for those people who go abroad with the sole motivation of having medical treatments and interventions. However, in this study it is recommended to only use the term *medical tourism*.

In recent years, the term '**medical wellness**' has been used mainly in German-speaking environments. However, it was also mentioned by several of the interviewees in this study, that medical wellness is "the integration of wellness and medical activities, treatments and services – medical indication requires the involvement of medical practitioners". Nevertheless, it was also

46 Youngman, I. (2014), 'The issues in measuring medical tourism numbers', *International Medical Travel Journal*, 20-03-2014 (online), available at: www.imtj.com/articles/2014/medical-tourist-or-international-patient-what-am-i-30197 (18-06-2017).

47 Global Spa Summit (2011).

48 Hall, C.M. (2013), *Medical Tourism: The ethics, regulation, and marketing of health mobility*, Routledge, London.

49 Lunt, N. et al. (2011), *Medical Tourism: Treatments, Markets and Health System Implications: A scoping review*, OECD, Paris.

50 Medical Tourism Association (2013), *Healthcare Clusters, Medical Clusters and Healthcare Associations* (online), available at: www.medicaltourismassociation.com/en/healthcare-clusters.html (22-06-2017).

suggested that this is a smaller market in comparison to wellness tourism or medical tourism. The term medical wellness can be used to integrate the concepts of *health* and *wellness*⁵¹ while others define *medical wellness* as the practice of health and medical care relating to proven wellness outcomes. A more specific definition of medical wellness is an approach to delivering care that considers multiple influences on a person's health and consequently multiple modalities for treating and preventing disease, as well as promoting optimal wellbeing.⁵² Some industry practitioners have argued that the term 'medical wellness' is confusing and that 'structured wellness' may be a better term, but this is a relatively new debate.

Medical wellness means that patients are either supported and their benefits have been proven by scientific medical research or that a medical doctor has prescribed or directed some of the activities. This may become especially important in longevity centres where ageing citizens wish to learn how to prolong their lives using a variety of techniques which are prescribed by a doctor after an initial examination or diagnosis, but are practised by the recipient long after they have stopped being supervised by the doctor or have left the longevity centre (e.g., the Pritikin Longevity Center in the United States of America or Kurotel in Brazil).

3.3 Recommended definitions

Taking into account the above research discussion on descriptions, concepts, terminology and definitions provided by different bodies (including WHO), academics and countries, around the concept of health tourism, as well as the discussions and conclusions by the ETC-UNWTO Roundtable on Health Tourism (Budapest, Hungary, 2016), the following definitions can be proposed.

Health tourism

Health tourism covers those types of tourism which have as a primary motivation, the contribution to physical, mental and/or spiritual health through medical and wellness-based activities which increase the capacity of individuals to satisfy their own needs and function better as individuals in their environment and society.

Health tourism is the umbrella term for the subtypes: *wellness tourism* and *medical tourism*.

51 Deutscher Wellness Verband (2008), *Medical Wellness* (online), available at: www.dmwv.de/medical_wellness/begriff.html (24-06-2017).

52 American Medical Tourism Association (2009), *Definitions* (online), available at: www.medicaltourismassociation.com/en/index.html (05-07-2017).

Medical tourism

Medical tourism is a type of tourism activity which involves a trip outside the usual environment, either domestically or internationally, for the use of evidence-based medical healing resources and services (both invasive and non-invasive). This may include diagnosis, treatment, cure, prevention and rehabilitation.

Wellness tourism

Wellness tourism is a type of tourism activity which aims to improve and balance all of the main domains of human life including physical, mental, emotional, occupational, intellectual and spiritual. The primary motivation for the wellness tourist is to engage in preventive, proactive, lifestyle-enhancing activities such as fitness, healthy eating, relaxation, pampering and healing treatments.

Based on the proposed definitions above and the work carried out by the UNWTO Committee on Tourism and Competitiveness, the 22nd Session of the UNWTO General Assembly held in Chengdu, China (11–16 September 2017), adopted as Recommendations definitions on *health tourism, medical tourism and wellness tourism*.⁵³

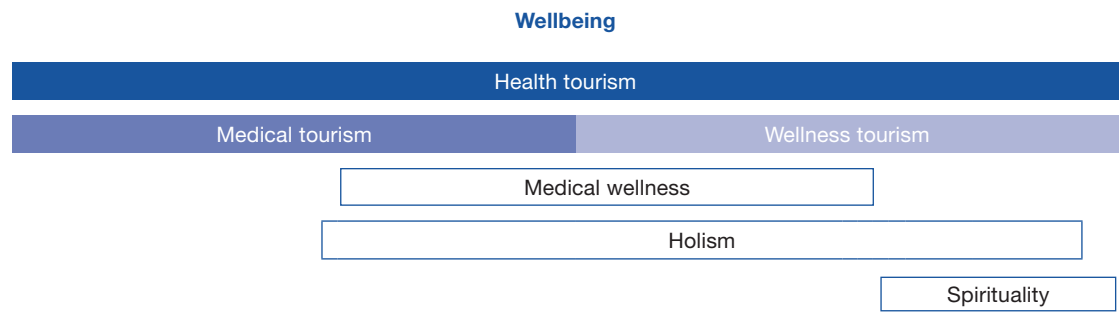
3.4 In summary

This section has shown that health tourism can be considered as an umbrella term for both wellness and medical tourism. Tourism can apply to many aspects of wellbeing, but it is recommended that the term ‘wellbeing tourism’ is not used, as wellbeing is so broad that it can include almost any activity. If wellbeing tourism was to be considered as a terminology, then almost any form of tourism could fall into that category, since the benefits of any trip can contribute to the traveller’s wellbeing.

It is recommended that the **primary motivation** of tourists should always be taken into consideration when defining health tourism. The given definitions are mostly based on motivations such as improving health, wellness or wellbeing. In some cases, certain resources are needed to achieve this improvement such as thermal waters. Figure 3.3 summarizes the above suggested taxonomy of different forms of health tourism. This study suggests a taxonomy of health tourism in which all major forms of tourism are included and the relationships are indicated.

⁵³ For reference, please see UNWTO Committee on Tourism and Competitiveness at: <http://marketintelligence.unwto.org/content/competitiveness-committee-ctc>.

Figure 3.3 Wellbeing, health and tourism



Note: The length of boxes indicate how much of the health tourism spectrum the actual component can cover (e.g. “medical wellness” or “holism”). Holism is a very broad phenomenon, reflected in the length of the box, whereas medical wellness includes some of medical and some of wellness.

This taxonomy structure provides the foundation for the analysis, management and development of any form of health tourism. It is understood that the motivations of tourists to enhance their health or improve, the facilities and destinations which they go to in order to achieve this, and the treatments and activities which contribute to this process can be very wide and complex (see Supply Chapter for more details).

Primary motivation or purpose may be difficult to assess as tourists can have multiple motivations for a trip or may derive health benefits from an activity just by chance (e.g., being in nature, visiting an historic thermal bath as one of the attractions of a historic city). However, care must be taken not to ‘double count’ tourists who come to a destination as cultural or business tourists and then just happen to use the hotel spa, or tourists who end up hospitalized because of an accident on holiday (and therefore they become international patients, but not medical tourists). This will lead to artificially inflated statistics.

All travel in any way or form can potentially contribute to the wellbeing of the traveller. Therefore it is recommended that the term wellbeing tourism should not be used in the context of health tourism. It is also important to differentiate between ‘incidental’ health tourists who use a spa or a medical service just because of its availability in a destination but without pre-planning, and a tourist who is primarily motivated by health-improvement. For example, a hotel guest on a business trip visiting the hotel gym and taking a treatment in the hotel spa is not a wellness tourist by motivation, but a health-conscious traveller who wants to be fit or improve his/her wellbeing. It is crucial to differentiate between these two alternatives; otherwise every form of tourism could potentially be labelled as health tourism.

Chapter 4

The health tourism market

4.1 Preliminary remarks

This chapter provides insights into the latest demand and supply current trends in the health tourism market, as well as main challenges and opportunities. In terms of content, the chapter covers the following areas:

Supply side:

- Main forms of supply (medical, wellness); and
- Types of facilities (hospitals/clinics, hotels/resorts and spas and baths, retreats).

Demand side:

- Key motivations of health tourists;
- Cultural and national differences in demand;
- Major segments for health and consequently wellness and medical tourism; and
- International flows in medical and wellness tourism (sending and receiving countries).

In recent years, health tourism seems to have grown exponentially including visits to spas, thermal baths, hot springs, spa and wellness hotels and resorts, hospitals and clinics for surgery and medical procedures, as well as spiritual or holistic retreats.

All tourism ideally brings some health benefits or improves wellbeing or happiness, but this is not enough to qualify as a health tourist in official definitions and the collection of statistics.

Forms of tourists which should not be counted in health tourism definitions and statistics include the following:¹

- Sun, sea and sand tourists in destinations which have been re-packaged as health tourism destinations (e.g., seashores or islands being referred to as ‘the world’s greatest outdoor spa’);
- Visitors to spa and wellness hotels who do not use the spa facilities at all or where a spa visit is not a primary motivation (e.g., guests come for business or a conference and may or may not use the spa);
- Visitors to the countryside or rural areas where nature is promoted as having health-giving benefits unless there is (medical) evidence to support it;
- Doing some fitness or sports activities on holiday because they are available (i.e., the sport was not a primary motivation for going to that destination);
- Having medical treatment in a destination due to suffering a sudden illness or an accident;

1 Smith, M.K. and Puczkó, L. (2013).

- Going to a music or other festival which has a number of holistic, spiritual or wellbeing activities (e.g., a ‘chill out’ area or yoga classes);
- Social tourism which is not prescribed by a medical practitioner (e.g., other forms of leisure and recreation which are not directly related to health);
- Visiting an historic or heritage spa due to beautiful architecture and not for health reasons; and
- Tourists who need dialysis during their stay (called holiday dialysis).

4.2 Market size of health tourism: some estimates

Due to limited, sketchy and dispersed data, it is rather difficult to estimate the size and growth of health tourism as a market. Estimates in numbers can widely differ depending on the definition used in the measurement, as well as at country level.

Data compiled by the International Monetary Fund’s balance of payments (BoP) statistics can provide some insight for a subset of countries reporting trade data on receipts (exports) and expenditure (imports) from health-related international travel. Spending on health-related travel relates to the goods and services acquired by persons going abroad for health-related purposes (e.g., medical services, other health cares, food, accommodation, local transport, acquired by those travelling for medical reasons). Health-related travel falls under the ‘personal travel’ item of the BoP.

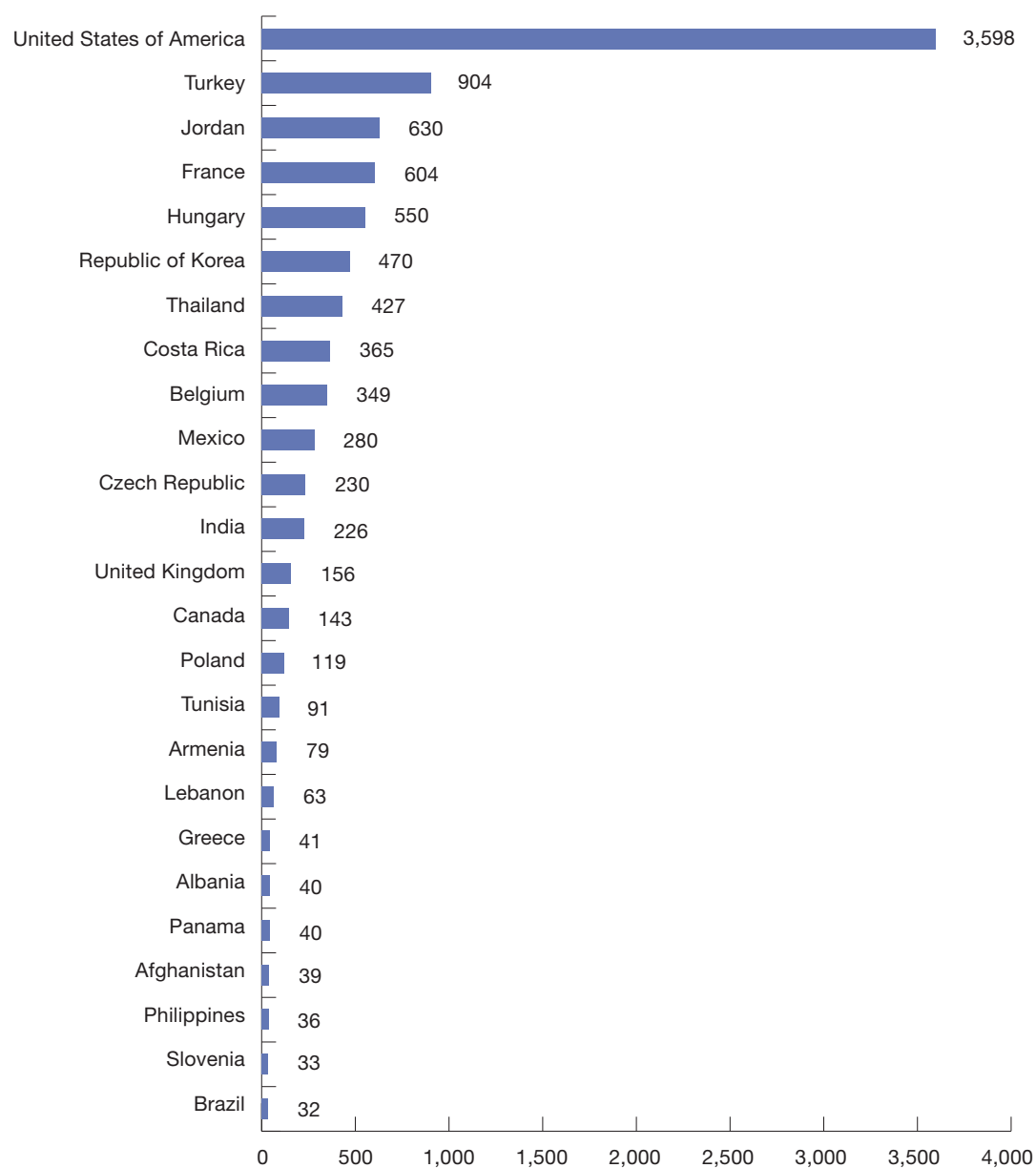
Data reported shows the diverse range of countries, from both advanced and emerging economies from all regions of the world, participating in the health travel services trade.

Available data also reveals wide differences among countries in terms of earnings and expenditure from health-related travel, though the mixed composition of advanced and emerging economies suggest flows exchange within and between both categories (advanced to advanced; advanced to emerging; emerging to emerging; emerging to advanced).

According to trade data reported for 2015 (or for previous year) by a group of countries, the United States is by far the largest earner (USD 3,600 million) and spender (USD 1,800 million) in terms of health-related international travel. Turkey generated around USD 900 million in receipts in 2015, while Kuwait spent some USD 1,600 million and Germany around USD 900 million in international travel for health-related purposes.

A group of countries generated health-related international travel receipts ranging from USD 200 million to USD 800 million: Jordan, France, Hungary, Belgium, Thailand, the Republic of Korea, Costa Rica, Belgium, Mexico, Czech Republic and India. Among the largest spenders, Belgium, Oman and Canada reported health-related travel expenditure from USD 400 million to USD 600 million.

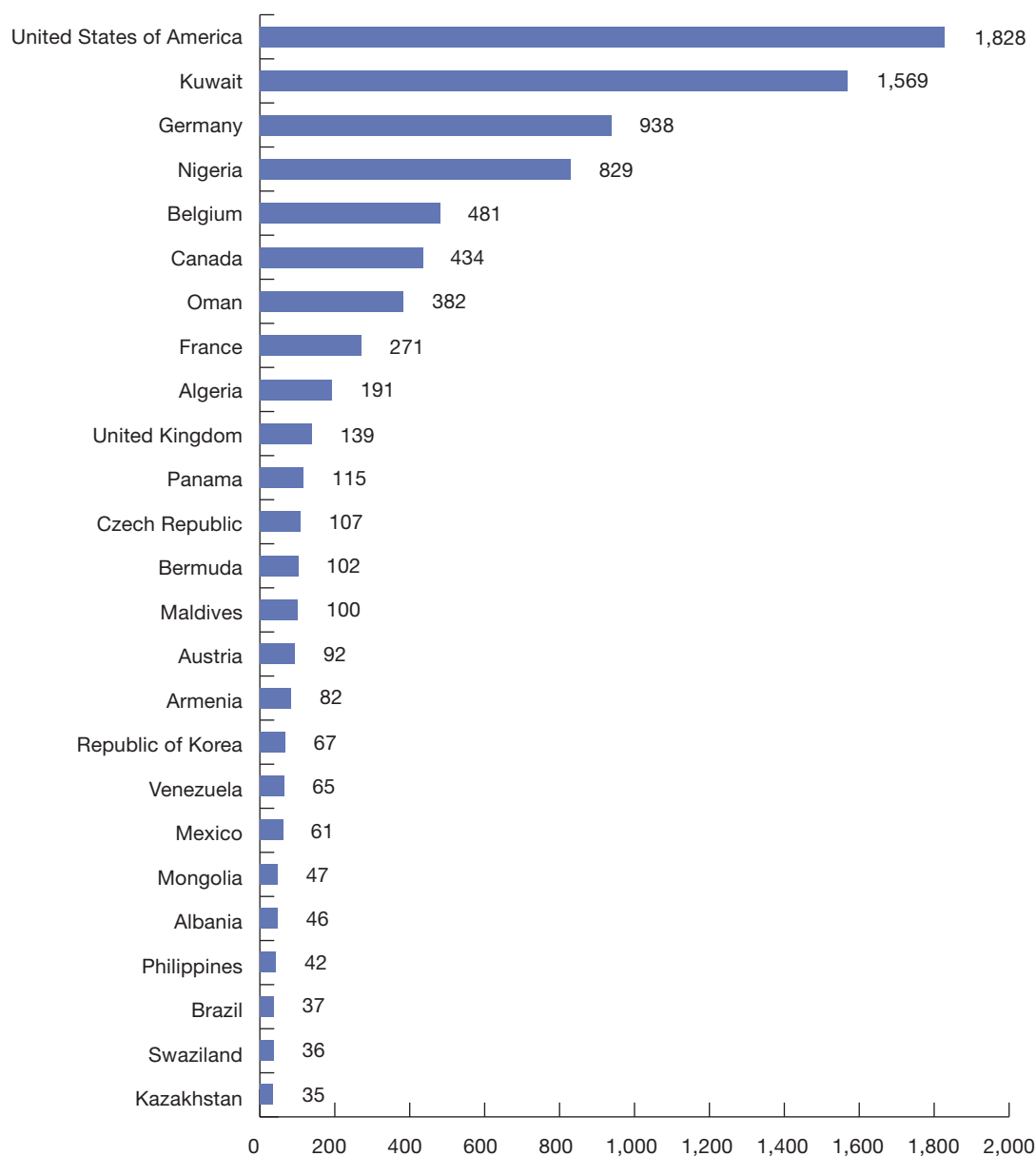
Figure 4.1 Receipts generated from health-related international travel, 2015 (USD million)



Note: Graph based on countries that report balance of payments data on health-related travel exports (travel item 'credit') for 2015 (or previous year if data missing). The list of countries displayed is a sample of countries reporting data and not a ranking of top earners.

Source: International Monetary Fund.

Figure 4.2 Expenditure made on health-related international travel, 2015 (USD million)



Note: Graph based on countries that report balance of payments data on health-related travel imports (travel item 'debit') for 2015 (or previous year if data missing). The list of countries displayed is a sample and not a ranking of top earners.

Source: International Monetary Fund.

Net earners (when receipts generated exceed expenditure) include the United States of America (USD 1,800 million), Republic of Korea (USD 403 million), France (USD 334 million), Mexico (USD 209 million), Czech Republic (USD 123 million) and United Kingdom (USD 17 million). Health travel exports contribute to the travel trade balance, though net earnings are comparatively

modest in some countries. For many OECD countries, especially in Europe, figures on health travel exports are still likely to be significant underestimates.²

Furthermore, a research conducted for the European Parliament's Committee on Transport and Tourism (TRAN) estimated health-tourism revenue (medical, wellness, and spa tourism) to total nearly EUR 47 billion in the EU-28 in 2014, which represents 4.6% of all tourism revenues in the group of 28 countries of the EU.³

4.3 The supply of health tourism

"From a supply-side perspective it has been shown that health tourism supply is fragmented and highly diverse".⁴ This supply section considers many of the resources and facilities used in health tourism, such as spas, wellness hotels, hospitals or retreats, as well as the destinations in which they are located. Although health tourists are motivated by the desire to become healthier, feel better, relax and recuperate, or to improve lifestyle, they may also be attracted by a certain resource, destination or facility. The health tourism market is becoming very competitive and there are numerous places worldwide competing to provide tourists with the optimum health-enhancing experience.

Health tourism destinations supply two sorts of services: from the supply of medical services, products and infrastructure, to the supply of tourism services covering travel to and from country, guides, accommodation, transport and recreation.

The interviewees of this study were asked to characterize the different world regions in terms of available/possible assets, services and products:

- Europe is leads based on its traditional bathing history and culture, and the thermal springs;
- The United States of America was mentioned mainly as a powerhouse in fitness;
- Asia was associated to the increasing popularity of Eastern medicine, and holistic experiences; and
- Africa and the Middle East were mentioned as emerging destinations, due to nature and wildlife and ancient traditions and leading hospitals, respectively.

The resources and facilities used for health tourism clearly vary according to the type of tourism and motivations of the tourists. Medical tourists are most likely to use hospitals and clinics, wellness tourists are more likely to visit spas and wellness hotels, and holistic tourists are most likely to attend retreats. Wellness tourism destinations have a wellness-specific superstructure such as health resorts, baths or retreats, which differs from generic tourism superstructure such as conventional hotels, guesthouses and restaurants.⁵ Medical tourism has an even more specific superstructure. However, the boundaries can become somewhat blurred when spas start to

2 Organisation for Economic Co-operation and Development (2014a), *Health at a Glance: Europe 2014* (online), available at: www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2014_health_glance_eur-2014-en (19-07-2017).

3 European Parliament TRAN Committee (2017), *Health Tourism in the EU: a general investigation*, European Parliament, Directorate General for Internal Policies, Brussels.

4 Voigt, C. (2013).

5 Voigt, C. and Pforr, C. (2013).

offer medical treatments (e.g., cosmetic surgery, dentistry) or hospitals send their patients to rehabilitate in spas, for example. Private clinics and corporate hospitals are listed as offering 'pure' medical tourism, but there is overlap between wellness and medical tourism in therapeutic lifestyle retreats, traditional European spas (e.g., with thermal, healing waters), 'medhotels', medical spas and 'wellspitals' (the latter combining conventional medicine with complementary and alternative (CAM) therapies).⁶

The following subsections describe the main locations and facilities for health tourism in more depth.

4.3.1 Hospitals and clinics

Medical tourism (or travel) typically takes place in a **purpose-built health care centre**, which can be a hospital, clinic or even a cruiseship. The number of hospital beds provides a very rough measure of the resources available for delivering services to in-patients in hospitals. Among OECD countries, the number of **hospital beds** per capita is highest in Japan and the Republic of Korea, with over 11 beds per 1000 population in 2015. Both Japan and the Republic of Korea have 'social admissions', that is, a significant part of hospital beds are devoted to long-term care. The number of hospital beds is also well above the OECD average in the Russian Federation, Germany and Austria. On the other hand, large emerging countries in Asia (India and Indonesia) have relatively few hospital beds compared with the OECD average. This is also the case for OECD and emerging countries in Latin America such as Mexico, Chile and Brazil.⁷

The number of hospital beds alone provides little information about the existing or prospective medical tourism supply. The number of service suppliers can only be estimated based on the information of **accreditation** companies and associations/clusters of medical tourism service suppliers in different countries. There are several certifications provided either by private companies or professional associations (such as by Accreditation Canada International, Trent, Medical Travel Quality Alliance or ISO). The following are the ones that define the international medical tourism market and provide guidelines for prospective patients and facilitators alike (considering the communication of hospitals and clinics present in the international medical tourism market):

- The **Joint Commission International (JCI)** is one of the leading accreditation companies in the world with headquarters in the United States of America: "JCI identifies, measures, and shares best practices in quality and patient safety with the world."⁸ Over 600 medical centres and hospitals are accredited by JCI worldwide, mainly in Asia (Thailand, India, Singapore), but in South America and Europe as well. JCI accreditation is considered to be essential in international medical tourism; however, it is important to mention that the accreditation is not tourism specific.
- **Temos International** is a German certification company with 17 regional offices worldwide. It is a neutral and independent certification body and by 2016, some 70 medical centres,

⁶ Voigt, C. (2013).

⁷ Organisation for Economic Co-operation and Development (2016).

⁸ Joint Commission International (2017), *Our Focus* (online), available at: <https://jointcommissioninternational.org/about-jci/who-is-jci/> (06-06-2017).

hospitals and clinics worldwide had been certified by Temos, mainly in Southern Europe, Middle East and Asia. Temos certification is specifically tailored to hospitals and clinics aiming at medical tourism and international patient management including emergency medicine for tourists, business travellers, and expatriates. Temos provides certification programmes for 'Quality in International Patient Care', 'Medical Tourism', 'Quality in International Dental/Eye/Reproductive Care/Rehabilitation', and also offers a certification programme for facilitators (medical travel coordinators).

- The **Medical Tourism Association** offers numerous certification alternatives either for facilities or for professional such as 'International Patient Services Training and Certification for Hospitals and Clinics' or 'Certified Medical Tourism Professional' and 'Certified Medical Tourism Specialist', but also for WellHotel certification for medical tourism.
- The **European Spas Association** (ESPA) has initiated a quality certification scheme for (thermal) medical spa establishments. There are two versions of this certification, one for medical thermal medical spas (baths) (EuropeSpa Med) and other for wellness orientated wellness hotels, hotel spas and thermal bathes (EuropeSpa Wellness). Altogether, there are 32 EurospaSpa Med and 17 EurospaSpa Wellness certified establishments in Europe.
- **TÜV Hellas** launched a Medical Tourism Friendly Hotel certification. As the description states the certification "[...] gives sensitive individuals, senior people, medical tourists and international patients, the confidence they need that your business provides safe and efficient hospitality and accommodation services".
- Certification of hospitality services pertaining to Health/ Medical Tourists' management is one of **Swiss Approval** high-end certification programmes. This specific set of criteria for hotels has integrated quality standards, international best practice and safety principles for medical and health tourism services. Swiss Approval has integrated international sustainability standards at its hospitality certification services in accordance with the Global Sustainable Tourism Council.

Several national level certification systems exist, e.g., in India and also some relatively new systems such as the MTQUA certification.

The **International Medical Tourism Journal** (IMTJ) published publically available information about medical tourism facilities from countries perceived to be important in international medical travel (table 4.1). Specialist medical centres, such as plastic surgery clinics, IVF centres, dental clinics, etc. may not be included in the list below. However, these numbers should be read with caution as they are often inflated.

Table 4.1 Number of medical tourism facilities, 2014

Country	Number of medical tourism facilities (members)	Source
Germany	2,000	German National Tourist Board
Poland	1,100	Polish Association of Medical Tourism
Hungary	600	Institution of Healthcare Strategic Research (ESKI)
Thailand	427	Thailand Med Tourism Portal / Amazing Thailand
India	414	National Accreditation Board for Hospitals and Healthcare Providers (NABH)
Republic of Korea	323	Korea Health Industry Development Institute (KHIDI)
South Africa	240	Medical Tourism Association of South Africa
Turkey	106	Turkish Healthcare Travel Council
Mexico	98	National Tourism Office
Malaysia	71	Malaysia Healthcare Travel Council
Jordan	69	Private Hospitals Association
Israel	60	Israel Medical Tourism Association
Taiwan Province of China	35	Taiwan Medical Tourism Development Association
Costa Rica	30	Association of Medical Tourism in Guanacaste
Singapore	25	Singapore Tourism Board
Lithuania	12	Lithuanian Medical Tourism Cluster

Source: *International Medical Tourism Journal* database.

Table 4.2 Number of medical tourism providers and facilitators by self-declaration (2017)

Country	Providers ^a	Facilitators ^b
India	381	198
United States of America	212	78
Turkey	212	60
Hungary	102	20
United Arab Emirates	101	12
Poland	68	32
Malaysia	66	7
Czech Republic	61	18
Thailand	53	21
Mexico	53	11
Germany	38	29
Belgium	38	3
Philippines	28	6

Country	Providers ^a	Facilitators ^b
United Kingdom	25	35
Switzerland	25	9
Israel	22	9
Singapore	21	5
South Africa	21	14
Lithuania	20	25
Republic of Korea	18	3
Brazil	13	6
Costa Rica	12	9
Australia	12	18
Jordan	8	1
Taiwan Province of China	8	1
Iran	7	6
Slovenia	6	3
Colombia	2	4
Cuba	1	0
Total	1,634	643

Notes: a) Hospitals and clinics listed in the directory that are located in the country.

b) Agencies and facilitators listed in the directory that are located in the country. These may handle inbound or outbound medical travellers.

Facilitators or specialized tour operators are those agencies that manage the patient flow and understand the medical, as well as the travel component of medical tourism

Source: *International Medical Tourism Journal* database.

The actual size or the relevant revenue of providers listed above is not known or not comparable. Hospitals and clinics tend to list either the number of interventions, the number of patients, and/or the revenues from certain procedures. Individual clinics and hospitals, especially those in which international medical tourism is not the core of the service provision, often find very difficult to measure the actual costs of revenues from medical tourism. International patients tend to be the main segment that data can be collected for, but further distribution of data is rarely possible.

There are two important types of treatments in medical tourism: plastic surgery and dentistry. The latest edition of the ISAPS International Survey on Aesthetic/Cosmetic Procedures Performed in 2015 counted some 35,000 plastic surgeons worldwide (the top three were the United States of America (6,500), Brazil (5,500) and China (2,800); there is no reliable data about the number of surgeons involved in medical tourism.⁹ ISAPS dedicated a special section on its website to medical tourism, indicating the current role of this market in plastic surgery. The latest information

9 International Spa Association (2011), *Spa Industry Report* (online), available at: www.spalietuva.lt/wp-content/uploads/2011/04/ISPA-US-Spa-Industry-Study-2011-FINAL-260911-online.pdf (30-06-2017).

about plastic surgery is from 2015. It shows that breast augmentation is the most popular surgical intervention with approximately 1.5 million interventions worldwide. The most popular non-surgical intervention is Botox at 4.6 million.

The country with the highest number of procedures is the United States of America with 1.4 million surgical and 2.6 million non-surgical procedures, whereas Brazil reported 1.2 million surgical and 1.1 million non-surgical procedures.

The **prices** of certain procedures are often published and even compared to other countries' prices, still these prices provide very little information for comparing actual revenues or more importantly, economic performance. It must be noted that procedure prices can be compared but it is important to mention that every treatment plan can be different depending on the health status of the patient. The published prices, therefore, are more indicative than final. The treatment plan and consequently the total price of the treatment can typically be finalised after a personal consultation on site. In addition, health care providers include a clause in the contract stating that in the event of certain urgent and/or immediate changes in the treatment during the actual procedure, especially in the case of invasive treatments, there can be surcharges.

4.3.2 Resorts and hotels

The supply of hotels and resorts is probably the most complex, as well as the simplest in the market. It is considered simple as it seems that almost no new hotel or resort development including city hotels would open without an on-site spa or wellness centre. In the hospitality sector, spas or lately wellness centres have become a necessity. The range of supply is a rather complex one, since there are huge differences between a spa hotel and a hotel spa, or a destination spa, an airport spa and a medical spa or a mineral spring spa (bath). Since in many parts of the world the link between hotels and resorts and spas/wellness centres are inseparable, the discussion below includes both in the same section.

The growth of hotels and resorts with a spa or more recently, a wellness centre is quite interesting. The conversion rate of hotel guests to spa/wellness centre guests especially in city hotels is rather low (a 20% rate is considered to be a very good result, but a single digit number is more realistic). Nevertheless, developers and hotel brands find it necessary to open and run spa/wellness facilities as a norm or expectation. It is interesting to note that the rebranding of the TUI Vital brand to TUI Wellnessurlaub in the German market by the largest travel company in Europe is due to the wide availability of spas and wellness centres in hotels and resorts (TUI daughter Thomson labels the product as Spa and Relaxation Holidays, whereas TUI España as Wellness).

In medical tourism, some interesting initiatives should also be mentioned. The hotel sector has become increasingly involved in the provision of services for medical tourists who would prefer not to stay in a hospital or clinic while having a treatment. While having certain interventions such as dental or (minor) plastic surgery, tourists may stay in a hotel or apartment (close to the clinic). In other cases, tourists may stay in a medical hotel or a so-called 'Medical Tourism Friendly Hotel':

- **Medical Hotels:** according to the relevant legislation in Hungary an accommodation establishment can apply to become a medical hotel if the requirements of a hotel are met, plus some natural healing assets (e.g., hot spring), and either it should have its own

medical centre, or in cooperation with a health care provider under medical supervision offer therapeutic services. This classification or certification system is not easy to obtain, considering it is under strict state control and supervision.

- **Medical Tourism Friendly Hotels** is a certification module developed together by TEMOS and TUV RHEINLAND Hellas Certification Organizations. This particular seal of quality enhances the awareness and specialisation of hotels in order to meet the expectations and needs of medical tourists, international patients, as well as visitors with no health issues, tourists with undiagnosed medical problems, elderly people, and visitors and tourists with chronic diseases. Applicants must meet the demands of ISO 9001 standard.¹⁰
- The Medical Tourism Association's **WellHotel** standards intend to promote specific improvements in the protocols and services impacting the medical traveller's experience. The standards are available for hotels, resorts, B&Bs and spas wishing to accommodate medical tourists.

The new trend in the medical tourism sector is the emergence of the so-called **H2H concept** (i.e., Hospital-to-Hotel or Hotel-to-Hospital conversions or medhotels). These new facilities are blending services and qualities of hospitals, hotels and spas. A medhotel would offer various medical, as well as wellness and spa services – without the hospital, clinic or sanatoria, or even a standard hotel feeling and image. This can manifest in either the form of an extended spa, modified hospital or even a cruise ship.¹¹

The case of Westin represents a shift of focus also taken by many global hotel brands, e.g., Marriott or IHG towards a more complex health-orientated hospitality offer in which they offer several options and service alternatives for wellness or health-conscious travellers.

Example 4.1

Maintaining a healthy lifestyle on holiday: Westin

The Westin Difference offers innovative programmes to ensure all guests feel well rested, well nourished and well cared for. Westin claims that feeling good derives from a relaxing and comfortable environment where careful attention is given to the most important components of a guest's stay. Westin recognizes that travel often impacts a guest's ability to maintain a healthy lifestyle and is committed to transforming every aspect of a stay into a revitalizing experience. Offering a suite of signature programmes and experiences (Signature Heavenly® Programs. In-Room Spa Services, SuperFoodsRx® menu, WestinWORKOUT®).

The mission at Westin is to ensure guests leaving the hotel feeling better than when they arrived.

Source: <https://westin.marriott.com/wellness/>.

The difficulty with the supply side analysis comes down to the role of a spa or wellness centre in a hotel or resort. A **hotel spa** is different from a **spa hotel**, since in the latter, a spa or spa services and treatments are probably the most important motivation for staying there, whereas a hotel

10 TÜV Rheinland (2013), *Medical Tourism Friendly Hotel Certification* (online), available at: www.tuv.com/en/corporate/business_customers/management_system/tourism_leisure/medical_tourism_friendly_hotel_certification/medical_tourism_friendly_hotel_certification.html (15-09-2017).

11 Xellum (2010).

spa is an additional and complementary service of a hotel. However, there are no international standards or rules by which a hotel or resort can (or cannot) call itself a spa or wellness hotel.

There are some exceptions:

- The **StayWell initiative** by Delos was created from the belief that travellers deserve environments that positively impact on their wellbeing. The concept's features and programmes have been implemented in hotels (MGM Grand Las Vegas) but also in hospitals (e.g. Cleveland Clinic Wellness);
- **Healing Hotels of the World** defined three levels for interested hotels. Depending on the level of specialisation hotels are categorized as standard, advanced or ultimate healing hotel category; and
- **Wellness Hotels and Resorts International** defined a series of quality and service standards for hotels and resorts, which were interested in gaining wellness hotel status (e.g., regarding location, service-mix, food and beverage provision, wet areas and treatments).

Providing healthier options for hotel guests is an evident move that can be seen in the market. This trend now goes beyond improved showers and beds. The so-called '**healthy hotels**' offer additional services to their guests to make them healthier.

Example 4.2

IHG EVEN Hotels

Launched in February 2012, the brand was created to meet the large growing demand for a hotel to help wellness-minded travellers maintain balance on the road and the need for maintaining wellness routines while travelling. Therefore, the brand was developed to meet a guest's holistic wellness needs in the areas of exercise, food, work and rest. The new brand has four new pillars: Keep Active, Rest Easy, Eat Well and Accomplish More. As IHG states global hotel brands build trust when they help guests make better decisions by offering advice and guidance tailored to their individual needs and preferences. IHG's EVEN Hotel brand is developed and positioned as a wellness hotel concept. For concierge services, this means giving personalised recommendations and supporting guests by providing adequate tools to make their own discoveries. For example, an EVEN branded hotel offers nutritious menus and amenities, such as guest rooms designed for in-room workouts.

Source: Intercontinental Hotels Group (IHG) (2017), *Meet EVEN Hotels. Where wellness built in* (online), available at: www.ihg.com/evenhotels/hotels/us/en/reservation#homepage (13-10-2017).

Hotel brands create their own spa brands (as did Starwood for its brands and Leading Hotels of the World created Leading Spas of the World) with distinctive brand identities and offers. These spas are then managed either by the hotel, or by a professional spa operator (e.g., Steiner Leisure, ESPA) which can take place under the name of the spa brand or a beauty product line (e.g., Elemis).

It is also interesting to note the concept of **wellbeing hospitality** suggests the necessity of introducing and applying an overall approach to improving health, happiness and contentment within hospitality and destination assets via forms of wellness, leisure, recreation, travel and health care.

Example 4.3 **Healing Hotels of the World**

There is a specialized network of hotels and resorts focusing on health and healing. As the credo of Healing Hotels of the World puts it “Find a variety of ways to help you relax, rejuvenate, learn about and improve your health. Reconnect with yourself, and experience new dimensions of wellbeing that lead to a life-long transformation into a healthier, happier, more balanced you. Achieve this through holistic spa treatments, improvement of fitness in ways both ancient and cutting-edge, health consultations, daily schedules and life style coaching. Find support through the overall healing ambience of the place: the beauty and highest standard of accommodation, utmost care in service, healthy and healing cuisine, and stunning nature.”

Source: Healing Hotels of the World (HHoW) (2017), *Who we are* (online), available at: [www.who-are-we/: healinghotelsoftheworld.com/who-are-we/](http://www.who-are-we/healinghotelsoftheworld.com/who-are-we/) (24-09-2017).

4.3.3 **Spas**

Spas are defined as “places devoted to overall wellbeing through a variety of professional services that encourage the renewal of mind, body and spirit”¹². So-called ‘spa tourism’ is probably the best-known form of health tourism. However, it has been argued that spa tourism does not exist rather that tourists visit spas for reasons of health or wellness.¹³ Spas are considered to be places or venues for specific service provision, whereas wellness is known to be a concept (therefore spa tourism would sound similar to museum tourism, but cultural tourism as an umbrella term does not include that terminology).

Spa-based tourism means that spa activities are the main or primary focus of the visit, including water-based activities, body and facial treatments, physical exercise, and/or body-mind-spirit programmes. Spas are often centred on some form of water treatment (or wet areas), although day spas sometimes only offer beauty treatments. It should be noted that many wellness hotels and resorts offer similar facilities and experiences. The difference may be that the word ‘spa’ is often related to thermal baths or hot springs where the waters have a medical or healing function. This can create confusion in the minds of consumers, who seem to mainly associate the word ‘spa’ with relaxation, comfort and pampering.

The following categorization of spas tend to play a role in the tourism industry (day spas and club spas are excluded).¹⁴ Airport spas or cruise ship spas could also be added to this list:

¹² International Spa Association (2013a).

¹³ Global Spa Summit (2011).

¹⁴ International Spa Association (2013a).

ISPA spa types

Destination spa: a destination spa is a facility with the primary purpose of guiding individual spa-goers to develop healthy habits. This lifestyle transformation can be accomplished by providing a comprehensive programme that includes spa services, physical fitness activities, wellness education, healthful cuisine and special interest programming.

Medical spa: a facility that operates under the supervision of a licensed medical doctor whose primary purpose is to provide medical and wellness care in an environment that integrates spa services.

Mineral springs spa: a spa offering an on-site source of natural mineral, thermal or seawater used in hydrotherapy treatments.

Resort/hotel spa: a spa located within a resort or hotel providing professionally administered spa services, fitness and wellness components.

Source: International Spa Association (2013a), *Types of Spas* (online), available at: www.experienceispa.com/resources/spa-goers (25-06-2017).

Destination spas should be given a special mention. These establishments have been rather special ever since the first one was developed: Rancho la Puerta in Baja California, Mexico, opened its doors in 1940. These are specialised spas for which guests may travel across continents and may stay for several weeks (or months, even). At destination spas the accommodation and the spa element are combined since they offer a complex, integrated and personalised wellness programme and not only rooms and a spa. Destination spas have a relatively small number of rooms and offer full board consisting of healthy foods and drinks (prepared typically from locally produced ingredients). There are not too many destination spas around the world primarily because of the significant initial capital needed and to the high running costs necessary to maintain establishments of this type. The global shift and changing interest of the hospitality industry is evidenced indicated by the purchase of the Miraval Group by Hyatt Hotels in the beginning of 2017. Miraval has been one of the most acclaimed destination spas (or as it is called now destination wellness hotel) globally. The take-over suggests Hyatt Hotels' growing interest in the more health-oriented hospitality segment.

Interviewees in this research defined spas in detail, especially as many of them are spa practitioners and have worked in the industry for some years. Most of them mentioned wellness but only a few mentioned medical care (mainly cosmetic). Improving one's physical appearance was seen as important, as were also the restoration of health, healing, wellbeing and escapism from everyday life. Water is of course a major resource for most spas, but there are also beauty spas which may not offer water-based treatments. Nature and natural treatments were considered to be important. Physical fitness activities were also mentioned. Recurrent words included 'pampering', 'relaxation', 'renewal', 'rejuvenation', 'rehabilitation' and 'therapeutic'.

Europe, North America, and Asia-Pacific account for over 90% of industry revenues in the spa industry. The total number of spas, as well as other details can be seen in the table below.¹⁵

15 Global Wellness Institute (2014), *Global Spa & Wellness Economy Monitor*, GWI, New York (online), available at: www.globalspaandwellnesssummit.org/images/stories/gsws2014/pdf/GWI_Wellness_Economy_Monitor_Report_9.27.14.pdf. pagespeed.ce.eclPzXeYm.pdf (01-07-2017).

Global Wellness Institute (2017).

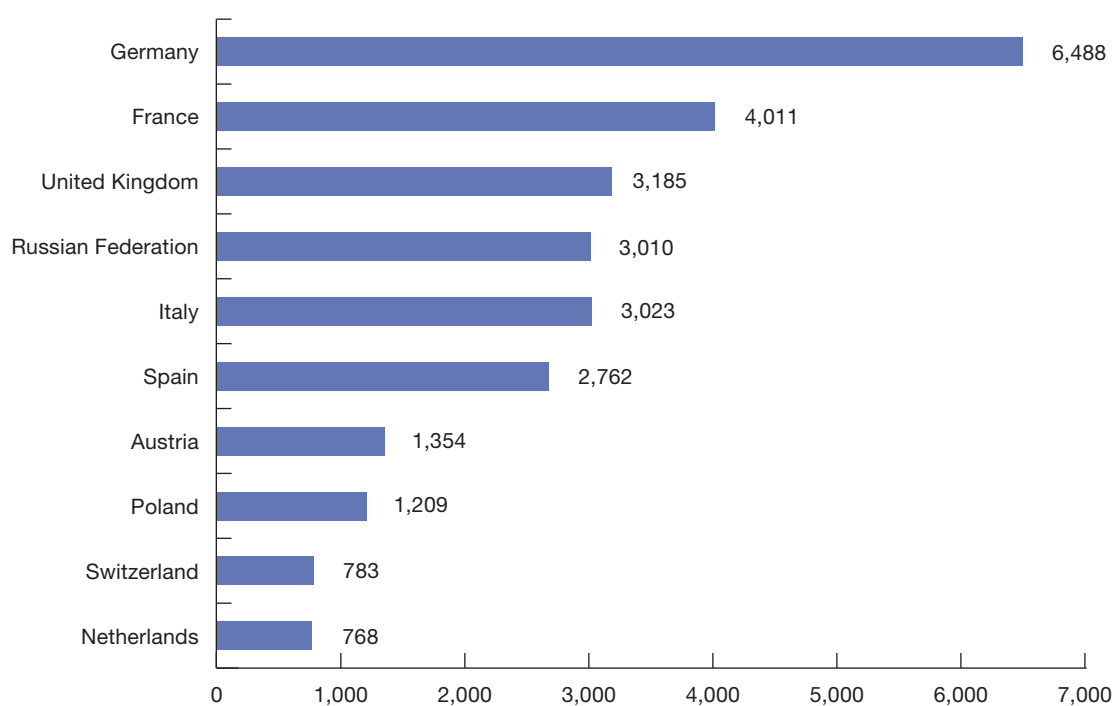
Table 4.3 Global spa facilities by region, 2015

Regions	Estimated total number of spas	Estimated total spa revenues (USD billion)	Estimated total spa employment
Europe	37,420	27.5	745,584
Asia and the Pacific	38,819	21.4	722,588
North America	28,306	20.6	424,174
Middle East and North Africa	4,465	2.1	63,982
Latin America and the Caribbean	10,269	4.9	164,909
Sub-Saharan Africa	2,316	1.1	28,912
Total	121,595	77.6	2,150,147

Source: Global Wellness Institute (2017).

In terms of revenues and employment, Europe is the largest regional spa market in the world (and second in terms of number of spas). By 2015 the estimated number of spas reached 37,420 generating USD 27.5 billion revenues and employing around 745,000 employees.¹⁶

Figure 4.3 Europe's top-10 spa markets by number of spas, 2015

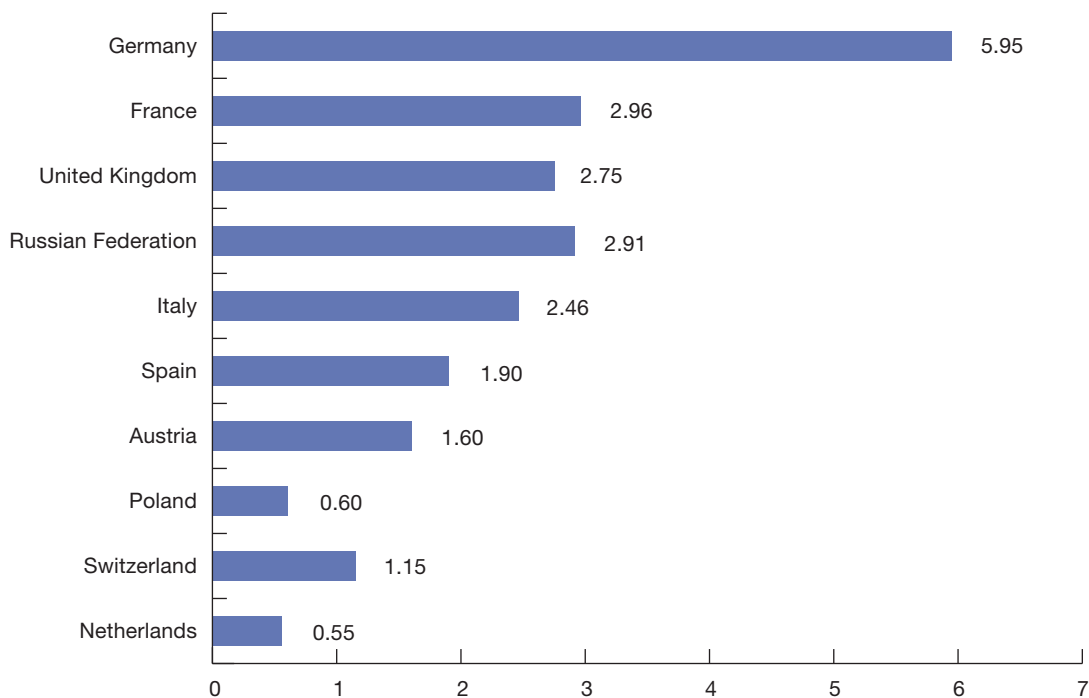


Source: Global Wellness Institute (2017).

¹⁶ Global Wellness Institute (2014).

Global Wellness Institute (2017).

Figure 4.4 Europe's top-10 spa markets by revenue generated, 2015 (USD million)



Source: Global Wellness Institute (2017).

The most popular activities offered by spas are massage and other body treatments, facial treatments, manicures, pedicures, exercise facilities and sometimes meditation, yoga or other body-mind-spirit programmes.

New facilities or concepts have also appeared in several countries in the last few years:

Adventure spas and **wellness resorts** are cross-over facilities offering spa-like treatments, healthy gourmet food and plenty of outdoor activities. Adventure-spa goers are looking “for learning or advancement in outdoor skills [...] and are active vacationers who want a healthy and active trip”. Guests typically want to combine adventurous, outdoors activities by day (e.g., rock climbing, kayaking, hiking, biking, yoga) with pampering spa services and luxury treatments by night.¹⁷

Eco spas and **wellness resorts** are cross-over facilities offering the traveller a design and philosophy which complements the rhythms of nature. The treatments and food integrate indigenous plants and rituals.¹⁸

Spa-living environments (or **spa lifestyle** or **wellness lifestyle communities**) are environments where people can move permanently, or temporarily (e.g., to a summer home), which may give a boost to time-share developments. Urban dwellers will also have similar services nearby, since an increasing number of spas are being developed around urban areas.

17 Pascarella, S. (2008), *Enjoy rugged relaxation at adventure spas* (online), available at: www.usatoday.com/travel/deals/inside/2005-10-12-column_x.htm (17-07-2017).

18 Smith, M.K. and Puczkó, L. (2009).

This trend does not stop at hotels or other accommodation establishments (such as the Wellness Hostel in Saas-Fee (Switzerland)). **Airlines and airports** in particular are also looking for healthier options and have started to address the health needs of passengers. Air travellers can enjoy of an increasing number of airport spas (of various kinds), on-board entertainment aimed at wellness (e.g., Qatar Airways in cooperation with Deepak Chopra) or a Wellness Blanket by British Airways.

Longevity centres (offering medical wellness treatments, lifestyle-based services for seniors) are spreading mainly in the United States of America, and have become increasingly popular. Similar concepts exist but under different names such as health spa, wellness clinic or health resort.

4.3.4 Facilities based on natural resources

There are numerous natural resources that have been widely used in health tourism. Probably the most well-known and most widely available are thermal or hot spings. There are many other healing or health-enhancing resources which are non-water based but which do not involve surgical intervention, such as climate, sea and sea climate, mud or peat, natural gases (e.g., CO₂) or healing caves with special and stable microclimate (mud and peat in particular tend to be applied in hospitals, medical spas or rehabilitation centres).

Balneotherapy (Latin: Balneum, bath) refers to the medical use of water rather than its use for recreational or leisure activities. Balneology or Balneotherapy tends to be based on bathing in or drinking medicinal waters, applying mud or peloid packs to the body, as well as the use of some healing gases (e.g., Mofetta). These are used to treat various conditions, such as musculoskeletal, gynaecological and dermatological disorders, as well as vascular conditions, amongst others.¹⁹ Balneotherapy is widely used by Europeans for musculoskeletal problems, especially chronic lower back pain (LBP).²⁰ However, it can be stated that despite some medical evidence, balneology is not fully recognised as an independent medical speciality at a global level.²¹

Example 4.4

The Pannonian Lakes in Tuzla, Bosnia and Herzegovina

Millions of years ago, as the great Pannonian Sea receded from the European ground it left millions of tons of salt rock and salt water underneath the area that today hosts the Pannonian Lakes. The archaeological evidence found in Tuzla positions it as the area of oldest culture of salt production in Europe, with indications of first salt extraction dating from the Neolithic period more than 7,000 years ago. As a result of unmitigated excavation process, a substantial portion of the city terrain suffered problematic infiltrations by underground saltwater which over the years created a number of permanent, unattractive landfills. In 2003 the problematic salt water landfill in the city centre was transformed into the first Pannonian Lake – a lake filled with natural, mineral-rich salt groundwater pumped to the surface through salt wells.

At present, the Pannonian Lakes complex consists of three salt lakes, and salt waterfalls, covering an area of about 21,000 m². The salinity of its water is equal to that of sea, as it contains 30–40g/l of salt. The chemical features of water in the Pannonian

19 Bender, T. et al. (2014), 'Evidence-based hydro- and balneotherapy in Hungary – a systematic review and meta-analysis', *Int J Biometeorol*, 58, pp. 311–323.

20 Karagülle, M. and Karagülle, M.Z. (2014), 'Effectiveness of balneotherapy and spa therapy for the treatment of chronic low back pain: a review on latest evidence', *Clin Rheumatol*, 34, pp. 207–214.

21 Gutenbrunner, C. et al. (2010), 'A proposal for a worldwide definition of health resort medicine, balneology, medical hydrology and climatology', *Int J Biometeorol*, 54, pp. 495–507.

Lakes and waterfalls equals to iodine-bromine-sulfur-sodium-chloride mineral water, a therapeutic type of waters very suitable for rheumatic diseases, joint inflammation and regenerative rheumatism. It also helps in the case of non-specific gynecological diseases, sterility, inflammation of the upper respiratory tract, thyroid disease, inflammatory diseases and heart disease. Salty waterfalls are designed in a way to enable evaporation of iodine vapour, which is especially useful in the treatment of respiratory disorders. The curative properties of its salt waters constitute a fundamental value of this tourism project, continuing on the long tradition of natural cures in the region.

Source: Panonika (2017), *Pocetna* (online), available at: www.panonika.ba (14-11-2017).

Geothermal resources are abundant in many countries and regions around the world. Many countries have already developed not only significant health industries (medical, wellness or spa) but also industrial based on these natural resources in agriculture, public heating or power generation. Several other countries, such as the United States of America are just rediscovering the ways in which these assets and resources can be used for health purposes. There are an estimated 25,507 thermal facilities all around the world, two-thirds of which provide spa services as well. The largest market is Asia-Pacific with 20,146 establishments generating USD 29 billion revenue in 2015.²²

According to the European Spa Association (ESPA), Europe have more than 1,400 spas (mainly thermal baths) and health resorts, which are medically respected health centres and form a powerful economic unit generating significant proportions of the gross domestic product of European Community member countries.²³

It is not obvious to establish the number of thermal bath facilities based on natural, hot or thermal springs. In comparison to ESPA statistics which list 1,400 baths and 12,000 establishments (baths, hotels, etc.) using natural healing resources in total, the GWI estimates 5,600 thermal establishments in Europe,²⁴ generating some USD 20 billion revenue in 2015.

The way in which **hot springs** are used in health tourism in numerous destinations around the world is examined.²⁵ They include those destinations which have natural thermal waters, whether they are used for leisure, wellness and/or medical purposes. There is no global understanding or definition of thermal or hot springs since the temperature and mineral content, as well as the national level categorization of these springs differ greatly. The International Society of Medical Hydrology and Climatology (ISMH) provides the platform for predominantly medical professionals, physicians and balneotherapists to share their experiences and clinical research results. The European Union Directive 2009/54/EC addresses the exploitation and marketing of natural mineral waters, but it does not apply to the use of natural mineral waters at source for curative purposes in thermal or hydromineral establishments.

Often the waters are used for healing, leisure and cultural purposes simultaneously, as many tourists are curious about the tradition and do not have any specific or diagnosed health problems.

²² Global Wellness Institute (2017).

²³ European Spas Association (2017), *Who we are* (online), available at: www.europeanspas.eu/content/who-we-are/who-we-are (11-10-2017).

²⁴ Global Wellness Institute (2017).

²⁵ Erfurt-Cooper, P. and Cooper, M. (2009), *Health and Wellness Tourism: Spas and Hot Springs*, Channel View, Clevedon.

For example, although New Zealand Maori used hot springs for healing purposes, many tourists visit them just for leisure and recreation reasons. This is a fairly typical visit pattern for many historic spas too (e.g., in Budapest, Hungary) where foreign visitors go to the spas t mainly to see and experience the beautiful heritage buildings. This creates some challenges for the collection of health tourism data. The Japanese use their hot springs following the Onsen tradition, which is based on healing and wellness: although often visitors may go just to experience a true Japanese **ritual** (i.e., their motivation is more cultural). It can also be difficult to differentiate motivations in Nordic or Baltic countries where tourists enjoy nature and landscapes as part of their holiday. Even if they derive in health benefits, this does not make them health tourists as their primary motivation is rural tourism rather than health improvement. In Iceland, for instance, visiting a thermal facility is part of an everyday lifestyle and would not constitute a particular motivation for treating specific or diagnosed health issues.

Example 4.5 Traditional hot springs in New Zealand

New Zealand is a destination where spa services are based on the assets of the natural environment, making bathing in natural hot springs a key attraction. Maori residents have been bathing in the geothermal muds and sulphurous waters for over 700 years for healing. In the late nineteenth century, the Government of New Zealand, realized the potential of the country's mineral waters and initiated a series of spa developments inspired on the great resorts of Europe. Rotorua in New Zealand has numerous hot springs in its vicinity because of its volcanic landscape. Maori people were originally attracted to the springs and built whole villages in the area. The British found the modern town of Rotorua in the 1830s and soon discovered the curative effects of the hot springs. The first spa facility was initiated with the construction of Te Aroha's Cadman Baths in 1898 in Waikato. In 2006 the local council made the decision to restore the historical spa buildings, along with the order of building additional spa facilities with the view of possibly making Te Aroha a more wellness-focused spa destination. Today the Te Aroha Hot Springs domain is unique in that it is the only complete Edwardian domain in New Zealand. The mineral spa baths have retained their historic charm resulting in a resurgence of visitation.

Source: Te Aroha (2012), *Visitor Information* (online), available at: www.tearohanz.co.nz (22-01-2018).

Hyde-Smith, M. and Hull, J. (2013), 'Te Aroha wellness tourism: yesterday and today', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 361–367.

In South Africa, hot springs have been used mainly for leisure purposes as there was no evidence to suggest the waters had healing properties. Water could also be used for healing or medical reasons.²⁶

Example 4.6 South African Thermal Baths

South Africa has some 87 documented thermal springs (Tshibalo, Olivier and Venter, 2010)^a, although only about one-third of these have been developed into resorts of various sizes. Most of South Africa's thermal springs, particularly those in the Western Cape, have been used at some time in the past for medicinal purposes, both by European settlers after they arrived in the 17th century and by indigenous tribes before them. However, the health spa tourism industry in South Africa is dominated by day spas, resort spas and destination spas^b. Medical surgical tourism is also growing quickly. There are currently very few links between South

26 Boekstein, M. (2013), 'Revitalising the healing tradition: thermal springs in the Western Cape', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 369–372.

Africa's health spa industry and its thermal springs. While there are numerous thermal spring resorts in South Africa, only a few offer health or wellness treatments. Eight different types of 'medicinal' thermal waters are distinguished in South Africa but require further development for tourism.

- a) Tshibalo, A.E.; Olivier, J. and Venter, J. (2010), 'South Africa Geothermal Country Update (2005–2009)', in: *Proceedings World Geothermal Congress 2010*, Bali.
- b) Global Spa Summit (2011).

Source: Boekstein, M. (2013), 'Revitalising the healing tradition: thermal springs in the Western Cape', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 369–372.

Bathing in hot springs has traditionally been connected to ritual bathing as part of religious or spiritual practices, e.g., the Middle East, North Africa or Israel. Motivations of some visitors may still be mainly religious, but this would open the door for the recognition of the the spiritual dimension of health and wellbeing in definitions of health tourism. In countries like Uganda, it is still believed that ancestors and spirits live in the healing waters.²⁷

In many parts of the world it has become more fashionable to refer to natural spring water and thermal bath-based tourism as 'spa tourism' as it is more marketable. However, this creates confusion in the minds and experiences of consumers. The word 'spa' in most English-speaking countries denotes a place of relaxation, luxury and pampering. Guests will not expect to find medical healing waters, doctors and a hospital-like atmosphere. It is therefore better to separate thermal baths which have medical or healing waters from the spa concept. Note that, for example in Hungary, the Government introduced a very strict legislative system and medical procedure to determine when a thermal spring can be called a medical (or healing) spring. Consequently, thermal baths with certified medical spring(s) can become medical baths.

Tourists who use medical and thermal baths usually have a short-term or long-term medical condition (often chronic) which is said to be cured or eased through a period of time spent in the waters (and applying certain balneotherapies). This period of time and the type of water needed is often prescribed by a doctor and supported by a government-funded social tourism scheme. This is especially common in Central and Eastern Europe. However, the waters can of course be used by any tourists without prescription or doctor's recommendations, yet the time spent in the water is usually limited, especially in medical or healing waters which contain minerals. Spending time in thermal waters was shown to contribute to improved relaxation, social cohesion and happiness.²⁸

The relevant legislation regarding how a hot spring can become 'medical' may differ from country to country. A common expected clinical trial is conducted and should be able to provide the evidence needed to approve the healing properties of the spring based on specific requirements of the respective national institution or authority administering the certification. This can be essential in countries where the national health insurance (co-)finances certain treatments provided at the medical spring-based bathing establishments (e.g., Central and Eastern Europe, Ukraine or the Russian Federation).

27 Tukamusaba, E. (2013), 'Hot Springs in Uganda', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, p. 66.

28 Puczkó, L. (2017), *The Impacts of Thermal Spring Visits to Guests' Wellbeing*, unpublished study, Budapest.

Example 4.7 Tourism in thermal baths in the Czech Republic

The Czech Republic is famous for its healing waters and thermal baths. Today the so-called Czech 'spa industry' [note: spa in this context refers to baths] is considered to be one of the fastest growing industries. Mineral waters have been used for therapeutic purposes since the beginning of the 12th century, traditionally Czech spa facilities offer balneotherapy, which involves complex drinking and bathing therapies based on the use of mineral spring waters, peloids and natural gases. Drinking cures have been used since the 16th and 17th centuries, and since the 18th century mineral waters have been undergoing chemical analysis in order to prove their healing properties. By the beginning of the 20th century more than two hundred healing mineral water springs were found in the Czech Republic. During the 19th and beginning of the 20th century most of the well-known spas and spa towns were built. This includes the spa town of Frantiskovy Lazne in 1793 and the Mariánské Lázně spa resort in 1808. Today, 37 spa towns or health destinations exist in the Czech Republic. However, Karlovy Vary which means the "the baths of King Charles" is the largest and most famous spa town in the Czech Republic. It was established in the mid-14th century. In this locality, 79 springs can be found, 12 of which are used for drinking cures. The healing effects of the waters are related to their temperature; for example, laxative effects are attributed to colder springs, whereas warmer springs have a calming effect, slowing down the secretion of bile and gastric juices. Karlovy Vary's spa facilities traditionally specialised in the treatment of digestive disorders, metabolic diseases and problems of locomotion. Since 2011 the number of tourists has increased, especially from the Russian Federation and Germany, and the majority stay in spa hotels. As a result, many new spa hotels are being opened.^a

However, ethnographic research on health tourism in Mariánské Lázně, a major thermal bath or spa resort in the Czech Republic was undertaken.^b In the past, tourists used to visit Czech spas for an average of three weeks and undergo various treatments prescribed by the spa doctor. In fact, most traditional balneotherapy treatments used to entail four full weeks of specific treatments and strict diet and exercise programmes. Today, packages are being shortened to two weeks and include wellness and beauty treatments, as well as medical procedures.

a) Kondrashev, A. (2013), 'History, Traditions and the Recent Trends in the Spa Industry in the Czech Republic' in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 329–333.

b) Speier, A.R. (2011), 'Health tourism in a Czech health spa', *Anthropology & Medicine* 18 (1), April, pp. 55–66.

Medical (and sometimes wellness) travellers visit not only thermal springs but healing caves and microclimates (e.g., mountain areas), have thalassotherapy treatments by the sea, and healing mud/peat/peloid treatments as well. Climate therapy or 'climatotherapy' has been used since the 20th century for the treatment of various chronic inflammatory dermatoses and pulmonary diseases. Climate therapy at seaside or mountain resorts has shown improvement in disease activity and reduced corticosteroid use, for example, high altitude clinics were built specifically for the **rehabilitation** of patients with asthma in mountain areas. The World Health Organization considers thalassotherapy to be traditional medicine and includes it in the same category of mineral waters.²⁹ The WHO published its Traditional Medicine Strategy 2014–2023 in 2013,³⁰ aiming at supporting Member States in developing proactive policies and implementing action plans that will strengthen the traditional role medicine plays in keeping populations healthy.

Some recent studies have shown how health tourism using natural resources for healing is becoming more evidence-based, including forest therapy in Japan or waterfall therapy in Austria, for example.³¹

29 Charlier, R.H. and Chaineux, M.C.P. (2009), 'The Healing Sea: A Sustainable Coastal Ocean Resource: Thalassotherapy', *Journal of Coastal Research*, 25, pp. 838–856.

30 World Health Organization (2013b), *Traditional Medicine Strategy 2014–2023* (online), available at: www.apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf (18-07-2017).

31 Steckenbauer, G.C. et al. (2017), 'Destination and product development rested on evidence-based health tourism', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 316–329.

Natural medical resources can provide a solution to diseases that cannot (yet) be completely healed, e.g., psoriasis. Special treatments based on the Dead Sea or the healing mud of Harkány (Hungary) can provide patients with long symptomless periods during which they can eliminate or significantly limit medication. These qualities of natural healing have already become well known and accepted in many countries, and are also expected to drive domestic and international medical tourism in the future.

4.3.5 Retreats

There is an increasing number of retreats around the world offering holidays for people who want to escape from everyday life, stress, and engage in processes of self-development. For example, The Retreat Company represents more than 500 retreat centres in the United Kingdom and Europe.³² They reported that their most popular requests are for yoga holidays, followed by getaways into nature, doing nothing at all, as well as detox programmes. Most retreats offer themed packages of several days which have a specific goal, although many offer a combination of activities designed to balance different domains. Retreats are mainly catering for wellness and holistic tourists who are not ill but may feel unbalanced, stressed or in need of some personal time.

Retreat Finder with over 2,500 retreats lists at least twenty categories of retreat, including some of the following:

- Art;
- Meditation;
- Mens'/womens' retreats;
- Movement;
- Nature/wildlife;
- Outdoor/adventure;
- Travel/pilgrimage; and
- Yoga.

The main motivations for going to retreats are to unwind and de-stress; improve health; to improve a specific practice (e.g., yoga);³³ for social reasons; or spiritual reasons. "Retreats offer the benefit of physical, emotional and psychological withdrawal from the stresses and strains of everyday life: a chance to escape from the toxic effects of noise, information overload, unrealistic demands and the frantic busy-ness of 21st century living; to enjoy a safe haven in which to start to recover from trauma and to heal on all levels."³⁴

Retreats provide people the opportunity to resolve some of life's challenges away from home, especially at particular moments or stages in life (e.g., crisis, middle age).³⁵ This is particularly true for women. Retreat holidays can help to replenish areas of peoples' lives that may become

32 Retreat Company (2017), *Retreat Hideaways* (online), available at: www.theretreatcompany.com (27-06-2017).

33 Kelly, C. (2012), 'Wellness Tourism: Retreat Visitor Motivations and Experiences', *Tourism Recreation Research*, 37 (3), pp. 205–213.

34 Zega, K. (2010), 'Holistic Benefits of a Retreat', *PositiveHealthOnline*, 05–2010 (online), available at: www.positivehealth.com (11-06-2017).

35 Kelly, C. and Smith, M.K. (2017), 'Journeys of the self: the need to retreat', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 138–151.

neglected due to social and technological forces, and may result in increased stress and decreased social connection and community support.³⁶

Example 4.8

One of the world's first holistic tourism retreats: Skyros, Greece

The two Skyros Centres in Greece were set up in 1979 as holistic holiday retreat centres. New centres have been developed since in other countries such as Thailand. Visitors stay for one or two weeks at a time and undertake a number of self-selected courses and workshops that are designed to balance body, mind and spirit. Participants can take a range of psychological, therapeutic, creative, communicative or active courses, usually two per day for five days. Participants are also encouraged to engage in morning Demos – a community meeting led by a different participant each day, Oekos – an open group discussion / listening forum, co-listening with one other participant, and work groups based on different collective tasks, and evening and weekend social activities. The aim of this structure is to create strong bonds between the community members, and to encourage an atmosphere of support, trust, and openness. Skyros attracts a wide range of people. The majority are professionals (e.g., teachers, lecturers, doctors, nurses, business and media people). Approximately 70% of participants are in their thirties or forties. Many also have 'life issues' to resolve or may be on the brink of burnout. The ethos behind Skyros is to create more than just a holiday, which explains why many participants claim to find it so life-changing, and more than 30% visit again. Skyros 'aftercare' is excellent. It includes a letter to all participants, invitations to reunions and social events, and website chat rooms and notice boards.

Source: Skyros (2017), *Europe's Leading Learning Holiday* (online), available at: www.skyros.com (16-06-2017).

Sometimes, holistic activities may be categorized as 'New Age' because they offer an alternative perspective on mainstream approaches to health improvement.

Example 4.9

New age centres in Costa Rica

Costa Rica is becoming one of the leaders in sustainable tourism development in the world. It was the leading country in the New Economic Foundation's Happy Planet Index which measured wellbeing, longevity and carbon footprint.^a Consequently, there are a number of sustainable wellness resorts and eco-spas in Costa Rica. Organic farms and New Age centres are growing in Costa Rica.^b These are located in rural areas close to nature parks or protected areas. The food is usually home-grown and organic and gardening may be one of the activities offered to visitors. There is a strong sense of community and alternative lifestyles. Many of them offer holistic activities. Costa Rican New Age Centres have a high sense of sustainability and eco-friendliness that also outreaches to local communities. For example the farm VerdEnergia Pacifica produces stoves that burn (used) vegetable oil and which are distributed among the poorer population in the countryside as a cheap alternative for cooking, as part of their sustainable development initiatives.^c

a) Saamah A. et al. (2012), *Happy Planet Index: 2012 Report. A global index of sustainable well-being* (online), available at: www.static1.squarespace.com/static/5735c421e321402778ee0ce9/t/578cb7e8b3db2b247150c93e/1468839917409/happy-planet-index-report-2012.pdf (10-07-2017).

b) Gisolf, M.C. (2013), 'A new age in tourism: a case study of New Age centres in Costa Rica', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 421–424.

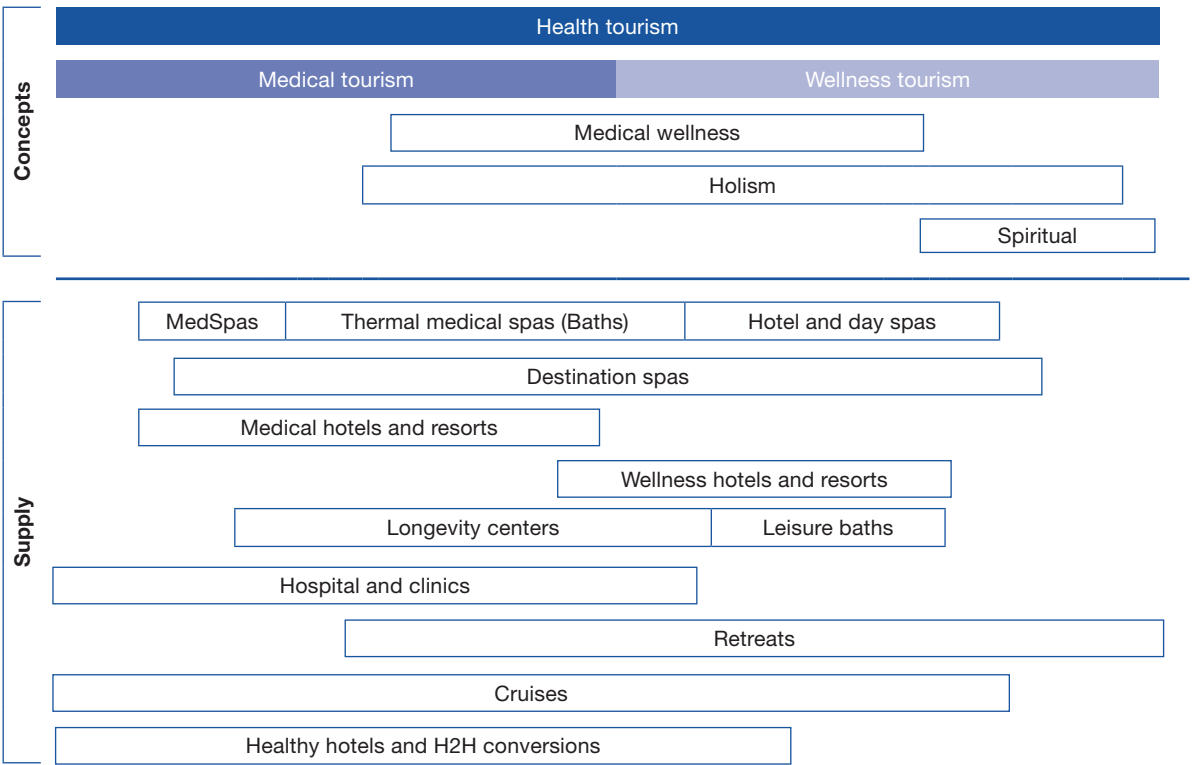
b) Gisolf, M.C. (2013).

36 Glouberman, D. and Cloutier, J. (2017), 'Community as holistic healer on health holiday retreats: the case of Skyros', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp.152–167.

4.3.6 Conclusions

Figure 4.5 summarizes how the supply of health tourism can be structured. The interrelationships and overlaps of the various forms of establishments are related to the typology of health tourism. It is understood that there are several forms of facilities that could provide services in many arenas of health tourism (e.g., cruises can be as specialised as wellness cruises, but can also host spas, IVF clinics, dental or plastic surgery clinics). It is recommended to define and clarify the core market and type of health tourism any facility intends to access and target.

Figure 4.5 Supply of Health Tourism



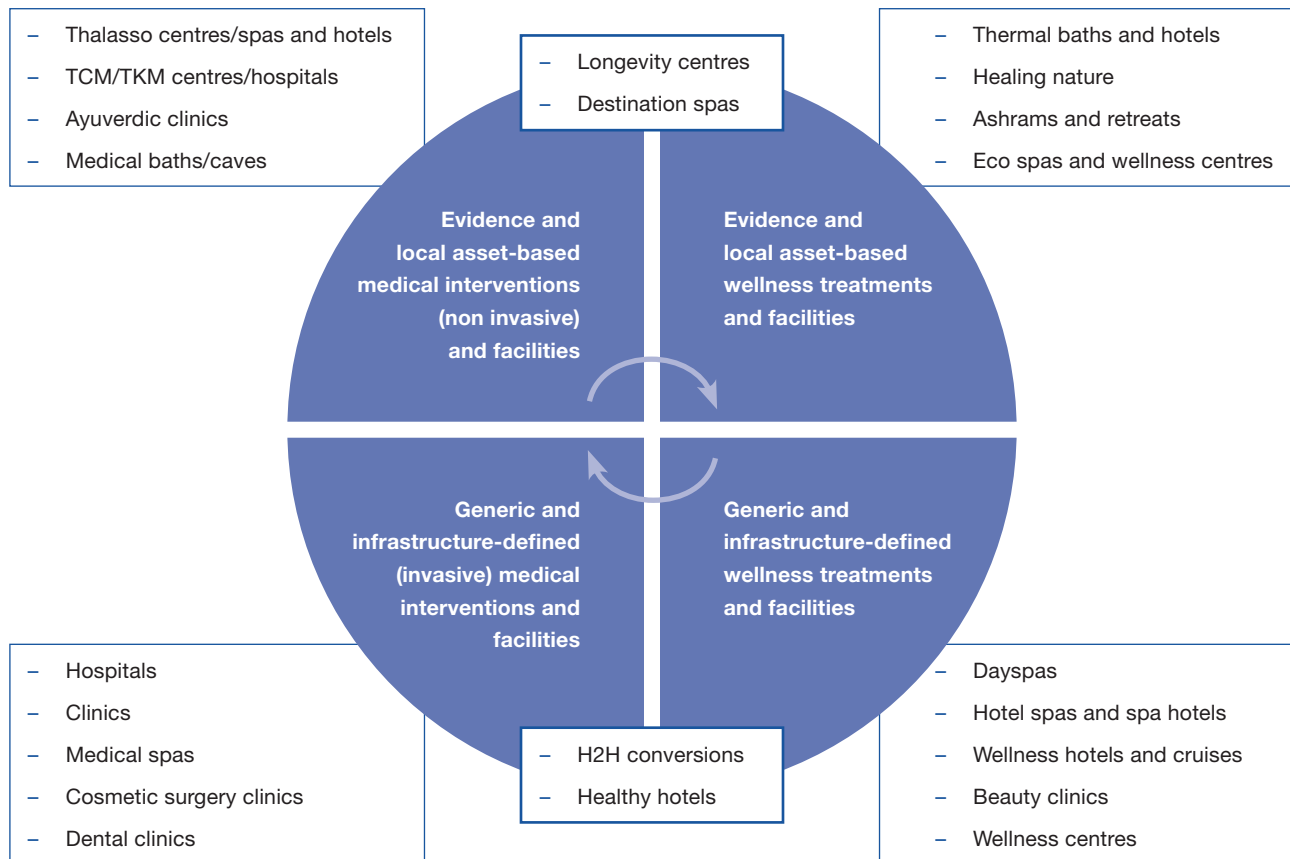
Note: The length of boxes indicates how much of the health tourism spectrum the actual component can cover (e.g. “medical wellness” or “holism”). Holism is a very broad phenomenon, reflected in the length of the box, whereas medical wellness includes some of medical and some of wellness.

Figure 4.5 makes an attempt to list and structure the supply of health tourism. Following the logic of the suggested taxonomy, the facilities and service providers are categorized according to their most typical or core service offer. The suggested structure of supply highlights the complex nature of how health tourism services can be offered in various types of establishments. The boundaries are not always clear and a certain establishment can provide services for more than one form of health tourism. This does not necessarily make the operation, management and marketing of these establishments easy. However, the need for sustainable, profitable and successful operations can sometimes force overlaps and fusions.

Figure 4.6 provides another view of the supply. This approach helps NTOs and DMOs (and their industry partners) to identify where any facility or supplier may fall. It is essential for any player in health tourism to understand the key asset or resources they may use. It will be shown in the

Demand section that customers are becoming savvier and look for services, brands and facilities that represent values they really appreciate, i.e., evidence, personal benefits and local assets, traditions and rituals.

Figure 4.6 **Asset-based categorization of the supply of health tourism**



4.4 Demand for health tourism

Several recent studies and reports suggest that health motivation is relatively new, a recent trend. History proves otherwise. Healing traditions, wellness practices and wellbeing rituals have marked the history and heritage of several cultures and regions. The Ancient Greeks visited Delphi searching for spiritual help, the Romans enjoyed thermal (hot) springs and benefited from their healing characteristics in Caracalla Terme (Rome) and developed purpose built facilities for soldiers from Bath (United Kingdom) to Aquincum (Hungary). Traditional Chinese Medicine, as well as Ayurveda has thousands of years of history. Avicenna (or Ibn Sina) compiled the healing and medical practices of Islam and Persia back in 670 A.D. First the ruling class, and facilitated by the arrival of trains, the working class travelled to the mountains or to the seaside to enjoy clean and purifying air (e.g., seaside towns in England or the Mediterranean and Alpine resorts). Former socialist regimes provided special schemes for the working class, children and the elderly to visit destinations based on natural healing assets. Travelling for some kind of health motivation is not new: it is a fundamental motivation for travellers.

Example 4.10 Visa facilitation in Thailand to boost medical visitors

Thailand is an example of a country which successfully offers and promotes the whole range of medical, wellness and spiritual tourism products. Thailand is known as a centre of ancient healing traditions and techniques which ranges from Thai massage, to meditation, to herbal medicine, and other holistic practices.

Thailand seeks to promote itself as Asia’s anti-aging centre, boasting 500 medical specialists in this sector.

In 2017, the Government approved 90-day visas for patients and medical visitors from Cambodia, Laos, Myanmar and Viet Nam, as well as from the People’s Republic of China in a bid to boost Thailand’s medical tourism.

Long-stay 10-year visas are now available for senior nationals of 14 countries including: Japan, Australia, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Sweden, Switzerland, the United Kingdom, Canada and the United States of America.

Source: Tourism Authority of Thailand (TAT).

4.4.1 Motivations for health tourism

Interviewees were asked to comment on what they thought to be the main motivations and drivers of health tourism. This included both ‘push’ and ‘pull’ factors. It can be seen that price or affordability was considered the most important aspect (especially for medical tourism), as well as the quality of products, services and environment. Accessibility of location, as well as the availability of treatments not available at home or elsewhere was also significant. The reputation and success of doctors or medical personnel could also influence potential tourists, especially through word-of-mouth, as well as easily accessible information about places, products and treatments. Some location-specific factors were mentioned such as climate, atmosphere, traditions and rituals.

Respondents were also asked to identify what they perceived as the main determinants for attracting tourists to health tourism. Their responses are summarised in the word cloud below.



Main challenges to attract health, tourism according to interview respondents.

Interestingly, some of the determinants are similar to the push and pull factors, but of course, if the price is too high and location is not accessible, safe, hospitable or attractive, tourists will refuse to come. Marketing is seen as the biggest challenge and communicating properly what is available.

Health in general is associated with increasing value, for example, LOHAS represents that value change. LOHAS is an acronym for Lifestyles of Health and Sustainability, which is a market segment that mainly focuses on health and fitness, the environment, personal development, sustainable living, and social justice.

Example 4.11 A sustainable spa brand: Six Senses Spa and Resorts

Six Senses Spa and Resorts aim to give a whole new perspective to high-end hospitality. According to the founder and CEO, the aim is “to create innovative and enlightening experiences in a sustainable environment”. Six Senses is built on the philosophy of ‘SLOW LIFE’; an acronym for **s**ustainable, **l**ocal, **o**rganic, **w**holesome, **l**earning, **i**nspiring, **f**un, **e**xperiences. The management philosophy focuses on the rapid evolution of consumer demands and trends: “We are acutely perceptive as to what our market wants. Not only do we anticipate client demand, we very often go to the next level and actually create demand through innovation.” Great importance is placed on highly creative concept development which is sensitive to the location and incorporates local culture and design. Employees are recruited based on shared values, as a means of reinforcing the group’s successful philosophy. They also aim to create an environment of respect, trust and care through education and training, rewards and career opportunities. The company works on the basis of providing exceptional experiences customers are looking for. This becomes more challenging in a competitive industry, but is executed through differentiation of products and by focusing on the harmonisation of the five senses.

Source: Six Senses (2013), *A refreshing reinterpretation of hospitality* (online), available at: www.sixsenses.com/about-us/about-us (19-06-2017).

People need to shift from considering health-span and not necessarily lifespan.³⁷ They highlight that different parts of the body and brain mature at different rates, so it is very difficult to say what human ‘peak age’ might be. It is widely assumed that the ageing process is a fixed process, once the peak is reached, an irreversible decline begins. It is quoted that the global market for anti-ageing products, technologies and services is expected to grow from USD 282 billion in 2015, to USD 331 billion in 2020. The World Economic Forum anticipates that many people would prefer to “die young as late as possible”, but while people are living longer, many are living ‘sicker’.

An increasing number of countries have become interested in health tourism (while, however, defining it mainly as medical tourism). It is anticipated that there can be a significant growth segment potential. Some interesting cases are cited below:

- Health tourism in **Spain** in 2015 accounted for more than EUR 500 million. More than 100.000 foreign patients travel to Spain searching for health treatment. The health tourist tends to spend 6 to 10 times more than the average. Thus, health tourism has turned being an important pillar to reinforce and boost the Spain brand. According to estimates, the health tourism market in Spain has a growth potential of 20% a year. The umbrella body, SpainCares, intends to provide a platform for cooperation for a wide spectrum of service providers from hospitals to thermal facilities.³⁸
- Medical tourism in the **Russian Federation** is traditionally more related to sanatoria, generally old renovated sanatoria from the Soviet era. Treatment in such sanatoria, classified within ‘other spas’, is more associated with rest, recovery and convalescence than particular treatments. In 2015 medical tourists added RUB 7 billion to RUB 10 billion (USD 108 million to USD 154 million) to the state budget.³⁹

37 Hewitt, J. (2017), ‘How to grow old like an athlete, 2nd February’, *World Economic Forum*, 02-02-2017 (online), available at: www.weforum.org/agenda/2017/02/healthspan-vs-lifespan (12-07-2017).

38 SpainCares (2017), *Welcome to SpainCares* (online), available at: www.spaincares.com/en (28-06-2017).

39 Pontus, Y. (2016), ‘Russia becoming more attractive as medical tourism destination’, *Russia Beyond*, 19-09-2016 (online), available at: www.rbth.com/business/2016/09/19/russia-becoming-more-attractive-as-medical-tourism-destination_631159 (18-06-2017).

- According to the **Chinese Tourism Agency** primarily traditional Chinese medicine-based services and centres attract international tourists to China with Hainan, Shanghai and Beijing being the most popular destinations.⁴⁰ It is interesting to note that the Chinese are important medical tourists, too. It is suggested that by 2020 approximately 800,000 Chinese medical tourists will travel abroad seeking health care services within Asia (e.g., to the Republic of Korea, Thailand, India or Singapore) but also taking longer distances to the United States of America, Germany or the United Kingdom.⁴¹ The number of Chinese who have received medical care in the Republic of Korea alone is estimated at 56,000 spending USD 1 billion in hospital fees in 2016.
- As a private initiative, **Portugal** launched a portal dedicated to wellness. The new portal tripforwellness.com, which is licensed by the Portuguese tourism board, enlists a wide range of services from spa breaks, beach spas, thalassa, medical, as well as holistic and eco facilities and packages.

Example 4.12

The promotion of health tourism in Argentina

Health, wellness, spa and thermal are among twelve selected niches that Argentina's tourism organization Inprotur is looking to highlight as part of its *Argentina Authentic* campaign. To promote tourism to thermal spas, the country is promoting its 40 thermal spas with water of volcanic, magmatic or telluric origins to help treat ailments such as illness of the skin, bones, digestive, breathing and circulatory systems. Meanwhile, for medical tourism, Inprotur is emphasizing the quality, professionalism and high-tech services of its hospitals and clinics. The country's tourist organization sees huge potential in luxury travel, with the niche aimed at those who can afford to stay in a five-star hotel and want tailor-made services as opposed to package travel. In 2017, Argentina was focusing on medical services, as well as the rich provision of thermal resources in its communication for international tourists – calling it 'Life, Beauty and Well-being'.

Source: Instituto Nacional de Promoción Turística (2017), *Argentina is Health* (online), available at: <http://turismomedico.turismo.gob.ar/en/turismomedico> (09-01-2017).

Interestingly, according to Euromonitor International,⁴² the impact of the global economic crisis, along with hectic lifestyles and increasing urbanisation are just some of the factors behind the trend towards increased spa demand and personal wellness lifestyle trends. Consumer price sensitivity has increased and more than ever consumers are demanding high quality services at more affordable prices.

Demographic segments are clearly important such as age, gender, income level, life stage, geography, education, culture or religion. In addition, psychographic segments have become even more important for wellness tourism analysis such as lifestyle, values, occupation, personality and hobbies. Life-stage is an important determinant of consumer and tourist behaviour. Younger people, single and childless people may have very different needs to those in a relationship or

40 Chinese Tourist Agency (2016), *Medical Tourism Booming in China* (online), available at: www.chinesetouristagency.com/medical-tourism-a-new-form-of-tourists/ (11-08-2017).

41 China News (2016), *Top 8 outbound medical tourism hotspots for China's affluent* (online), available at: www.list.juwai.com/news/2016/10/top-8-outbound-medical-tourism-hotspots-for-china-s-affluent (17-07-2017).

42 Euromonitor (2016), *Global Economies and Consumers in 2017* (online), available at: www.go.euromonitor.com/rs/805-KOK-719/images/WP_Global_Economies_and_Consumers_in_2017.pdf (20-06-2017).

married, have families or are in the later stages of their life. For example, young people may have relatively few physical health issues, will be unencumbered by family responsibilities, tend to have more free time but generally have less spending power. Most likely, they travel with friends seeking fun (e.g., in aqua parks or fun waters), music festivals perhaps with chill-out zones, or in some cases to backpack in spiritual destinations (e.g., India) and try out yoga, meditation or other practices which are associated with a 'cool', hippie-like identity. Busy middle-aged executives tend to have very little spare time because of long working hours and family responsibilities, but have high spending power and a willingness to pay for short term pampering and luxury (e.g., day or weekend spas and massage) or work/life balance courses and stress management (e.g., life-coaching).

Elderly travellers have less spending power but more time, and they may suffer from more physical health issues. Therefore, medical spas or wellness cruises may provide the best form of relaxation, although physical mobility problems may hinder their ability to travel. Pregnancy makes women more aware of their bodies, many tend to eat more healthily, give up smoking, alcohol and caffeine and tend to begin a programme of specialised exercise (e.g., yoga, Pilates, swimming). Turning 40 or 50 can make people aware of the need to look after themselves as they reach middle age, and so-called mid-life crises are not uncommon, often resulting in the desire to retreat for a while. Many people also have a kind of epiphany if they have a serious illness and start to look after themselves better and to value every moment of their life. Senior tourists tend to appreciate the spiritual benefits of travelling more than other groups.⁴³

Although the profiles and characteristics of different segments based on demographics may seem to be 'old-school', there are certain trends that can be relevant to most countries [note: contemporary segmentation approaches tend to be based on lifestyles, but such market information are very country or destination specific and leave little room for generalisation, not even at European level].

Women still are the most important target segment of health services. The 'women' segment however is composed of very distinct sub-segments, based on their needs or life-stage, such as pregnant women, mothers with children, or so-called PANKs segment (**p**rofessional **a**unt, **n**o **k**ids: women over the age of 18 with no children, but who have a close relationship with children of friends or relatives.⁴⁴ Women, and especially middle-aged women, are particularly drawn to spas, wellness and retreat activities. This includes body dissatisfaction especially after childbirth and in middle age, the juggling of different roles, especially as carers of children while working, as well as menopause and the changes this engenders.⁴⁵

Men are increasingly becoming an important part of the spa guest mix, and the industry continues to adjust its offerings and marketing efforts accordingly. The global assumption that the spa market is overwhelmingly female is simply not true, especially in countries which have thermal and hot spring baths (e.g., Japan, Hungary). In urban hotels and those that cater to business travellers, the gender split is often closer to 50/50, and in some cases, male spa clients outnumber female

43 Moal-Ulvoas, G. and Taylor, V.A. (2014), 'The spiritual benefits of travel for senior tourists', *Journal of Consumer Behaviour*, 13, pp. 453–462.

44 Euromonitor (2013), *World Travel Market, Global Trends Report*, WTM.

45 Kelly, C. and Smith, M.K. (2017).

clients. One of the Spa Industry Association's top-3 trends for 2016 was to focus more on men and to add some additional 'male centric' services such as sports recovery massage.⁴⁶

Seniors as a particular group of consumers are highly interested in maintaining a healthy lifestyle and a certain level of vitality long into their retirement. Today's ageing population is also highly educated because of the increasing amount of information available to them.⁴⁷ The key sectors benefitting from an ageing demographic are:⁴⁸

- Nutrition;
- Health care;
- Technology;
- Financial services;
- Transportation;
- Household goods;
- Wellness and fitness;
- Beauty and personal care; and
- Leisure and recreation.

Generation X (born: 1966–1976) is savvy when it comes to spa or wellness usage. According to Hilton's research data, this generation is up to speed on the latest spa offerings. With this comes an increasing need for spas to be prepared to answer detailed and pointed questions about their offerings. Generation X tends to be sceptical and take a 'prove it to me' approach to new treatments and services. As they can also be hyper-critical, it is crucial to both set the expectation and to deliver on that expectation⁴⁹.

Generation Y or Millennials (born: 1977–1994) are those who are most likely to grow up with better health consciousness than their parents. In Western societies, green or eco-orientation influenced this segment and so did consumerism. They are confident and experienced travellers and consumers who tend to know what they want and need. They are comfortable with modern technology but also appreciate 'traditional' approaches and can enjoy the benefits of the slow movement, too.

Generation Z or **post-millennials** (born 1995–2012) are the ultimate modern consumer as they are generally well-informed, mobile, online, love to buy and enjoy life. This group has an awareness of spas as a day-to-day necessity and is unafraid to try 'the new thing'. More than any other, this generation is focused on immediate results. As Hilton states they are the youngest spa guests, the industry needs to keep a close eye on this generation as they will be shaping spa trends for years to come⁵⁰.

46 Spa Industry Association (2016), *Top 3 trends for the spa and wellness industry in 2016* (online), available at: www.dayspaassociation.com/top-3-trends (16-06-2017).

47 Agritourism and Agri-Food Canada (2011), *Health and Wellness Trends for Canada and the World* (online), available at: www.ats-sea.agr.gc.ca/inter/4367-eng.htm (19-06-2017).

48 Euromonitor (2016).

49 Hilton (2012), *Blue paper, Emerging global trends* (online), available at: www.hiltonglobalmediacenter.com/assets/HILT/docs/bluepapers/Spa/SpaBluePaperEnglish.pdf (13-07-2017).

50 Hilton (2012).

Millennials are more likely than any other generation to feel less connected to a local area. Just under a quarter (24%) of the millennials agree⁵¹ that they feel more connected to an online community than they do to people in their local area, compared to 9% of travellers aged over 65. While a minority of Millennials say they feel connected to their local area, for a significant majority this is not the case. Millennials are interested in relationships; they just see them differently. The “kinship economy” means that relationships are critical. However, in today’s world, relationships are created differently depending on the person. This is a particularly challenging situation in several Asian societies that became very tech-savvy and often materialistic as well.

Every wellness element in hotels, spas and retreats, from healthy food to fitness classes to spiritual healing, ranked as more important for younger travellers 49 and under, Millennials) than for Baby Boomers (50 and older).⁵² Whereas the most desirable property types for Baby Boomers are luxury spa resorts, Millennials and generation X, prefer eco/adventure resorts and authentic yoga retreats.

Global brands (including hotel brands) should build trust by offering advice and guidance tailored to individual needs and preferences.⁵³ For the next generation of millennial travellers, this means giving them the tools to discover for themselves. The “new global explorers”⁵⁴ of travellers originating from emerging economies have higher expectations for personalisation than travellers from developed markets: 78% of Russian Federation and 64% of Chinese expect a hotel to tailor the experience they have to their personal needs, compared to 43% of the United States of America and 42% of United Kingdom travellers.

4.4.2 Cultural, regional and national differences

Ideally, more research about guests of different nationalities is needed as their understandings, perceptions and expectations of health experiences are likely to differ. Individualistic cultures may prefer to visit the spa alone and in silence. On the other hand, more collective cultures may prefer to be in groups or with friends. Russian Federation visitors sometimes like to drink and party in spas. Also, in Asian cultures, it might be expected that employees socialise with their boss or senior colleagues in the spa. There may also be food preferences depending on religion or culture (e.g., kosher, halal, vegetarian). Guests from Central and Eastern Europe, Baltic States or former Soviet Union countries will be familiar with the thermal medical bath tradition, whereas guests from other countries (e.g., Western Europe or United States of America) may not.⁵⁵

51 Intercontinental Hotels Group (2012), *Creating “moments of trust” The key to building successful brand relationships in the Kinship Economy* (online), available at: www.ihgplc.com/news-and-media/news-releases/2015/ihg-trends-report-challenges-brands-to-build-trust-capital (20-07-2017).

52 Spa Finder Wellness 365 (2016), *2015 State of Wellness Travel Report: Part II* (online), available at: http://spaindustry.ca/files/file/Business%20Tools/sfw_wellnesstravelreport091415final.pdf (21-06-2017).

53 Intercontinental Hotels Group (IHG) (2012).

54 Ibid.

55 Tooman, H.; Tomasberg, K. and Smith, M.K. (2013), ‘Cross-Cultural Issues in Health and Wellness Services in Estonia’, in: Kandampully, J. (ed.), *Service Management in Health and Wellness Services*, Kendall Hunt Publishers, Dubuque, pp. 347–361.

Cultural issues can be important in medical tourism, especially for those tourists who decide to go back to their country of origin because they feel more comfortable, or for those who have specific religious preferences and needs.⁵⁶

Nationality can be a very significant element in analyzing tourist needs, but other factors such as religion and age need to also be taken into account. Health care providers should consider some of the following expectations when treating Muslim patients.⁵⁷

- Special diet;
- Gender issues;
- Availability of the information regarding the location;
- Direction to Mecca; and
- Hygiene issues for prayer and cleaning.

A more detailed overview of the needs of Muslim guests within the medical, wellness and spa sectors is provided.⁵⁸ They emphasise the need to provide female doctors in hospitals, as well as prayer facilities, halal food and copies of the Koran. Many of the main growth markets for medical tourism are coming from or to the Middle East, as well as to Muslim countries in Asia such as Malaysia, so therefore it is critical to consider many of these issues. It could even mean branding and certifying hospitals and health care facilities as Halal (e.g., like the Halal Certified Medical Hospital facility in Chennai, India). Halal spas are also becoming increasingly popular and offer unique services.

Islamic spas should follow certain principles of ISP (Islamic spa practice):⁵⁹

- Designing the space so that it is closed and hidden from the view of non-Muslims;
- Segregation of men and women;
- Employees and therapists in a womens' spa should be women;
- Women can beautify themselves but it should be moderate and not exceed Islamic limits; and
- Beauty products should be from halal sources.

Cultural and national differences might also be typical of different regions of the world. It is possible to consider some parts of the world in terms of their regional assets, as well as their traditions. For example, there are some resources and assets that are specific to certain regions (e.g., Europe, the Baltic States, the Balkans, the Nordic region). Europe has rich traditions and a very wide range of services and products already available for health tourism. As an indication of how important regional differences are, a short overview of all these differences is presented from Northern, Western, Eastern and Southern Europe.

56 Ormond, M. (2013), 'Claiming 'cultural competence': the promotion of multi-ethnic Malaysia as a medical tourism destination', in: Hall, C.M. (ed.), *Medical Tourism: The Ethics, Regulation, and Marketing of Health Mobility*, Routledge, London, pp. 187–200.

57 Younis, M.Z. (2011), 'Muslim Patients', *EMTC2011*, 28-04-2011, Barcelona.

58 Smith, M.K. and Hindley, C. (2017), 'Halal Tourism', in: Al-Riyami, H.; Al Muhrzi, H. and Scott, N. (eds.), *Tourism in the Arab World: An industry perspective*, Channel View, Bristol.

59 Yaman, R.; Ishak, N. and Alias, Z. (2012), 'Beauty treatment & spa design from Islamic perspective', *Procedia – Social and Behavioral Sciences*, volume 50, p. 492.

Table 4.4 Regional differences in European health tourism

Northern Europe	Southern Europe
– Landscape-based tourism (e.g., fjords, lakes, forests) contributing to lifestyle and wellbeing – Active outdoor recreation (e.g., Nordic walking) – Healthy gastronomy based on fresh fish, berries, rye and oats – Home of saunas – Cold water treatments (e.g., Lake Wellness) – Development of healing landscapes – Abundant geothermal resources (with hydrotherapy and recreation focus) – Protestant simplicity influencing lifestyle and healing practices	– Traditional and contemporary approaches in parallel (e.g., thermal baths and holistic retreats) – Primary emphasis still on treatments and therapies for the physical body – Thermal facilities usually offer medical treatments supervised by health care practitioners – Revival of thalassotherapy – Home of the 'Slow' movement – Mediterranean diet contributing to wellbeing – Destination of intra-European holistic travel – Luxury hotel and resort spas
Western Europe	Central and Eastern Europe
– Preventative focus based on lifestyle – Emphasis on mental, as well as physical health – Lifestyle-based approach to health and wellness – Complementary and alternative (drug-free) treatments growing in popularity – Thermal baths or spas tend to offer relaxation and beauty treatments – Medical destinations and thermal bath towns – Maturing hotel spa and spa hotel, pleasure bath market (with signs of saturation)	– Medical (curative) focus with evidence-based approaches – Emphasis on treatments and therapies for the physical body – Limited application of lifestyle-based wellness – Mainly conventional medicines administered by doctors or through pharmacies – (Public) Baths offer medical treatments supervised by practitioners – Medical bath destinations

Source: adapted from Smith, M.K. and Puczkó, L. (2009), *Health and Wellness Tourism*, Butterworth Heinemann: Elsevier, London.

The table summarizes the key factors and influential trends that shape the offer and development of health tourism in Europe. It should be noted that this summary indicates how complex and different the approach to health tourism can be even within one region.

The same is true for other regions, for example, the Baltic States (Estonia, Latvia and Lithuania), which focuses mainly on their thermal baths and spas, sauna traditions and mud therapy, but with future potential for more thalassotherapy or forest therapy.⁶⁰ Some research-based generalisations can also be made about the Balkan region too, where many of the countries have an abundance of thermal waters, but many of which have not been fully developed for tourism purposes. The Balkan region overall is rich in other natural resources, as well as thermal waters, such as sea coasts, mountains, forests and an abundance of herbs and plants which can be used for both cuisine and healing.⁶¹ The same can be said from the Black Sea and the Caucasus Mountains, e.g., more than 2000 springs were discovered in Georgia, with healing mineral waters and sulphur baths.

60 Smith, M.K. (2015), 'Baltic Health Tourism: Uniqueness and Commonalities', *Scandinavian Journal of Tourism and Hospitality*, 15 (4), pp. 357–379.

61 Smith, M.K. et al. (2015), *Balkan Wellbeing and Health Tourism: Final Report*, Budapest Metropolitan University, Budapest.

Country-by-country and destination-to-destination analysis can identify further differences. These differences are great assets both for international and domestic tourism since destinations (and facilities) can create their own unique offers and specializations (e.g., signature treatments). Market developments nevertheless show a great deal of generalization and standardization, e.g., widely available wellness centres and spas in most hotels, which tend to be almost identical. NTOs and DMOs need to consider local assets and benchmark intelligence when advising service providers or creating marketing or branding messages.

4.5 Demand for wellness tourism

One of the *Top 10 Global Consumer Trends* identified by Euromonitor is 'Wellness as a Status Symbol'.⁶² Healthy living is becoming a status symbol, as more consumers opt to flaunt their passion for wellness through paying for boutique fitness sessions, 'athleisure' clothing, food with health-giving properties and upscale health and wellness holidays. Wellness holidays promote the idea that consumers can take some time off, transform themselves and return as a better, happier person – as '**wellness leisure**'.

Global wellness economy enables consumers to incorporate wellness into their lives – how they live, work, play, and travel.⁶³ A number of wellness services are listed that tend to be incorporated to wellness tourism products. Although this list is not exhaustive, it covers most of the main activities.⁶⁴

- Body and facial beauty treatments;
- Water-based and sweat-bathing treatments and facilities;
- Manual pressure based and manipulative body-based therapies;
- Herbal medicine and natural remedies;
- Healthy nutrition and diet;
- Exercise and fitness;
- Mind/body interventions;
- Meditation and relaxation techniques;
- Expressive therapies and creative arts;
- Energy therapies; and
- New age educational activities such as counselling and workshops.

However, couples became the number one segment for wellness and spa services followed by groups of friends, and families.⁶⁵ Some sources also suggest that the number of men who are interested in spas is increasing, especially in Germany and Spain.⁶⁶

According to the Global Wellness Institute, the global wellness economy was estimated at USD 3,400 billion in 2013 and USD 3,700 billion in 2015 while wellness tourism reached

⁶² Euromonitor (2017), *Top 10 Global Consumer Trends for 2017*, Euromonitor, London.

⁶³ Global Wellness Institute (2017).

⁶⁴ Voigt, C. (2013).

⁶⁵ The Tourism Observatory for Health, Wellness and Spa (2017).

⁶⁶ Mintel (2011), 'Spa Life UK', *UK Spa Life Conference*, 8 November, Elveden.

Euromonitor (2011), *Global Medical Tourism Briefing: A Fast Growing Niche Market*, Euromonitor International, London.

USD 494 billion in 2014 and USD 563 billion in 2015.⁶⁷ The number of international wellness trips is estimated at 116 million and domestic trips at 575 million resulting in USD 187 million and USD 376 million expenditure, respectively.

It should be noted that these assumptions include so-called secondary wellness tourism, i.e., guests with other motivations opting for a spa or wellness treatment during their stay. The total data includes the spa or wellness demand of those who are on a business, cultural or any other type of trip, too.

If only the primary motivation was considered, the relevant share of wellness tourism would be 13% of the suggested total figures of the total number of wellness trips. Primary demand is estimated at 7% (691 million trips) and 16% (USD 563 billion) of total expenditure.⁶⁸ The United States of America is by far, the largest wellness tourism market today, generating USD 167 billion in 2012 and 202 billion expenditure in 2015 combining international and domestic expenditures annually.⁶⁹ It is suggested that international wellness tourists spend 61% more than other forms of tourists (spending approximately 1,900 USD per trip). There are significant differences in terms of spending capacity by nationalities. In German-speaking countries foreign tourists spent USD 140 per day, in Spanish-speaking countries it can reach as high as USD 195, whereas in Russian-speaking countries USD 160. Wellness tourism expenditure is expected to generate as much as USD 1.6 trillion combined direct, indirect and induced impact⁷⁰ (i.e., including direct spending on services and products, as well as further spending by service providers and employees on other services and products).

4.5.1 Motivations, segments and profiles

Travelling with the motivation of wellness is not independent from the motivation of visiting spas (e.g., hotels, resorts, etc.). The difference is that wellness is a concept while spas are venues or facilities. The industry is not altogether in agreement about the connection between spas and wellness, but it is generally accepted that wellness services and treatments take place in various forms of facilities, most of which are spas. Therefore, the market overview of wellness will incorporate spa-related information, too. Models and benchmarking information for motivation of wellness tourism is not widely available and the related data are not always very up-to-date and the categorization differs from country-to-country or research-to-research (partly a result of different understandings and definitions).

Countries, destinations and companies create their very own segments and profiles. Since the market is very much differentiated by culture, location and traditions, this is understandable.

⁶⁷ Global Wellness Institute (2014).

Global Wellness Institute (2017).

⁶⁸ Global Wellness Institute (2013), *The Global Wellness Tourism Economy*, GWI, New York (online), available at: www.globalwellnesssummit.com/images/stories/pdf/wellness_tourism_economy_exec_sum_final_10022013.pdf (02-07-2017)

⁶⁹ Global Wellness Institute (2013).

Global Wellness Institute (2014).

Global Wellness Institute (2017).

⁷⁰ Global Wellness Institute (2017).

Nevertheless, due to the wide range of segmentation practices, approaches and typologies, it is very difficult to identify clear target segments, especially for a foreign market. Below, some relevant segmentation and motivation approaches from the wellness, spa and retreat market are introduced.

Three different types of wellness tourists in Australia are identified:⁷¹

- Beauty spa;
- Lifestyle resort; and
- Spiritual retreat visitors.

Although all participants in the study were seeking transformation of the self, each group of tourists placed different emphasis on physical, psychological or spiritual transformations. Each group also differed significantly in terms of their demographic and travel behaviour characteristics.

Although much of the research on **spa consumers** is not directly related to tourism, it can be assumed that the profiles and motivations are broadly similar. Spa data demonstrates that the majority of spa goers still tend to be women, e.g., in spas in the United States of America around 78% are women.⁷² However, women tend to travel in groups or with a man when they travel for wellness.⁷³ The number one reason that people go to a spa is to reduce or relieve stress and relax.⁷⁴ Spas offer a precious refuge and safe space in which to disconnect from the world and technology, to be touched and cared by another person, and to bring the mind, body and spirit back into alignment.⁷⁵ Spa goers are segmented and identified by four motivation factors:⁷⁶

1. Social;
2. Relaxing;
3. Healthy; and
4. Rejuvenating.

The share of core wellness and spa visitors (travelling with a real motivation of health), constituted only 12% of domestic travellers. This raises the question: how the general trends for a healthier lifestyle can actually be translated into healthier trips? The classification of ISP⁷⁷A categories is applied where core customers are those who believe that spa/wellness is an important part of their lifestyle, mid-level customers are interested in learning about spa and wellness but have limited commitment and peripheral customers enjoy spa and wellness services, but altogether show little interest.⁷⁸ The data show that international visitors possess a strong dedication to spa and wellness, whereas domestic visitors are only moderately dedicated.

71 Voigt, C.; Brown, G. and Howat, G. (2011).

72 International Spa Association (2011).

73 Spa Finder Wellness 365 (2016).

74 International Spa Association (2013c), *Why Spa?* (online), available at: experienceispa.com/resources/spa-goers (27-06-2017).

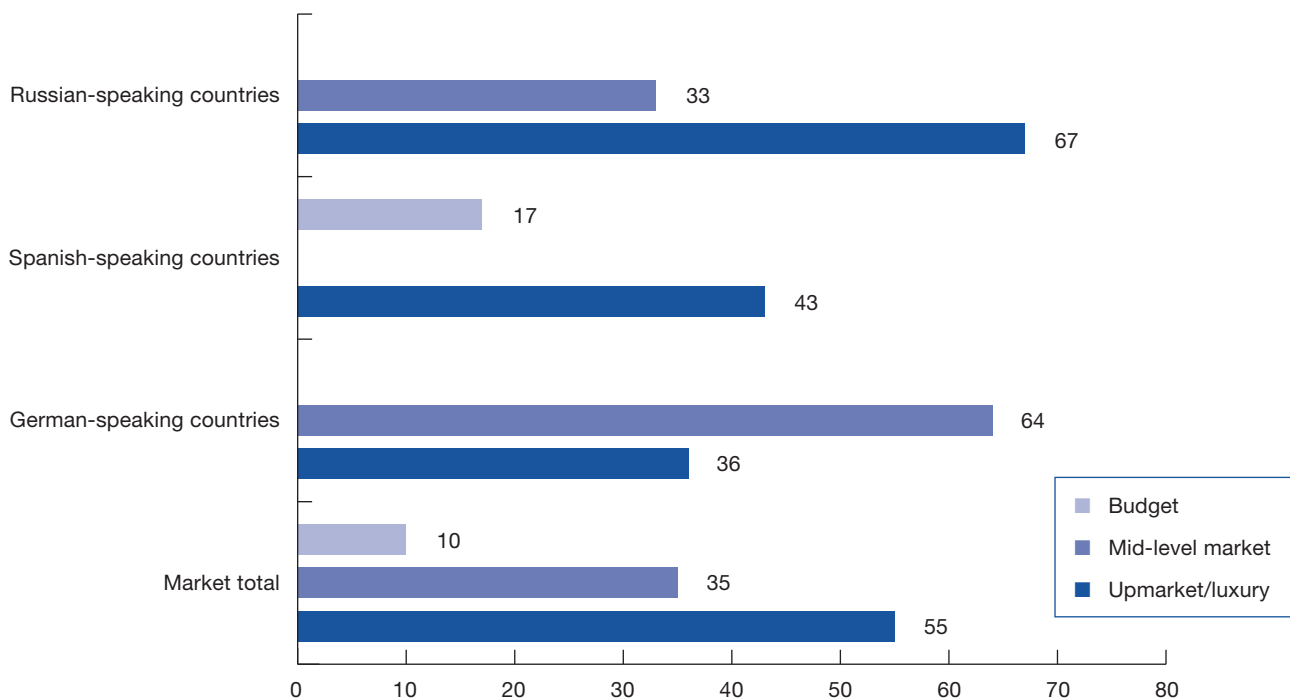
75 McCarthy, J. (2013), 'The Psychology of Spas & Wellbeing', *Psychology of wellbeing* (online), available at: www.psychologyofwellbeing.com/psychology-of-spa (23-06-2017).

76 Koh, S.; Yoo, J.J.-E. and Boger, C.A. (2010), 'Importance performance analysis with benefit segmentation of spa goers', *International Journal of Contemporary Hospitality Management*, 22 (5), pp. 718–735.

77 American Spa (2004), *ISPA Study on consumer trends sheds light on the "world" of spas* (online), available at: www.americanspa.com/spa-news/ispa-study-on-consumer-trends-sheds-light-on-world-spas (19-06-2017).

78 The Tourism Observatory for Health, Wellness and Spa (2013a).

Figure 4.7 Market distribution of spa customers by origin and segment, 2016 (%)



Note: Segments (budget, mid-level or upmarket/luxury) not shown on the graph for some origin markets are due to lack of data.

Source: Tourism Observatory for Health, Wellness and Spa (2017).

The importance of so-called mid-level market in German-speaking markets confirms the mature state of industry in these countries.

There have been a few studies on sub-segments, where spa goers are grouped into three clusters:⁷⁹

1. Escapists: interested in improving their health;
2. Neutralists: interested in rejuvenating themselves; and
3. Hedonists: interested in relaxing and rejuvenating.

The profile and motivations of **thermal bath visitors**, for example, in Central and Eastern Europe is usually quite different from leisure or beauty spas. Here, guests tend to be older (over 55) and there are likely to be more equal numbers of men and women. Although Hungarians use their thermal waters mainly for healing, many foreign visitors go for cultural reasons (e.g., to visit the beautiful buildings). Japanese use their hot springs in the Onsen tradition, which is based on healing and wellness, but foreign visitors may go just to experience a true Japanese ritual. In South Africa, hot springs have been used mainly by domestic tourists for leisure purposes as there was no evidence to suggest the waters had healing properties.

Australians do not visit spas because they do not know what spas offer (29%), they think that spas are not for people like them or that spas are too self-indulgent (both 19%), they do not

79 Koh, S.; Yoo, J.J.-E. and Boger, C.A. (2010).

have time for the spa (29%), and there is no spa in a convenient location (18%).⁸⁰ The rest were uncomfortable in spas because of the 'hard sell' approach or about having treatments such as a massage by a man (both 13%). Positive and trustworthy experiences need to be created for first-timers, in order for them to become repeat consumers, and non-goers should be offered incentives such as discounts or free samples of products. Budget spas (or similar establishments) should also be created (for example the Barking Bathhouse in London, which aimed to become a community facility and not a luxury establishment).

Baby Boomers over 45 generally dominate the lifestyle resort and spiritual retreat experience. Spiritual retreats in Australia tend to attract the highest proportion of visitors over the age of 55 (38%) and the highest percentage of males (26%) of all wellness facilities in Australia.⁸¹ The motivation for going on a holiday retreat can be to detach from everyday life, to connect to one's spirituality, go on a journey of self-discovery, or simply to rest and relax.⁸²

Yoga is currently the most popular activity in retreats. The research on yoga practice and yoga-based tourism suggests that tourists are most likely to be women (at least 70% of them) and aged between 30 and 50, although there are variations according to countries.⁸³ Although more women than men tend to practice yoga, there are large numbers of male yoga teachers and spiritual gurus. Men are perhaps more likely to get involved in martial arts and practices perceived to be more 'masculine' such as Tai Chi and Chi Kung. True yoga enthusiasts do not see yoga as a fitness or exercise programme, rather as a spiritual path which aims to balance body, mind and soul. Yoga tourists are a distinctive segment who are motivated primarily (sometimes only) by their interest in yoga.⁸⁴ The kind of visitors who choose yoga holidays are those who already tend to practise yoga at home, although some beginners are also attracted to yoga holidays because of positive press and promotions. The experiences of yoga tourists in Rishikesh, which is known to be the yoga capital of India, were examined.⁸⁵ It was shown that yoga tourists were motivated by the spiritual nature of the destination. They were not looking for luxury but to make life simpler and to meet spiritual goals and gain peace of mind.

A retreat visitor typology was developed as follows:⁸⁶

- Refuge seekers (seeking peace, rest, quietness and respite from everyday pressures);
- Learners (those wishing to learn a new practice like yoga or to be part of a programme led by a well-known teacher);
- Exploratory dabblers (visitors who have never tried retreat activities but who have always wanted to);

80 Voigt, C.; Howat, G. and Brown, G. (2010).

81 Voigt, C.; Howat, G. and Brown, G. (2010).

82 Black, S. (2011), 'Holistic Retreats: Holidays for an Inner Journey', *Positive Health Online* (online), available at: www.positivehealth.com/article/retreats-and-travel/holistic-retreats-holidays-for-an-inner-journey (07-07-2017).

83 Sziva, I.; Kulcsár, N. and Smith, M.K. (2013).

Smith, M.K. and Sziva, I. (2017).

84 Ali-Knight, J. (2009), 'Yoga Tourism', in: Bushell, R. and Sheldon, P.J. (eds.), *Wellness and tourism: Mind, body, spirit, place*, Cognizant Communication, New York, pp. 84–98.

85 Aggarwal, A.K.; Guglani, M. and Goel, R.K. (2008), 'Spiritual and Yoga Tourism: A case study on experience of Foreign Tourists visiting Rishikesh India', in: *Conference on Tourism in India – Challenges Ahead*, IIMK, 15th – 17th May.

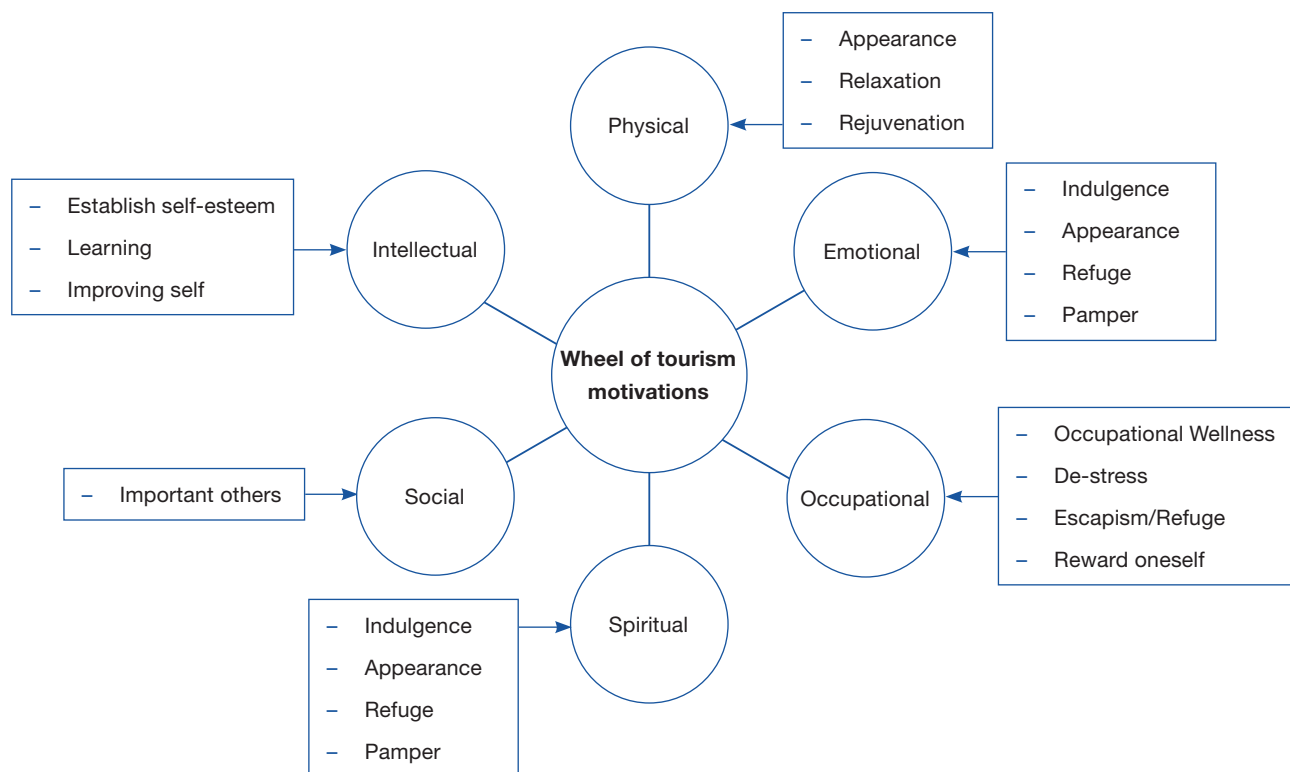
86 Kelly, C. (2012).

- Reinforcers (often repeat visitors who want to deepen their practice and have a clear idea of their goals); and
- Spiritualists (visitors looking for personal development of a spiritual nature who may be more likely to choose ashrams or pilgrimage centres).

There is one further segment that also needs to be mentioned, the so-called **LGBTQ** (Lesbian-Gay-Bisexual-Transgender-Queer) market. There is limited factual data for the size of LGBTQ market in wellness (especially in the spa market) but the market assumes that since the LGBTQ community considers physical appearance to be very important, it is speculated that health-related trips are on the rise, which translates to large sums of spending, especially on gay-friendly spas or spa hotels and resorts.

A roadmap and segmentation approach is provided on how to travel would take place in 2030.⁸⁷ It is suggested that wellness and luxury will become the number one type of experience for the so-called 'reward hunters' (i.e., focusing on self-indulgent travel with a mix of luxury, self-improvement and health). Such travellers will look for a high degree of personalisation, memorable experiences and can be easily inspired for another booking. They will look for more than just pampering and will want to be taken care of emotionally or spiritually, as well as physically.

Figure 4.8 **Wheel of wellness – translated to travel motivations**



⁸⁷ Lundy, L. (2015), 'Future Traveller Tribes 2030, Building a more rewarding journey', Frost & Sullivan – Amadeus (online), available at: www.amadeus.com/documents/future-traveller-tribes-2030/amadeus-traveller-tribes-2030-airline-it.pdf (28-06-2017).

4.5.2 Flows of wellness tourism

In terms of wellness tourism, the flows are rather difficult to establish. There is very limited comparable and actual consumption-based information available.

The current study advocates that only the **primary motivation** of tourists should be considered when identifying *true* wellness tourism. This approach would make international data collection and comparison relatively straightforward.

Following this logic, the table below shows the number of trips with primary motivation only, based on the results of the Global Wellness Institute.⁸⁸ Note that individual country figures and percentages can differ greatly. In 2011, Austria was considered to be the European leader in health-orientated (which in this case refers to wellness) holidays but still only about 12% of all tourists were taking health-oriented holidays in Austria at that time.⁸⁹ This includes both medical and wellness tourism. By 2015, reports suggested that wellness tourism in Austria was facing increasing competition, therefore this percentage may be lower now.⁹⁰ In other countries, the figure can be significantly lower, for example, it was estimated in Hungary that health tourism represents around 4.7% of all tourism even though it is a major Government priority. Central statistical offices (or even industry organizations) either do not (yet) collect data about the forms of health tourism or, due to the varying terminology of health tourism, the data is not comparable or has only limited comparability.

According to findings of the World Travel Monitor conducted by IPK International, the world population undertook some 11.4 million international health-oriented and medical trips in 2016, resulting in a market share of 1.4% on all outbound trips worldwide. IPK points out that nearly 70% of all international health and medical outbound trips have been made mainly for health-oriented reasons such as wellness and spa holidays.⁹¹

The estimates in the table below give only rough estimates about the number of wellness trips with primary motivation and they may be slightly or even considerably inflated.

88 Global Wellness Institute (2013).

Global Wellness Institute (2014).

Global Wellness Institute (2017).

89 ABA (2011), *Invest in Austria* (online), available at: www.aba.gv.at/EN/Sectors/WellnessTourism/Health+Tourism.aspx (15-06-2017).

90 International Medical Travel Journal (2015b), *Wellness tourism struggling in Austria* (online), available at: www.imtj.com/news/wellness-tourism-struggling-austria (17-07-2017).

91 ITB-Berlin (2017), *Health-oriented and medical tourism: Germany leading globally* (online), available at: www.itb-berlin.de/Presse/Pressemitteilungen/News_48322.html?referrer=/de/Presse/Pressemitteilungen/ (13-12-2017).

Table 4.5 Number of wellness trips by region, 2013 and 2015 (million)

Region	Number of wellness trips with both primary and secondary motivation secondary and primary (million) ^a		Number of estimated wellness trips with primary motivation (million) ^b	
	2013	2015	2013	2015
North America	172	186	19	21
Latin America	35	47	4	6
Europe	216	250	24	28
Africa	44	5	1	1
Middle East and North Africa	7	8	1	1
Asia and the Pacific	152	194	17	22
Total	586	691	77	78

Note: Number of wellness trips with primary motivation, based on individual region data.

Sources: a) Global Wellness Institute.

b) Estimates for primary motivation based on Global Wellness Institute data assuming that the typical share of primary wellness trips is around 11% of total trips, based on individual countries' data.

According to the GWI studies mentioned above, Europe receives the highest number of wellness trips; the major inbound source markets are the European countries, followed by North America, the Gulf countries, and high-income Asian countries.

Similarly, the table below shows the number of trips with primary motivation in individual European countries by the Global Wellness Institute (same studies as above). Note that individual country figures and percentages can differ greatly. The estimates in the table below therefore give only rough estimates.

Table 4.6 Number of wellness trips by country in Europe, 2013 and 2015 (million)

Countries	Number of wellness trips with both secondary and primary motivation (million) ^a		Number of estimated wellness trips with primary motivation (million) ^b	
	2013	2015	2013	2015
Germany	49.3	50.2	6.5	6.4
France	27.3	25.8	3.3	3.3
United Kingdom	17.8	18.9	2.4	2.2
Austria	11.3	12.1	1.5	1.6
Switzerland	10.2	11.6	1.5	1.0
Spain	10.0	11.3	1.4	1.5
Russian Federation	10.0	10.3	1.3	1.4
Italy	8.1	6.6	0.8	0.7

Note: Number of wellness trips with primary motivation, based on individual region and country data.

Sources: a) Global Wellness Institute.

b) Estimates for primary motivation based on Global Wellness Institute published country-specific data.

4.6 Demand for medical tourism

Medical tourism is a very popular and seemingly attractive form of tourism for an increasing number of countries. Differences in prices and waiting times, the availability of certain procedures in another country make travelling for medical, i.e., most typically surgical interventions a realistic alternative. Undertaking a long-haul trip for serious surgeries (e.g., heart surgeries) can be risky at any age. To facilitate this special matter several airlines (e.g., Lufthansa or Turkish Airlines) have invested in specific patient-carrying accommodation on board.

IMTJ's Medical Tourism Climate Survey 2016 reviews medical tourism provision in 27 countries with the following main results:⁹²

- 64% of clinics, hospitals and medical tourism agencies reported growth in international patient numbers in 2015. 20% recorded no increase and 15% experienced a decline;
- 82% expect their international patient numbers to grow in the short-term;
- When asked to name the most popular destinations, in terms of patient numbers, the respondents selected India, Thailand and the United States of America;
- Over 48% expect annual growth of more than 10% in the medical tourism market over the next five years;
- The largest increase in international patient numbers over the next five years is expected to come from cancer treatment, cosmetic surgery and stem cell treatments; and
- Respondents named the leading destinations in terms of quality and range of services provided to international patients, ranking the United States of America, India and Germany. These are followed by Singapore, Thailand, Turkey and Malaysia.

It is difficult to determine exact numbers of medical tourists. The main issue lies around the definition of 'medical tourist'. "The usual problem is that many countries and organizations have an incentive to over claim numbers. Many country figures are nothing more than an estimate [...], based on no actual figures at all"⁹³.

Furthermore, it is questioned whether medical tourists and medical travellers should be counted separately (as discussed in the definitions section, it was concluded that they should not).⁹⁴ There are several kinds of international patients,⁹⁵ but it could be debated whether or not many of them can be called medical tourists (e.g., the first three categories):

- Temporary visitors abroad (representing incidental demand);
- Long-term residents (this can include ex-patriates, foreign students, soldiers or people who retired to another country);

92 International Medical Travel Journal (2016b), *Medical Tourism Climate Survey 2016* (online), available at: www.imtj.com/resources/medical-tourism-climate-survey-2016 (18-07-2017).

93 Youngman, I. (2012), 'Ian Youngman revisits the figures of medical tourism', *International Medical Travel Journal*, 20-03-2014 (online), available at: www.imtj.com/articles/2012/medical-tourism-statistics-30151 (19-06-2017).

94 Munro, J.W. (2012), 'What is Medical Tourism?', *Medical Travel Quality Alliance* (online), available at: www.mtqua.org (28-06-2017).

95 Connell, J. (2012).

Glinos, I. (2012), 'Worrying about the wrong thing: patient mobility versus mobility of health care professionals', *Journal of Health Services Research and Policy*, 17 (4), pp. 254–256.

Lunt, N. et al. (2012).

Munro, J.W. (2012).

- Tourists who decide to have medical treatment (e.g., cosmetic surgery or dentistry) once in a country even though they may not have planned it;
- Border-crossing patients (e.g., those within the EU or those who go to a neighbouring country);
- Diasporic patients (e.g., emigrants or migrant workers who go back to their own countries for treatment);
- Outsourced patients (those who opt to be sent abroad by their national or local health agencies for special treatments or because their governments have bilateral agreements with another country); and
- Patients with rare diseases or who travel for treatment not available in their own countries.

There should be a separation between international patients and medical tourists, where the latter refers only to those whose primary motivation for travel was medically driven.

Figures tend to be overestimated when resident expatriates, accidental medical tourists (holidaymakers, business travellers), spa and wellness visitors and multiple counting of unique patients, are considered.

The latest estimate from Patients Beyond Borders is that market size is USD 45.5 billion to USD 72 billion, based on approximately 14 million cross-border patients worldwide spending an average of USD 3,600 – USD 7,600 per visit, including medically-related costs, cross-border and local transport, inpatient stay and accommodations. It was estimated that some 1.4 million Americans would travel outside the United States of America for medical care in 2016.⁹⁶

It can be stated that depending on the source estimates of the value of the medical tourism market differ greatly:

- | | |
|--------------------------------|----------------------------|
| – IMTJ: | USD 11 billion |
| – Patients Beyond Borders: | USD 45.5 to USD 72 billion |
| – Deloitte: | USD 60 billion (2008) |
| – Medical Tourism Association: | USD 100 billion |

4.6.1 Motivations, segments and profiles

The main motivational drivers of medical tourism can listed as below:

- Lack of insurance and services (in one's home country);
- Lower cost;
- Better quality care;
- More up-to-date technology;
- Procedure unavailable at home; and
- Shorter waiting periods.

Cost seems to be the main motivating factors for many international tourists, as the following case study of tourists from the United States of America shows. However, price differences may not be the only or ultimate role for travelling abroad for medical care. **Quality** and the provision of advanced techniques are key drivers as well.

96 Patients beyond Borders (2016), *Medical Tourism Statistics and Facts* (online), available at: www.patientsbeyondborders.com/medical-tourism-statistics-facts (25-09-2017).

Example 4.13 Motivations of travellers from the United States of America for going for medical tourism

For Americans, this new willingness to go abroad for care is driven primarily by cost. By one set of estimates, the out-of-pocket price of a hip replacement in the United States of America is USD 75,000, compared with USD 9,000 in India; while a heart bypass surgery costs USD 210,000 here versus USD 12,000 in Thailand. Those tenfold or more savings costs may be impossible to resist. Insurance companies are looking at foreign health care as a way to save money, with self-insured employers, and even state and local governments, also exploring this option. A knee replacement that costs an insurance company USD 35,000 in the United States of America runs for just USD 13,000 in Singapore, with the airfare and hotel expenses included in the cost for the patient and a travelling companion. But money is not the only factor. Other nations may offer treatments or procedures illegal or unavailable in the United States of America, such as euthanasia experimental procedures or new drugs not have FDA approved. Stem cell therapy – unavailable in the United States of America but offered elsewhere – is a prime example of what Cohen calls “circumvention tourism”, or people travelling to other countries for treatments banned here. More than 200 hospitals in China offer stem cell therapies to foreign patients, with the largest provider, Beike Biotechnology, charging USD 30,000 per treatment.

Source: McArdle, E. (2013), ‘As Americans travel to other countries for medical care, I. Glenn Cohen looks at the implications at home and abroad’, *Harvard Law Bulletin*, 1 July 2013 (online), available at: <https://today.law.harvard.edu/feature/patients-without-borders-i-glenn-cohen-on-the-rise-of-medical-tourism/> (19-10-2018).

Depending on the speciality and the health condition of the tourist, several other drivers can become influential, such as reputation of the physician, evidence information of treatments, or governmental agreements. The motivation for an international (or domestic) medical trip is influenced by the above listed factors. Destinations and providers use a mix of these drivers. The role of each driver can very much depend on the state of health (or medical indication), the home country (or city), the economic and/or social status, the cultural background or the health insurance policy of the traveller. Other motivations might include going back home for medical treatments because of culture or linguistic comfort in the country or origin; recovering in a more beautiful or tranquil setting than at home and enjoying the tourism attractions; or having a cosmetic surgery away from home with the purpose of being kept a secret.

Example 4.14 Medical tourism in the Czech Republic

According to the Czech Tourist Authority, the Czech Republic has emerged as a favorite European destination for medical tourism. Over the years, the country has not only been recognized for the affordable price of care, but also for the historically excellent level of medicine and the quality education of Czech specialists and medical staff alike. In addition, the country’s beauty, the inhabitants’ hospitality, the unique cultural heritage, local cuisine and indulgent Czech spas all together provide harmony, which is sought after by people from all over the world.

The Czech Republic highlights ‘safety’ in its promotion as medical tourism destination: a “Safe Place Where You Will Receive the Best Care”.

The Czech Tourist Authority indicates eight reasons to travel to Czech Republic for medical care:

- Competitive prices;
- A high standard of care;
- Suitable treatment/surgery dates;
- The availability of the latest technologies and medical procedures;
- Strict hygienic standards;

- The highest patient safety standards during hospitalization;
- Associated spa care and natural healing sources; and
- A broad spectrum of leisure activities (cultural and natural sights, rich history) for both the patient and their escort.

Source: CzechTourism (2018), *Medical tourism in the Czech Republic* (online), available at: www.czechtourism.com/p/us-medical-tourism/ (22-01-2018).



Main push and pull factors according to interview respondents.

The interviewed NTO representatives summarised their views and experiences on key motivation factors as follows:

The destinations and health care providers are less interchangeable in medical tourism than in wellness tourism, since the medical condition of the prospective traveller is crucial. If someone was interested in dental care in a foreign country, the person would not be interested in orthopaedic treatments in the same country.

Chronic problems can be one of the most important reasons why employers may cover the medical treatments of their employees.⁹⁷

Example 4.15

Employer support for medical tourism in the United States of America

Wal-Mart Stores Inc., the largest employer in the United States of America, has entered domestic medical tourism by offering insured employees no-cost heart and spine surgeries at Temple's Scott and White Memorial and seven other hospitals across the United States of America. Health care cost pressures are pushing companies toward narrowing the number of physicians and hospitals covered by their insurance policies. Since 1996, for example, Wal-Mart has urged employees and their dependents to use the Mayo Clinic's three hospitals for organ transplants. From January 2013, if Wal-Mart's 1.1 million insured 'associates' and their dependents choose Mayo, Scott and White or another of the preferred hospitals, they can save thousands of dollars in out-of-pocket costs for heart and spinal surgeries.

Source: Dallasnews (2012), *Wal-Mart turning to medical tourism to lower employee health costs* (online), available at: www.dallasnews.com/business/health-care/article745164.ece (17-07-2017).

There are no reliable international figures on popularity of services. In addition, certain treatments can be popular in certain countries. Whereas spas can become a motivation for a wellness trip, in medical tourism, hospitals do not have the same roles. Accordingly, hospital or clinical tourism cannot be discussed; moreover, it is not advisable to profile medical tourism by medical specialities either.

⁹⁷ Corporate Wellness Magazine (2016), *Employers Can Help to Prevent the High Costs of Chronic Diseases* (online), available at: www.corporatewellnessmagazine.com (23-10-2017).

Therefore, the list of popular treatments can be based on secondary information and suggestions from the interviews. The top **specialities for medical travellers** are:⁹⁸

- Cosmetic surgery;
- Dentistry (general, restorative, cosmetic);
- Cardiovascular (angioplasty, CABG, transplants);
- Orthopedics (joint and spine; sports medicine);
- Cancer (often high-acuity or last resort);
- Reproductive (fertility, IVF, women's health);
- Weight loss (LAP-BAND, gastric bypass); and
- Scans, tests, health screenings and second opinions.

4.6.2 Flows of medical tourism

Flows of health tourism often seem to be from relatively wealthy, western developed countries. This is especially true when many medical tourists choose countries where treatments are significantly cheaper than home. However, there are exceptions to this, for example Nigerians travelling to India or South-Americans travelling to the United States of America for medical treatments. **Two-way flows** are seen from advanced economies to emerging ones, and vice-versa, in addition to internal flows within advanced economies or within emerging ones.

Example 4.16 Nigerian medical tourists in India

About 40,000 Nigerians visited India in 2015, half of them for medical reasons, such as transplant surgery, joint replacement and dental surgery, among other procedures. Nigerians spent USD 1.3 billion on medical tourism in India in 2014.

India is increasingly becoming popular with Africans seeking medical treatment overseas, because of its more affordable, state-of-the-art equipment, its highly skilled doctors and the treatments are approved by the World Health Organization (WHO) and the US Food and Drug Administration. In addition to quality medical services provided by its hospitals and doctors, patients go to India because medical costs are a lot cheaper compared with the United States of America and the United Kingdom.

For example, a kidney transplant in India costs about USD 13,000, while the same procedure will cost up to USD 300,000 in the United States. The transplant package includes preoperative medical checkups, consultations and follow-up, surgery and surgeon's fees, anesthetist's fees and drugs.

The package also includes the patient's stay in the hospital (in an air-conditioned deluxe room with TV, cable, and phone); food for the entire duration of the patient's stay in hospital; airport pickup and drop-off; and board for one accompanying attendant.

Source: The Guardian (2016), *Nigerians spent USD 1.3 billion on medical tourism in India in 2014* (online), available at: <https://guardian.ng/news/nigerians-spent-1-3-billion-on-medical-tourism-in-india-in-2014/> (12-07-2017).

Rao, P. (2016), 'India's medical tourism gets Africans' attention', in: *Africa Renewal* (online), available at: www.un.org/africarenewal/magazine/december-2016-march-2017/india%E2%80%99s-medical-tourism-gets-africans%E2%80%99-attention (23-06-2017).

Bilateral agreements provide a special framework for international medical tourism (i.e., they can affect which countries tourists go to). Several countries (from North or Central Africa, or the Middle East) have already signed agreements with health care providers in the United Kingdom,

98 Woodman, J. (2014), 'International Medical Tourism Facts', *Patients Beyond Borders* (online), available at: www.patientsbeyondborders.com/medical-tourism-statistics-facts (12-06-2017).

Germany, in Dubai or Malaysia. These agreements specify the beneficiaries (e.g., government officials, military personnel) who can take part in the schemes and the health care services that are to be provided in the receiving country.

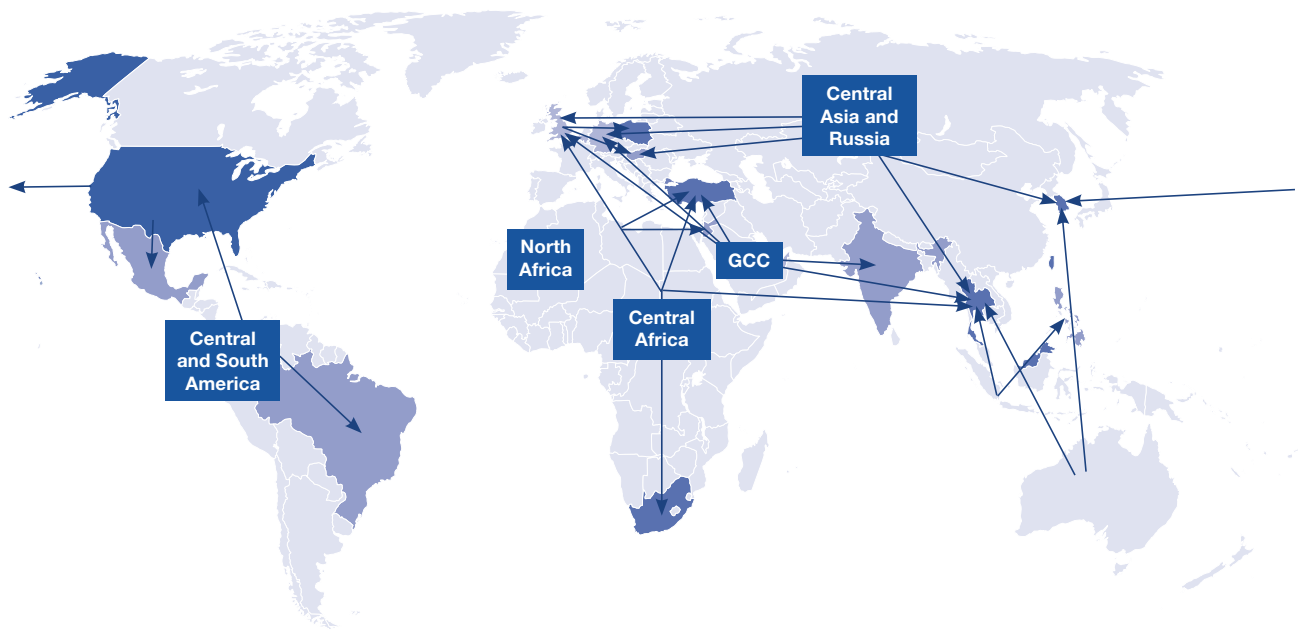
There are also relatively large flows of domestic tourists in less wealthy countries to state-supported or social health tourism destinations, for example those that have thermal baths and healing waters. More research and data are needed to comment in detail on the flows of medical tourists to and from different countries and continents and give the examples of Western Europeans taking advantage of the growing familiarity with countries as a result of the opening of Eastern Europe and the former USSR (for example, between the United Kingdom and Poland).⁹⁹ As an example of East-West demand it is estimated that more than 70,000 Russians travel abroad for medical treatments each year (to Republic of Korea, Thailand, Dubai, Switzerland and the United Kingdom). In recent years, the flows of Russian and Russian-speaking medical tourists are returning to regions and countries where there was once a significant Russian presence or large Russian-speaking minorities, for example, Central and Eastern Europe and the Baltic States. Héviz in Hungary, Karlovy Vary in the Czech Republic or Jurmala in Latvia are just some examples. The Russian-speaking market has become important in several Western European countries, such as in the United Kingdom (especially in London) or in Germany (e.g., in Berlin or in Bavaria).

Diasporic tourists (i.e., immigrants living and working in another country) often go back to their country of origin for health treatments, as they feel more comfortable with the system and language (e.g., Koreans living in Australia, New Zealand or the United States of America). Previous colonial links such as those between the United Kingdom and India have led to the establishment of a medical tourism market.

Proximity is also a factor that contributes to medical-related movements, e.g., between the United States of America and Mexico.

99 Lunt, N. (2012).

Figure 4.9 **Flows of international medical tourism**



Legend: The darker shades indicate the role of the destination country – the darker the shade, the more important the country is as destination country (in the case of the United States of America the sender and destination country status combined).

→ Arrows indicate the flow from sender to destination country.

Example 4.17 The growth of tourists from Russian Federation to Hévíz, Hungary

Lake Hévíz in Hungary is a unique attraction worldwide since it is the largest biologically-active natural thermal lake on the planet. Although Lake Echo of New Zealand is larger and its water is warmer, it simply cannot be compared to Lake Hévíz as it is not suitable for bathing and cannot be used for medical purposes. It is scientifically proven that its waters have curative effects and they are completely replenished each day. Water temperature may reach 23–25°C in winter and 33–36°C in summer. The normal duration of a medical treatment in Hévíz is approximately two weeks and includes mechanotherapy, balneotherapy, physiotherapy treatments, drinking therapy or a combination of the above. Despite this, Hévíz is still relatively unknown internationally. Until recently, approximately 90% of the total tourist arrivals, guest nights and receipts were generated by domestic, German, Austrian, Russian and Ukrainian visitors. However, there is a new marketing slogan “Hévíz, the fountain of life!” and many more Russian visitors are starting to come to Heviz for health tourism since the nearby airport started new routes and targeted promotion in the Russian Federation began. Between 2009 and 2011 Russian arrivals and guest nights increased by more than 200%.^a However, 2015 saw a drop of 10%–15% in terms of Russian tourists, although this was apparently compensated by the growing number of Hungarian, Slovak and Czech visitors.^b By 2016, it was thought that a direct flight from Moscow might help to boost the number of Russian tourists again.^c

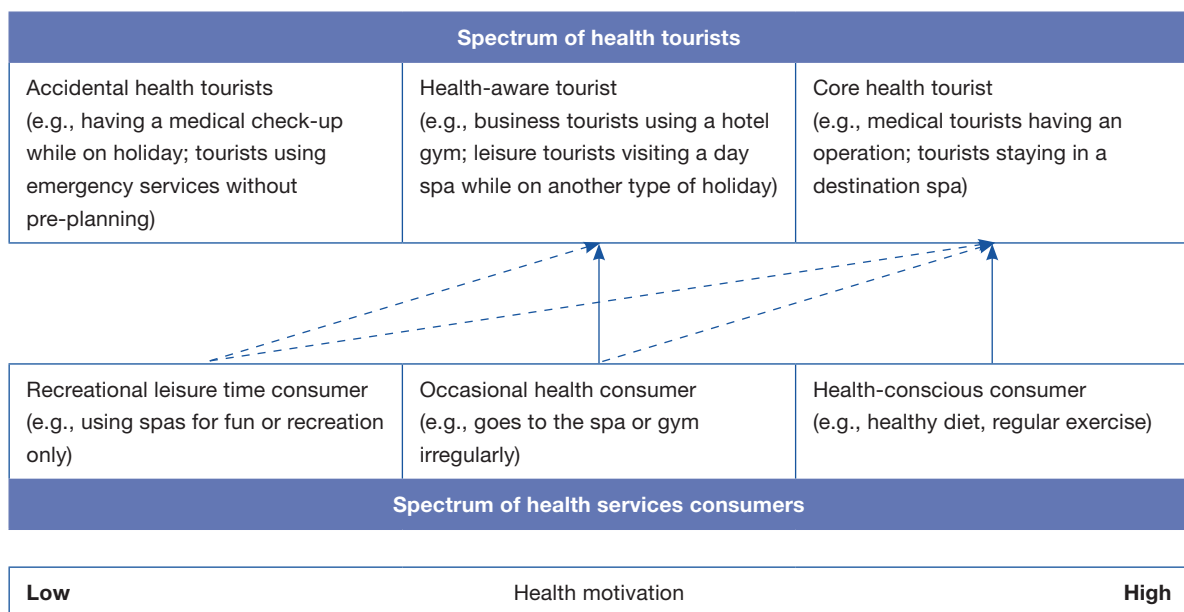
a) The Tourism Observatory for Health, Wellness and Spa (2013b), *The Economic Impacts of Health Tourism in Hévíz*, Hévíz-Balaton Airport, Corp., Hévíz.
b) Budapest Business Journal (2015), *Mayor: Hévíz sees less Russian visitors, more Hungarian, Slovak, Czech* (online) available at: www.bbj.hu/economy/mayor-heviz-sees-less-russian-visitors-more-hungarian-slovak-czech_102249 (05-07-2017).
c) Daily News Hungary (2016), *More Russian tourists might visit Hévíz thanks to a direct flight* (online), available at: www.dailynewshungary.com/more-russian-tourists-might-visit-heviz-thanks-to-a-direct-flight (13-07-2017).

4.6.3 Conclusions

The typology of the demand suggests that customers can be categorized by their health consciousness first. This gives an idea to any destination about its options and possibilities. Customers with very limited or very low health consciousness or motivation are not likely to become either a medical or a wellness tourist. Only in rare and unfortunate circumstances, e.g., suffering from a terminal illness, they might consider travelling for health purposes (and this can be either a surgical intervention, a non-invasive therapy or a holistic treatment).

Customers who are health conscious at least occasionally could be more drawn to a destination that offers health-related services or would book health-orientated hotel. Destinations would need to run serious market assessments and would need benchmark, as well as lifestyle-based market intelligence in order to identify the most relevant segments and target markets. Otherwise they may only attract visitors who come because of 'cheap deals' or an aquapark, but would not use the sophisticated and expensive health services, equipment and personnel. Such destination development mistakes are relatively common.

Figure 4.10 Consumer health services – health tourism conversion



Legend:
 ———> Natural conversion: this conversion can happen based only on the health interest of the consumer.
 - - - -> Organic conversion opportunity: this conversion requires more involvement and direction from the operators, facilitators or marketers since the health interest and/or awareness can be relative low or limited.

It is suggested that the conversion rate of leisure consumers to health tourists will be higher where the level of health consciousness or motivation for health-enhancement is consequently higher in everyday life, e.g., 'health conscious consumers' are more likely to become 'Core health tourists' with a primary motivation for health-enhancement when on holiday. On the other hand, those people who like to use the gym or a spa regularly in their everyday life may seek similar services abroad and are more likely to become 'health-aware travellers'. Even those who enjoy spas or

water-based (thermal) facilities for fun, rest and recreation may be persuaded to visit a spa resort for a longer holiday. Even if their motivation is not primarily a health-enhancing one, they may discover additional health services while on holiday, and later become a 'health-aware traveller' or even a 'core health tourist'. Those who decide to use health services while on a different kind of holiday (e.g., visiting a dentist or a day spa) may also be convinced to using other health services abroad in future but with some pre-planning. This may not be applicable to those who have an accident or have to use emergency services while on holiday, however, NTOs and DMOs therefore need to have proper demand profiling available, otherwise they may target segments not ready or interested in taking part in health tourism. The impact and volume of health-related services (especially with mobile or wired wellness and health solutions) will grow regardless of the primary motivation for travel.

There is a special consideration for **accompanying persons**, more regarding medical but also relevant wellness tourism. There are several medical procedures (especially invasive treatments) which mean that the patient would need to stay in hospital (or in a rehabilitation centre) for several days or even weeks. Patients undergoing complicated and/or risky treatments tend to arrive with either a close family member or a friend (in certain cases, for example from Gulf Cooperation Council countries it can mean the extended family, too). Hospitals now provide suites or apartments which can accommodate not only the patient, but his or her family, too. Accompanying persons behave like 'normal' tourists, i.e., they generate demand for excursions, shopping or other activities. In wellness tourism, the accompanying person (here, there is less likely to be more than one, except in wellness hotels or thermal baths where children are also permitted) can demand similar services to the wellness tourist.

One-day visitors also make use of medical and wellness tourism facilities, such as cross-border or same-day visitors in addition to local customers. Same-day medical tourists in Europe are those who visit a medical bath or have minimal invasive or non-invasive treatments (e.g., Germans to Poland, Romanians to Hungary). The market is way larger in terms of recreation and fun-orientated tourism (which in some statistics would be considered as wellness motivations). Thermal baths and spas are in abundant supply and visitors organize same-day visits to Austria, Germany, Slovenia or Hungary visiting these establishments (many of which now cater especially for families with small kids). Same-day health tourists can be therefore either domestic, cross-border or incidental (i.e., those who decide on their treatment only when they are in the destination).

In summary, in many cases the destination itself, facilities, brands, natural resources, health care practitioners or health care technology play the most important role in the decision-making. However, the destination country itself may not be the most decisive factor for international health tourists.

4.7 Managing and marketing health tourism

Health tourism can be organized, managed, developed and marketed at many different levels. This can include global (e.g., networks and associations), regional (e.g., clusters), national (e.g., DMOs, NTOs, clusters), sub-national and local (e.g., DMOs, associations, medical destination management bodies/*Kurdirektion*), and at operator or facility level. This study focuses on national and destination level activities.

Health tourism at global and at national level is often fragmented. There is no single representative body (neither industrial nor governmental) at global level. There are national associations and some international initiatives such as the Medical Tourism Association (providing services at every level from individual member to national organizations) and the Global Healthcare Tourism Council (focusing on destinations at national level), but with no global representation. The Global Wellness Institute (GWI) is a non-profit organization with a mission to empower wellness worldwide by educating the public and private sectors about preventative health and wellness. The GWI carries out research on the wellness economy and promotes roundtables discussions. The Global Wellness Summit is held annually and gathers industry leaders.

Other multi-country industry associations and cooperations (or initiatives) include the Asia-Pacific Spa and Wellness Coalition (APSWC) in South-East Asia, the European Spa Association (ESPA-EHV), Termatalia (primarily in South America) and the International Spa Association (ISPA).

4.7.1 Policy making and regulation

In terms of general health policy “Health 2020” is the new European health policy framework. It aims to support actions across governments and societies to: “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”¹⁰⁰. It has two strategic objectives:

1. Improving health for all and reducing health inequalities; and
2. Improving leadership and participatory governance for health.

The WHO Resolution WHA59.26 urges member states to:¹⁰¹

- Promote multi-stakeholder dialogue at national level;
- Adopt policies, laws and regulations that deal with issues identified in dialogue;
- Apply/establish coordination mechanisms to address public-health related aspects;
- Create constructive and interactive relationships across public and private sectors; and
- Continue to develop capacity at national level for potential opportunities/challenges.

The European Union defines policies and initiatives to improve and protect human health, and to support the modernisation of Europe’s health system. It urges member states to aim for efficient spending on health that can promote economic growth. It is understood that Europe needs smart investments in health:

- Spending smarter – but not necessarily more – in sustainable health systems;
- Investing in peoples’ health, particularly through health promotion programmes; and
- Investing in health coverage as a way of reducing inequalities and tackling social exclusion.

The current (2016–2020) actions focus on the following challenges:

- Achieving greater cost-effectiveness;
- Competitiveness together with safety;

100 World Health Organization (2012), *The evidence base of Health 2020* (online), available at: www.euro.who.int/__data/assets/pdf_file/0015/170502/RC62-id02-Eng.pdf?ua=1 (20-07-2017).

101 World Health Organization (2006), *Resolutions* (online), available at: www.apps.who.int/gb/ebwha/pdf_files/WHA59-REC1/e/Resolutions-en.pdf?ua=1 (22-06-2017).

- Tackling emerging global threats;
- Evidence-based policy making; and
- Addressing the risk factors of chronic disease.

Most of these objectives and observations are not directly linked to health tourism. These objectives, however, can provide grounds for better harmonization and policy making for health tourism.

However, the interviewees in this research suggested that **international legislation** for health tourism would be important but that it is unlikely to happen anytime soon. The role of governments in creating legislation, strict standards and ensuring safety was seen as crucial. There are national regulations and legislation in France, Denmark, Germany or Israel (amongst others) pertaining who can practice and where treatments can take place. Tunisia is one of the countries that implements a specific legislation on thalassotherapy that sets strict criteria for the conception and running of centres, under the quality label ISO17680. Of the many types of health tourism, medical tourism requires the most preparation and management. This is due to the significantly higher risks (some of which are anticipated, some are real). The travelling patients can put in risk their life or physical health undergoing an invasive treatment in another country. As seen earlier, the European Union introduced the Cross-border Healthcare Directive (Directive 2011/24/EU on patients' rights in cross-border health care) in order to provide cross-border regulation for a fast-growing business.

Example 4.18 **The Medical Tourism Law in Israel**

On the way to regularizing the medical tourism industry in Israel, the Medical Tourism Law was approved in the Knesset Plenum, the unicameral national legislature of Israel. The bill was promoted by both Ministry of Health and Ministry of Tourism.

The bill is based on a few principles:

1. Protection of the Israeli patient: one of the purposes of the bill is to prevent the impairment of the care that is given to the Israeli patient, and even to improve it when possible;
2. Increasing the income of the Israeli economy from medical tourism; and
3. Ensuring the professional and ethical care of the medical tourist: rules were established which will ensure that the medical tourist will receive professional, ethical, and fair care, which will aid the development of the branch over time.

According to the data of the Ministry of Tourism, in the past few years around 30,000 medical tourists arrive each year, with most of them coming from the Russian Federation, Ukraine, Eastern Europe, Cyprus and other neighbouring countries.

Source: Ministry of Health, State of Israel (2017), *The Medical Tourism Law was approved in its First Reading in the Knesset Plenum* (online), available at: www.health.gov.il/English/News_and_Events/Spokespersons_Messages/Pages/22032017_4.aspx.

NTOs and DMOs may not get directly involved with patient flows but it is necessary to bear in mind that international medical care has several liability and data security issues. Since personal medical/health information can be very sensitive data protection and data management during medical tourism is an essential quality element of the service.

Any organization dealing with or processing personal data of EU citizens has to comply with the European Union Regulation 2016/679 which will come to effect on 25 May, 2018. The regulation, which is often referred to as GDPR (General Data Protection Regulation), defines rights, as well as duties. Both medical and wellness tourism deal with a potentially large amount of personally

identifiable information. GDPR requires both the intermediaries, such as medical tourism facilitators, and the final service providers, such as hospitals, doctors or hotels, to apply and comply with the regulation, otherwise they can face significant fees and charges from the data protection authorities. It is advised to any health tourism provider either within or outside of the European Union to familiarize themselves with GDPR regulation in detail.¹⁰²

Insufficient services or medical malpractice can actually ruin the brand of the destination, therefore destination management organizations or clusters can influence and regulate the ways in which patient flow and the actual medical care is provided.

Example 4.19 Free Healthcare Zones in Turkey

In Turkey, medical tourism investments are supported within the frame of related legislation. Accordingly, health care organizations and medical tourism companies are supported with the financial incentives for market penetration, patient transfer, promotion abroad and other advertising activities. Moreover, due to a legal reform in Corporate Tax Law, the health care tourism companies are subject to corporate tax reduction under certain conditions. In order to make Turkey an attractive area regarding medical tourism and to increase foreign investments in the medical sector, the establishment of free health care zones has come to the fore since 2011. Free Healthcare Zones are based on the Free Trade Zones Law. Free zones may be defined as zones that are located in country borders and regarded as outside of customs areas and that are not or partly subject to commercial and financial laws of the related country. Free zones provide numerous advantages to investors such as tax reductions, tax exemptions, social security prime exemptions, infrastructure facilities and minimized bureaucracy. These zones are accessible to the foreign investors.

Source: Herdem (2014), *Medical Tourism and Free Healthcare Zones In Turkey* (online), available at: www.herdem.av.tr/medical-tourism-and-free-healthcare-zones-in-turkey (11-07-2017).

Example 4.20 Managing and regulating hot springs in Japan

Health tourism in Japan is mainly based on the use of natural hot springs throughout the country and resorts known as *Onsen*. There are more than 3000 Onsen in Japan, mainly used by domestic tourists and local residents; as foreign tourists are not familiar with the bathing rituals and the Onsen, these are not always promoted extensively to foreigners in other languages. Some of them are set up in a hospital or sanatorium and treatment can be given under medical supervision. The Japanese health care is one of the leading systems in the world, and hot springs have remained an important component of its curative and rehabilitation treatments recommended by doctors. It may be covered by health insurance, if prescribed by a doctor. However, the majority of Onsen are simple bathing establishments used for personal wellness. A large percentage of visitors come for short weekend packages. The quality of the waters is strictly controlled and it is not expected that they are artificially heated or cooled with other water which is not naturally and locally sourced. Many Onsen have been owned and managed by the same family for centuries which ensures quality and authenticity. The hot springs are also protected by the Japanese Government since the Hot Spring Law of 1948. The hot springs in Onsen must reach certain standards regarding temperature and mineral composition and clinical trials are being undertaken to test their effectiveness in balneological treatments.

Source: Erfurt-Cooper, P. (2013), 'Wellness Tourism: a perspective from Japan', in: Voigt, C. and C. Pforr, C. (eds.), *Wellness Tourism: A Destination Perspective*, Routledge, London, pp. 235–254.

¹⁰² European Parliament (2016), *Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)*, European Parliament (online), available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2016.119.01.0001.01.ENG (12-04-2018).

There are many examples of medical tourism collaboration at national level all around the world. Examples of public-private sector partnership include the Turkish Healthcare Tourism Development Council (THTDC), the Korea Health Industry Development Institute (KHIDI), the Malaysia Healthcare Travel Council (MHTC) or the China International Health and Medical Tourism Association.

An increasing number of governments (either national, regional or local) identify one or more forms of health tourism as one of the key priority areas for development. This prioritization can materialize in development strategies, marketing initiatives, financial incentives or certain policy measures as the following examples indicate:

- The **Dubai Health Authority** (DHA) provides a quality health care system in Dubai by setting and ensuring policies and strategies for health care in public and private hospitals and clinics in Dubai. DHA facilitates health regulation about Dubai medical tourism and launched at the end of 2016 The Dubai Health Experience service for medical tourists.
- To organize **Iran's** medical tourism, a strategic council was set up with representatives of the health and foreign ministries, the Medical Council of the Islamic Republic of Iran and Iran's Cultural Heritage, Handicrafts and Tourism Organization (ICHHTO). The Iran's **Health Tourism Strategic Council** stated that any hospital or clinic offering medical services to foreigners, as well as travel agencies that attract and organize tours for health tourists must have official permits from ICHHTO, the Health Ministry and the Foreign Ministry. 98 hospitals and clinics and 14 travel companies have so far been issued health tourism permits across the country¹⁰³.
- The **Korea Health Industry Development Institute** which also runs Medical Korea is focusing on cancer treatments and started a special medical tourism course for the nation's experts The First Global Health care CEO Course back in 2012. The course programmes included topics such as "The Needs and Prospects for International Cooperation in Medical Tourism Industry", "Trends of Global Health Care", "Strategy for Overseas Medical Market", "Success Cases of Medical Tourism", and "Medical Tourism Policy of Overseas Institutions".¹⁰⁴
- **Azerbaijan**, rich with natural resources, found its niche in the sphere of medical tourism. The Ministry of Culture and Tourism has developed a draft "Action Plan for the Development of Health Tourism for 2018–2020." New infrastructure has been created in Naftalan, Galaalti, Gabala, Nakhchivan and Lankaran. The health tourism in Azerbaijan has been noticeably improved after the adoption of the state programme on development of resorts in 2009–2018. The **Association to support the health and thermal tourism in Azerbaijan** was established in order to boost the health tourism, , as well as modern medical and health centers were opened in Baku, Naftalan, Nakhchivan and other regions of the country.¹⁰⁵

103 International Medical Travel Journal (2017a), *Iran Shifts Gears in Promoting Medical Tourism* (online), available at: www.imtj.com/news/iran-shifts-gears-promoting-medical-tourism (23-07-2017).

104 Hancinema (2012), *KHIDI President Ko Kyung-Hwa Opens Medical Tourism CEO Course* (online), available at: www.hancinema.net/khidi-president-ko-kyung-hwa-opens-medical-tourism-ceo-course-47064.html (04-07-2017).

105 AITF (2018), *Azerbaijan prepares action plan for development of health tourism* (online), available at: <http://aitf.az/en-opennews/6535.41.html> (3-05-2018).

- Within **Poland's** economic strategy for 2012–2015, medical tourism was selected as one of the fifteen priority areas of the Polish industry to receive funding from both the national Government and the European Union. Poland is already a popular medical tourism destination for patients seeking dental treatment, cosmetic surgery and aesthetic treatment. Polish orthopaedic and rehabilitation services are highly regarded too. Most patients come from Germany, and the United Kingdom, some from France, the United States of America and the Scandinavian countries. The promotional programme focuses on the following markets: Denmark, Sweden, Norway, Germany, the Russian Federation, the United Kingdom and the United States of America. Polish dental treatment and dental cosmetics are more popular in Germany, United Kingdom and Scandinavian countries, as well as the Russian Federation. Moreover, Polish cardiosurgery and neurosurgery services are also known in Europe and in the United States of America. There is an opportunity to attract patients from Denmark to treat cancer in Poland. Polish health resorts and spas are popular in the Russian Federation and it is believed that they can attract Polish community in the United States of America back to their health resorts and spas.¹⁰⁶
- Many of **China's** new wealthy segments are luxury travellers who head overseas for high-end health care in affluent locations. They are going to places like Western Europe for indulgent hotel stays, shopping sprees, and expensive procedures like stem cell treatments, spa therapy, and detoxification programmes. With regard to the precise locations, big cities like Shanghai and Beijing – with their high quality facilities and often Western-trained doctors – have taken serious steps towards becoming legitimate destinations in the competitive medical tourism marketplace. The former established the **Shanghai Medical Tourism Products and Promotion Platform (SHMTPPP)** in 2010, an official government-supported medical tourism portal. The platform was soon able to bring together over 20 participating hospitals into the metropolis, handling patient inquiries online, helping contact hospitals offering the right treatment, and even arranging the entire trip. The goal is to promote China as a leading destination for advanced health care, hence its website provides a wealth of information pertaining to China's top hospitals, the most popular procedures with overseas patients, and costs.¹⁰⁷
- Balneology, spa and wellness tourism have been established as a special interest tourism cooperation area and a key priority by the **Organization of the Black Sea Cooperation (BSEC)** members.

On the other side of the spectrum, some country authorities are financing less medical travel and putting more restrictions into it. The reasons given for this were:¹⁰⁸

- Lower oil prices mean there is less revenues in the oil-producing countries that have been traditionally sources of outbound medical tourists;
- There are increasingly more good hospitals in alternative destinations as opposed to traditional and consolidated ones;

106 International Medical Travel Journal (2012), *Poland invests in a medical tourism initiative for 2012-2015* (online), available at: www.imtj.com/articles/2012/polish-medical-tourism-40179/#sthash.6SYI7LPr.dpuf (28-06-2017).

107 Mymedholiday (2013), *China's Seeking its Share of the Growing Medical Tourism, Market* (online), available at: www.mymedholiday.com/blog/2013/11/1074/chinas-seeking-its-share-of-the-growing-medical-tourism-market (18-07-2017).

108 Medical Travel Quality Alliance (2016), *7 Medical Tourism Trends to Watch in 2016* (online), available at: www.mtqua.org/2016/02/24/7-medical-tourism-trends-2016 (27-06-2017).

- Uncertainty is growing about the quality of care, with regards to the availability of critical drugs in areas affected by war and terrorism;
- Clinical outcomes and other troubles of returning medical tourists are being more closely tracked; and
- Some governments want to encourage more use of their own newly developed local health care infrastructure.

Example 4.21 Thermal spa tourism in Slovenia

Slovenia has 20 thermal sources that are commercially used by thermal spas. Until 1990, 80% of guests were coming as direct referrals using doctor's prescriptions or insurance company contacts. After that period, thermal spas had to find most of their business on the free market. This meant a complete re-thinking and re-designing of their businesses adding wellness to their existing orientation. Between 1995 and 2010 all Slovenian spas renewed their swimming pools, upgraded and sometimes enlarged their accommodation facilities, and added wellness programmes to their classical health spa (i.e., medicine based) offer. Consequently new segments of guests joined the traditional convalescent ones. Unfortunately, these guests were not very compatible as the latter wanted to use the medical services, recover and relax and the former wanted to enjoy the wellness facilities for leisure purposes. Hotel managers recognised that the two segments needed to be spatially separated, so today all Slovenian thermal spas have a segmented offer. The vast majority of guests are wellness guests staying in quality hotels (4-stars, 4-stars superior and 5-stars) and medical insurance guests are accommodated in lower grade hotels (3-stars). A new national Health Tourism Strategy was adopted in 2013.

Health and well-being has been identified as one of the most important products in terms of their impact on revenues and image. Framed in the Strategy for the Sustainable Growth of Slovenian Tourism for 2017–2021, health and wellbeing will receive promotional support, active product development and management at the national level.

Source: Lebe, S.S. (2013), 'Wellness tourism development in Slovenia in the last two decades', in: M.K. Smith and L. Puczkó (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 315–319.

Ministry of Economic Development and Technology, Republic of Slovenia (2017), *Strategy for the Sustainable Growth of Slovenian Tourism for 2017–2021* (online), available at: www.slovenia.info/uploads/publikacije/the_2017-2021_strategy_for_the_sustainable_growth_of_slovenian_tourism_eng_web.pdf.

Some countries are positioning themselves in certain forms of health tourism, for example, dental tourism.

According to Patients Beyond Borders the top dental tourism destinations are as follows:¹⁰⁹

1. For United States of America citizens it is Mexico and Costa Rica;
2. For Europeans it is Hungary; and
3. For Asians it is Thailand.

In terms of policy, **education, capacity development and training alternatives** should be considered. As seen previously, the health tourism spectrum is very wide and often rather specialized, which would necessitate specialist skills and knowledge. There are numerous spa schools and training centres, but so far health, wellness or medical tourism education (either formal or vocational) has been limited. Especially in medical tourism, collaboration between medical and business schools would be necessary (e.g., as was launched between Semmelweis University and METU Budapest Metropolitan University in Hungary). "Wellness tourism is labour intensive and demands the management of a wide range of employees with skills which draw on traditions that

109 Patients beyond Borders (2017), *Dentistry* (online), available at: www.patientsbeyondborders.com/procedure/dentistry (26-11-2017).

cross tourism, hospitality, health, healing, fitness, sport and spirituality”¹¹⁰. This is also the case for medical tourism. Education and training therefore should be in the forefront of any national and destination level body, if they want to ensure international competitiveness. “Aesthetic and emotional dimensions lie at the heart of work in wellness tourism and pose organizational and management challenges” and “employees in spas, for example, need to have a certain degree of emotional and spiritual engagement with their work and clients”¹¹¹.

Interestingly, some situations can arise with regard to limit or even **ban medical tourism**, e.g., to stop the outflow of limited available foreign exchange in the case of outgoing medical tourism.¹¹²

4.7.2 Networks in health tourism

In some regions or countries of the world, **health tourism clusters** have been developed. Such clusters can help to establish quality criteria and build brands. “Stronger local and regional collaboration amongst various health tourism providers will become a crucial prerequisite for the future development of health tourism destinations”.¹¹³ The wellness tourism sector is highly fragmented and diverse, however quality tourism experiences need to be delivered through destination management organizations or networks of organizations.¹¹⁴ A resource-based approach is not enough without a strategic approach to destination management. A health tourism cluster should aim for “relational strategic destination management”. Future wellness destination management should try to find the key factors for successful collaboration and leadership e.g., relating structures and relationships to their effects on wellness destination coordination, collaboration and competitiveness.¹¹⁵ Horizontal collaboration across administrative borders, as well as vertical collaboration of actors on local, regional, national and international levels is also highly suggested. Several recommendations for health tourism collaboration are made:¹¹⁶

- Ensure that there is a strong leader who is willing to guide the project for at least two or more years;
- Secure funding not only for establishment and research, but also for implementation and monitoring;
- Identify what resources, products and services are common to a region or destination. Are they strong enough to build a definite health tourism brand?;
- Make sure consumer research is robust. Is there definitely a market for health tourism and at which levels (transnational, national, sub-national, local)?; and
- Are national agendas stronger than the desire for wider collaboration? If so, a strategy based on complementarity should be considered.

110 Patients beyond Borders (2017).

111 Ibid.

112 Youngman, I. (2015), ‘Medical tourism under attack and “on the back foot”’, *International Medical Travel Journal*, 08-01-2015 (online), available at: www.imtj.com/articles/2015/medical-tourism-under-attack-40191 (14-06-2017).

113 Pforr, C. and Locher, C. (2013), ‘Health tourism in the context of demography and psychographic change: a German perspective’, in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 255–268.

114 Prideaux, B.; Berbigier, D. and Thompson, M. (2013), ‘Wellness tourism and destination competitiveness’, in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 45–60.

115 Tuominen, T. et al. (2014), *Developing a Competitive Health and Well-being Destination* (online), available at: www.julkaisut.turkuamk.fi/isbn9789522165404.pdf (23-06-2017).

116 Konu, H. and Smith, M.K. (2017), ‘Cross-border health tourism collaborations: opportunities and challenges’, in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 298–314.

The establishment of a health care cluster or medical cluster is perhaps the most important step in establishing a medical tourism destination, as it can enhance the location's chances of success as a destination for medical tourists and increasing patient flow, as well as developing a brand name for the location.¹¹⁷ A health care cluster can be described as an independent organization of hospitals, clinics, medical professionals and the government of a specific city, state, or region.¹¹⁸ A health care cluster is funded by all the participants in the health care cluster and represents the interests of all the members. Clusters join together several partners both from private and public sector: service providers, local, regional or national government representatives, education and research institutions. There are numerous clusters all around the world, e.g., in Mexico, Colombia, Croatia, Thailand, Lithuania, Greece or the United States of America (e.g., in Arizona or Florida).

- **Kvarner Health Tourism Cluster** gathers members from the medical, tourism and university sectors, as well as accompanying services with the goal of creating a recognizable and competitive health tourism product at local and international level. The organization focuses on preparations and placements of recognizable and competitive health tourism products which follow world trends, traditions, the resource base and specific features of the destination. The cluster is directed towards strengthening and development of health tourism in Kvarner, in accordance with the strategic documents which define the destination as “the destination of health”.
- **Spaincares** is a strategic alliance of tourism and health in Spain offering the best services for health while enjoying excellent tourist facilities. Spaincares is the brand which represents the Spanish Cluster of Health Tourism, formed by the most representative tourist and health institutions in the country. Spaincares is the brand which represents the Spanish Cluster of Health Tourism, formed by the most representative tourist and health institutions in the country such as Spanish Private Health Alliance (ASPE), Medical Spa Spanish Association (ANBAL), Spanish Confederation of Hotels and Touristic Stays (CEHAT), Spanish Confederation of Travel Agencies (CEAV), and regional health tourism Spanish projects are also present in Spaincares. The alliance between these industries ensures a global and competitive service at the best possible price and quality. Spaincares offers more than 50 hospitals, medical spas and nursing homes to undergo a medical treatment or intervention, and many hotels to stay in.
- Berlin-Brandenburg's '**Health Capital**' initiative which is run by the Cluster Healthcare Industries has established health tourism and prevention as one the key focal points. Working closely together with VisitBerlin in the areas of health promotion, prevention and health tourism – in high-end medicine and within a broad spectrum of certified health resorts and wellness programmes – branded as Health Excellence.

Clusterisation is not limited to medical tourism. Wellness tourism providers also often choose this form of cooperation. A Wellness Cluster is described as a “natural resources of a geographical location, its services and infrastructure, the integrated activity of wellness and health service

¹¹⁷ Medical Tourism Association (2013).

¹¹⁸ Medical Tourism Association (2014), *Medical Tourism Index* (online), available at: www.medicaltourismindex.com (21-06-2017).

providers and administrative institutions in creating wellness products and services meeting the needs of customers”¹¹⁹.

However, forming an association or cluster is not enough to become a successful destination in health tourism. Although there are several benefits of clusterisation, the cooperation works only if members (partners) share the same vision and they understand that every member (partner) has to participate and often financially contribute as well. The definition of **key performance indicators** at a very early stage is essential. Should that not happen, the measurement of the effectiveness and efficiency of the cooperation can become random and dissatisfying. Many medical tourism clusters are failing to be fully successful because of the lack of consideration of certain key elements. These elements are some of the most important:¹²⁰

- How to address environmental sustainability and potential medical waste ‘balloon effect’;
- Ideas for membership fees as they relate to sustainability of the cluster entity;
- Cluster leadership training and professional development;
- Public and private or PPP funding of the cluster;
- Customer satisfaction, dispute resolution activities offered by the cluster;
- Marketing, advertising, promotion, and public relations of the health tourism product and the region;
- Regulatory compliance of health care, privacy, security, Internet communications, medical records construction, and practitioner licensure and accreditation;
- International trade and exportation regulation, and the potential to establish free trade zones;
- The establishment of qualifications to participate in health tourism;
- The potential effect of informal economies currently in place;
- Educational capacity building;
- Cultural sensitivities;
- Potential private sector physician brain drain and its effect on local health care access of citizens; and
- Inviting and managing relationships of foreign direct investors.

Cooperation that aims at cross-country territories face even larger challenges. There are some initiatives that incorporate several countries or regions:

A **Baltic Health Tourism Cluster** was established in 2013, aiming at increasing collaboration between the Baltic countries Estonia, Latvia and Lithuania in the field of health tourism. The Cluster is a partnership of existing national clusters and associations with signatories from all three Baltic countries. A Memorandum of Understanding was signed in October 2013 representing collaboration between The Lithuanian Medical Tourism Cluster, The Latvian Health Tourism Cluster and the Estonian Health Tourism Cluster. The main purpose is to increase the global competitiveness of the region in health tourism. Secondary aims include the following:

- Enhancing Trust and Co-opetition among the Partners and their Members;
- Improving Quality (accessibility, safety, effectiveness, efficiency, etc.) of the services provided to clients/patients; and
- Joint Marketing resources and efforts to effectively promote the Cluster’s services to the potential and new target markets (e.g., the Russian Federation, Belarus and Ukraine).

119 Hopeniene, R. and Bagdoniene, L. (2010), ‘Lithuanian wellness cluster: pros and cons’, *RESER* (online), available at: www.reser.net/materiali/priloge/slo/bagdoniene_l_hopeniene_r.pdf (04-07-2017).

120 Todd, M. (2012), ‘Is there any point of clusters beyond the hype?’, *International Medical Travel Journal*, 10-08-2012 (online), available at: www.imtj.com/articles/2012/medical-tourism-clusters-30138 (22-01-2018).

Alpine Wellness was a trademark which originated in Austria as part of destination development more than ten years ago and was a cross-border regional initiative between Germany (Bavaria), Austria (Salzburg), Switzerland and Italy (South-Tirol). One of the main objectives was to redefine 'superior tourism' and promote the Alps worldwide as one of the most attractive and effective regions for wellness. Alpine Wellness Philosophy meant rediscovering the knowledge associated with the nature, culture and quality of life in the region. The specialist areas or sub-brands of Alpine Wellness were:

- Alpine Relaxing (e.g., whey baths, hay baths, saunas with views, natural sources for treatment and food);
- Alpine Fitness (outdoor activities in nature);
- Alpine Health (tailor-made medical wellness packages for preventative health and alleviation of symptoms such as asthma or allergies); and
- Alpine Character (hotel architecture, room furnishings, locations).

The cooperation did not prove to be sustainable long-term although successful for more than ten years, now the concept is only operating in Austria. The Bayern part is now called WellVital (the regional brand), in Switzerland the links goes directly to mySwitzerland, and in Italy it is BellaVita. Lessons from the Alpine Wellness Initiative are to be learned, especially vis-avis other mountain initiatives such as the health tourism development objectives reflected in the 'Strategy for the Future Sustainable Tourism Development of the Carpathians', which defined how health tourism could be implemented in the region, e.g., considering climate therapy (healing lung, and allergic illnesses).¹²¹

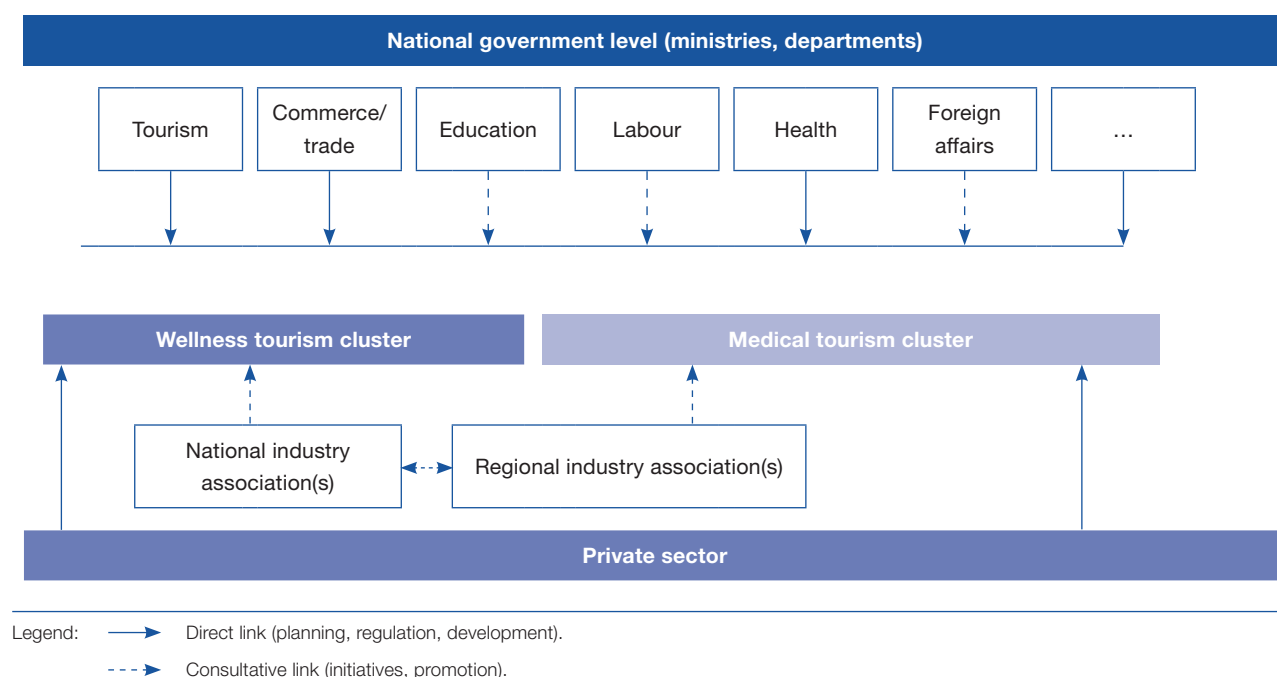
Nordic Wellbeing is a customer-driven concept based on unique values of the Nordic countries anchored in nature, outdoor life, cleanliness and healthy image. The initiative begun in Sweden by Julie Lindahl based on Nordic values of Design, Food, Gardens and Herbs, Outdoor Life and Relaxation. Further initiatives were based on nature, culture, traditions and lifestyle. A Nordic Wellbeing Tourism network was established involving Finland, Denmark, Sweden, Norway, Iceland: their academic research is based on product development, innovation, image and branding. The main aim is to enhance the competitiveness of Nordic Tourism enterprises and destinations.¹²²

Figure 4.11 introduces an idealized network cooperation aiming at developing, managing and marketing health tourism. Such a cluster can be considered sustainable and successful (but the measures of success are to be determined as step one), as it can represent the complexity of the industry. A wide range of governmental, as well as industry representation is essential if a cluster has a national focus. Regional or destination-based clusters should also involve regional or local governments and other bodies, since tourism is an interdependent industry, especially health tourism.

¹²¹ Carpathian Convention (2016), *Strategy for the Future Sustainable Tourism Development of the Carpathians* (online), available at: www.carpathianconvention.org/tl_files/carpathiancon/Downloads/03%20Meetings%20and%20Events/Working%20Groups/Sustainable%20Tourism/Carpathian_SusTourStrat_2409_ConsultationDraft.pdf (24-09-2017).

¹²² Nordic Innovation (2011), *Innovating and re-branding Nordic wellbeing tourism* (online), available at: www.nordicinnovation.org/Global/_Publications/Reports/2011/2011_NordicWellbeingTourism_report.pdf (19-07-2017).

Figure 4.11 A typical national cooperation network structure



4.7.3 Health tourism regions and destinations

Tourism destination management has been widely discussed and analysed in recent years. The management of destinations specialized in health tourism is not significantly different from the management of other forms of destinations. It has to be noted that the members of the cooperation can be rather different from that of 'standard' destinations, especially considering health care industries, therefore specialised industry knowledge and experience would be necessary for such destinations.

Most thermal/hot spring based destinations are well-established since they date back 100 years or more. Examples include Bath (United Kingdom), Baden-Baden (Germany), Vichy (France) or Hévíz (Hungary). In German-speaking countries health destinations (or *Kurort*) tend to establish a *Kurdirektion* (i.e., cure directorate) as a form of destination management organization that is responsible for the management of the destination.

In terms of destinations, "wellness destinations can range from multinational or multiregional developments, entire countries, regions, islands, cities or communities to single, self-contained resort complexes, often referred to in the literature as destination spas".¹²³ It is not always clear why health tourists choose one destination over another. "A destination that lacks a comparative advantage in key wellness resources such as mineralised water may not be competitive in all areas of wellness but may be able to develop product offerings in areas of the wellness market that lie in the lifestyle and beauty spa resorts end of the wellness product spectrum".¹²⁴ However,

¹²³ Voigt, C. and Pforr, C. (2013).

¹²⁴ Prideaux, B.; Berbigier, D. and Thompson, M. (2013).

there is also considerable competition to offer uniqueness in lifestyle and beauty products. One of the key ways of doing this may be to focus on what is local and culturally authentic.

The development of **health regions** especially in Germany where there are currently around 60 health regions in the country is discussed.¹²⁵ Health regions develop around primary health care providers, as well as institutions, or companies that specialise in products and services related to the health economy. One of the aims of creating such regions is to improve the quality of life for those living in the region, attracting complementary industries and specialised employees to the region, creating competitive destinations. Indeed, some health region developments have been primarily based on tourism, e.g., Kneipp-land Unterallgau which includes three traditional Kur resorts. Other examples include Bournemouth and Poole in the United Kingdom, where a project called “Destination Feel Good” was aimed at the promotion of wellbeing as a destination resource.¹²⁶ The Dutch province of Zeeland is being developed as a ‘health region’ which is both attractive for residents and tourists,¹²⁷ with a programme being developed based on the ideas of the Blue Zones projects, as developed in the United States of America.

Example 4.22

The ‘king’ of thermal baths: Baden-Baden, Germany

Baden-Baden is considered as the ‘king of spa [bath] towns’ in Europe because of its heritage and traditions. 800,000 litres of healing thermal waters flow from 23 springs each day. For centuries, Baden-Baden was the meeting place for the noble, important and rich. Facilities and services were all developed to meet the expectations of this population segment (e.g., a casino, promenade, exclusive hotels, festival hall, theatre, *Kurhaus*). Product developments was to be kept closely focussing on preserving what made the town unique and including the diversification expected by the market (e.g., programmes such as ‘Fitness for Executives’ or ‘Golf and Health’). The town centre is pedestrianised and full of cafés, restaurants, shops selling branded products (e.g., jewellery, watches) and luxury hotels. Besides the health facilities of the individual hotels and clinics, there are two baths. Friedrichsbad or the Römerbad (Roman Bath) represents history and tradition, while Caracalla Therme is for the new demand, with pleasure and wellness services (e.g., sauna world). The two facilities are located separately and not linked with each other. The town management and planning has proved to be successful, since it was possible to keep the historic charm, while developing new facilities targeted for new markets.

Source: adapted from Smith, M.K. and Puczkó, L. (2009), *Health and Wellness Tourism*, Butterworth Heinemann: Elsevier, London.

There are several new technological developments in health tourism destinations, which can become direct competitors to traditional destinations.

125 Pforr, C. et al. (2013), ‘Health regions: building tourism destinations through networked regional core competencies’, in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 99–111.

126 Bournemouth University (2015), *Destination Feel Good* (online), available at: www.microsites.bournemouth.ac.uk/destinationfeelgood (08-07-2017).

127 Kruizinga, P. (2017), ‘Health tourism and health promotion at the coast’, in: Smith, M.K. and Puczkó, L. (eds.) *Routledge Handbook of Health Tourism*, Routledge, London, pp. 386–398.

Example 4.23 High tech healthcare cities

Specialized health care cities or destinations are being developed all over the Gulf. The **Dubai Healthcare City** (DHCC) is currently branded as a 'Health and Wellness Destination' pays special attention to quality health care through:

- Physicians' credentials;
- CPQ accreditation (ISQua, the global organization that accredits the accreditors, has awarded four-year accreditation to the regulator of Dubai Healthcare City's Centre for Healthcare Planning and Quality for patient safety and service quality standards);
- International affiliations;
- Medical malpractice insurance;
- 9090 specialties;
- More than 505 spoken languages;
- Clinically master planned and commercialized land; and
- Anchor projects and strategic partnerships.

Health City Cayman Islands, which accepted its first patients in early 2014, is a 140-bed tertiary-care hospital in Grand Cayman and a center of excellence in cardiac surgery, cardiology and orthopedics. Over the next decade, the hospital will expand to a 2,000-bed facility, and expects to be a JCI (Joint Commission International, United States of America). It is an accredited facility providing care in major specialties including neurology, oncology and other cutting edge tertiary care disciplines. The complex is also projected to have a medical university and an assisted-care living community.^a

Dilmunia Health Island in Bahrain is a 1.25 million m² mixed-use project with 17% of the total area dedicated to wellness services, a resort-style health island, where balance is restored and life is enhanced. Positioned off the northeast coast of Bahrain, it includes world-class health facilities, luxury hotels and spas, lifestyle attractions, environmental interaction and residential luxury.^b

a) Health City Cayman Islands (2016), *Introduction* (online), available at: www.healthcitycaymanislands.com (18-11-2017).

b) Dilmunia (2017), *Masterplan* (online), available at: www.dilmunia.com/masterplan (26-09-2017).

Example 4.24 Managing the Dead Sea as a destination

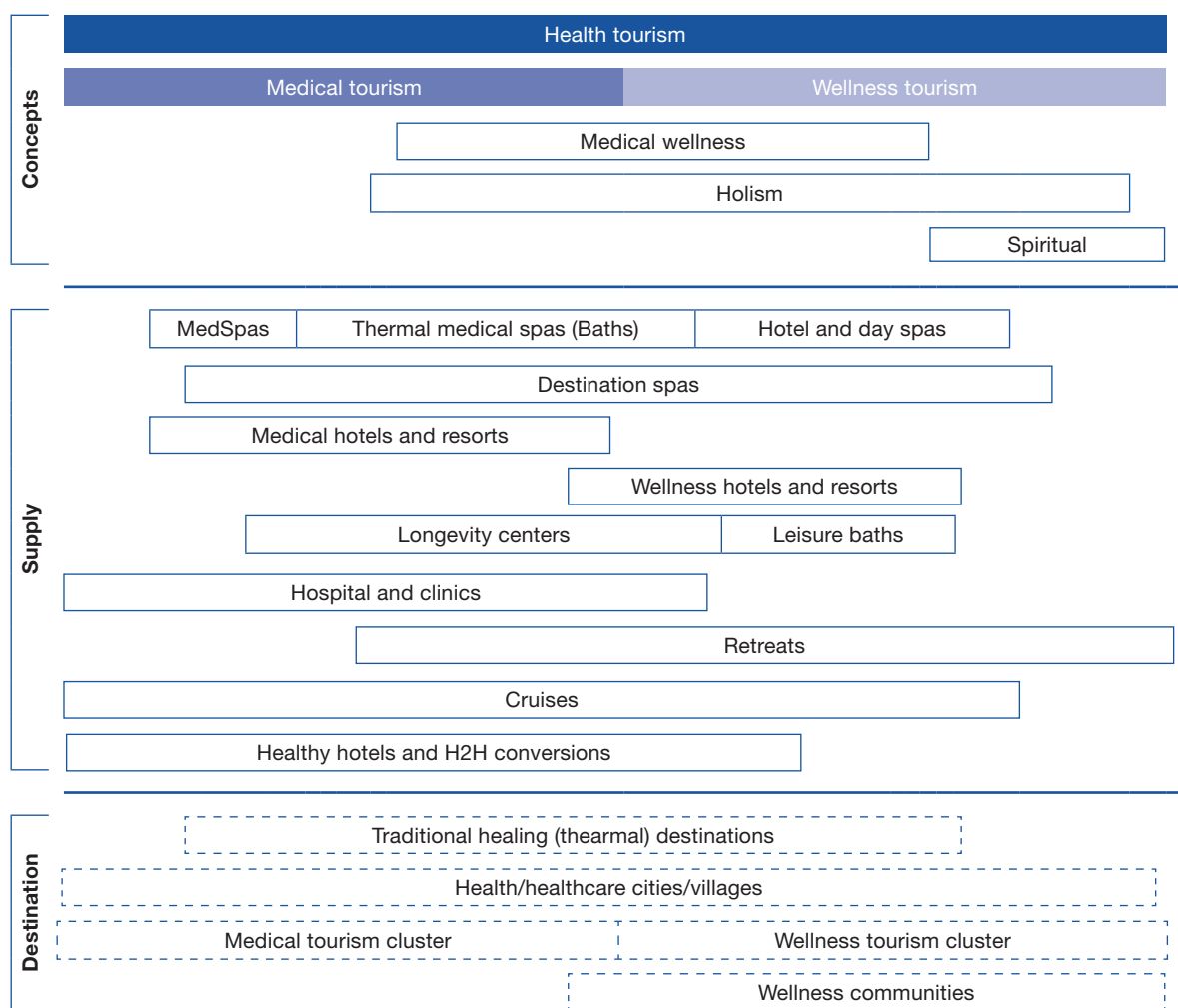
The Dead Sea is both a resource and a destination for three countries. It is the world's largest, lowest, saltiest natural spa known for its healing powers for thousands of years. The sea is located between Jordan, Israel and Palestine around 462 m below sea level. It has year-round hot weather, enriched oxygen atmosphere, therapeutic UVB solar radiation, mineral-rich mud, thermo-mineral hot springs and luxurious spas. Research has shown that the combined climatic factors have a long lasting positive therapeutic effect on dermatological diseases such as psoriasis, eczema and rheumatic or degenerative joint diseases. Thalassotherapy and Balneotherapy are carried out by bathing in the Dead Sea region's special mineral spring waters, providing temporary relief of arthritic pain. The pollen-free atmosphere and unpolluted air, higher oxygen content, high barometric pressure and low humidity soothe the symptoms of asthma, cystic fibrosis and certain lung diseases. Coronary function, depression and hypertension are treated by Climatotherapy and by Heliotherapy. However, the water levels in the Dead Sea are being significantly diminished as sinkholes are appearing because of the diversion of water, high evaporation rates and mining industries. The Red Sea – Dead Sea Conveyance, sometimes called the Two Seas Canal, is a planned pipeline that will provide potable water to Jordan, Israel and the Palestinian territories, bring sea water to stabilise the Dead Sea water level and generate electricity to support the energy needs of the project.

Source: Gasul, D. (2013), 'Opportunities and barriers to sustainable health tourism development in the Israeli Dead Sea Region', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 373–378.
Harasheh, S. (2013), 'Therapeutic tourism on the Dead Sea of Jordan is in danger', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, p. 174.

So-called 'wellness communities' represent a fusion approach between hospitality and the wellness industries. Predominantly built as living quarters and residences there are now developments with hospitality components (e.g., the Octave Living Destination Retreat by GOCO near Shanghai, China).

Figure 4.12 summarizes the relationship between health tourism concepts, supply and destinations. The figure combines the categorization of health tourism proposed in this report, the various supply elements and destination level management approaches. Health tourism facilities and related organizations need to have a clear focus in terms of activities, targets and prospective members, and partners. Several clusters have been initiated or established but many of them have a short lifespan.

Figure 4.12 The role of health tourism destinations in the health tourism system



Note: The length of boxes indicates how much of the health tourism spectrum the actual component can cover (e.g. "medical wellness" or "holism"). Holism is a very broad phenomenon, reflected in the length of the box, whereas medical wellness includes some of medical and some of wellness.

Probably, there are few countries in the world not considering the development of some sort of health tourism. The Caribbean islands, for example, have been negotiating for many years the

likely alternatives and directions for organizing health tourism conferences and developing position papers. Literally every European country has become active in health tourism, somewhat fuelled by the cross-border health care initiative. However, it seems that even successful developments such as the Alpine Wellness initiative may have their own life cycle, but local assets (either natural or cultural) in health tourism can really become the foundations for long-term development¹²⁸.

4.7.4 Marketing and branding

It is absolutely essential for any NTO and DMO to understand their ability to make a major difference in the market. The health tourism market is becoming very savvy, and the various and often-experienced segments do not tolerate false promises and mis-communicated branded products and services.

Not only countries, but regions or destinations (re)brand themselves as either health, medical or wellness destinations. Related strategies and marketing plans and activities are developed, special publications and market specific portals have been created. There are numerous national strategies and plans in Germany (Innovative Gesundheitstourismus – a very complex and innovative strategy), as well as in Spain (Turismo de Salud en España – where health mainly means medical) and Hungary (Health Tourism Development Concept and Dental Tourism Development Strategy).

Example 4.25 Marketing wellness tourism in Australia

The role of wellness tourism stakeholders in Australia is examined where the wellness tourism sector is relatively new (most wellness service providers are less than ten years old). The main emphasis is on spas and retreats. Operators seem to think that consumers (including tourists) are not well informed about wellness services offered in Australia except perhaps in the state of Victoria, which has been actively promoting wellness tourism. There have been few efforts at national or regional level to make wellness tourism a priority in promotion. Many wellness operators and providers did not seem interested in whether their business was promoted through a DMO or not, however in some destinations marketing alliances had been formed to promote wellness tourism (e.g., in the south-west of western Australia).^a The Internet plays an extremely important role in promotion and distribution, as most Australian wellness providers rely on the direct-to-customer business model. Unfortunately, the images used to portray wellness tourism in the media, especially in magazines, tend to be very stereotyped and mainly based on young women enjoying beauty treatments. This does not reflect the diversity of the wellness tourism products available in Australia. There is currently only one Australian destination with a core positioning based on wellness tourism, Daylesford/Hepburn Springs. Unlike most other wellness facilities in Australia, this one makes use of natural mineral springs, but generally these waters have been under-used and under-promoted. It is recommended that Australia should market better its pristine and beautiful scenery, its indigenous cultural traditions in health and spirituality, its relaxed and laid-back atmosphere, and its focus on sustainability. A unique Australian wellness product could be developed and marketed based on the concept of 'barefoot luxury'.

a) Voigt, C. and Laing, J. (2013), 'An examination of the extent of collaboration between major wellness tourism stakeholders in Australia', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 63–77.

The marketing and branding of any health tourism form in principle does not differ greatly from other typical niche tourism forms. There are a few major differences, though.

In medical tourism, especially in evidence-based medical tourism, the role of a doctor or a specialist at the permanent place of residence of the prospective international medical tourist could play a decisive role. Although anyone can search on the Internet and learn a lot about a medical tourism destination from health care providers' or facilitators' websites or from specialised portals the recommendation from a doctor (or another patient with similar health issues) is still very important. Medical professionals may have very little knowledge of treatments widely used in other destinations (e.g., balneotherapy). This lack of information can influence the professional opinion of this physician, should a patient refer to him for special advice. The question is not easy, since NTOs or DMOs may not be seen as a trustworthy source of information for medical professionals. The role of a specialist from the destination country, therefore, is paramount. Their work, academic and professional achievements, awards and publications can pave the way for a destination, treatment or approach to become a magnet for medical tourists. Destinations cannot bridge this gap and they need to seek collaboration with the medical profession (and health care administration). This collaboration should pay particular attention to **evidence creation**, i.e., clinical trial of such a kind that would be accepted in the sender country's health care administration or drug authority). The dissemination of clinical evidence should take place in international medical circles and in the tourism industry. The organization or at least the initiation of training for physicians (collecting CME points) is certainly one way to go for DMOs and NTOs. Such training would widen the knowledge base and experience of doctors who treat or consult prospective patients in sending regions.

Example 4.26

Balneotherapy evidence

In 2013, the *International Journal of Biometerology* published a systematic review and meta-analysis of clinical trials conducted with Hungarian thermal mineral waters. The analysis identified 122 studies in different databases including 18 clinical trials. The trials had a very different focus such as the effect of hydro- and balneotherapy on chronic low back pain (five studies), osteoarthritis of the knee (four studies), and osteoarthritis of the hand (two studies). Other trials evaluated balneotherapy in chronic inflammatory pelvic diseases, and the effect on various laboratory parameters. The results confirmed the beneficial effect of balneotherapy on pain with weight bearing and at rest in patients with degenerative joint and spinal diseases. A similar effect has been found in chronic pelvic inflammatory disease. Based on trial evidence balneotherapy has some beneficial effects on antioxidant status, and on metabolic and inflammatory parameters.

Source: Bender, T. et al. (2014), 'Evidence-based hydro- and balneotherapy in Hungary – a systematic review and meta-analysis', in: *International Journal of Biometerology*, 58, pp. 311–323.

The Global Wellness Institute (then Global Spa Summit) initiated the development of a global database for spa-evidence related data and information. The web-based database was launched in 2012. By 2014 the database was rebranded as Wellness Evidence (Discover the Medical Evidence of Wellness Approaches). As a national example, in Finland there are several initiatives to prove the benefits of using a sauna. Since sauna culture is strongly associated with Finland, these initiatives also attempt to define and to disseminate the 'true' way of using a sauna. In Germany or in Austria, saunas (and steam rooms) have become sources of more than just health, leisure or relaxation. The so-called 'sauna rituals' (or *Aufguss* in German) refer to the themed and most often entertainment-oriented use of saunas. Sauna masters create their very own sauna rituals including being dressed up as a special character, using e.g., salt, ice, gels or chocolate between rounds of pouring water on the stones. This goes beyond the health benefits of guests and tourists, and provides a certain degree of entertainment too.

In order to attract tourists, research has been done on how spa experiences can be linked to aspirational and fantasy elements in addition to authenticity.¹²⁹ This might include designing spas in exotically beautiful landscapes, connecting the history of spas to royalty, drawing on ancient and indigenous traditions and myths, or promoting the use of contemporary spas by famous celebrities. The most decisive factors for international wellness tourism are the treatments, brand and reputation, and the location, the last being the most important for international trips.¹³⁰

Example 4.27

An example of a unique spa

Botanique Hotel and Spa opened in Brazil in 2012. The aim of the spa is to set a new benchmark in luxury hospitality by focusing on all that is local and indigenous to Brazil. It was built by regional architects and designers using local slate, stone and wood. It has a 'farm-to-fork' philosophy with national cuisines and wines, and a library with over 400 titles by Brazilian authors. The spa is referred to as 'the world's first 100% Brazilian spa'. The spa includes a rainforest sauna, an indigenous-inspired treatment menu, including Afro-Brazilian massage techniques and native American movements, a bath filled with fresh milk and ground brazil nuts, and Brazilian martial arts like capoeira. A geologist from a nearby University recommended a water menu of 15 sparkling and still waters from around the country. Another professor specialising in aromatherapy helped to create 28 essential spa oils from ingredients in the surrounding mountains. Extensive research has also been carried out by 19 professors and scientists to prove the benefits of the treatments.

Source: Botanique (2013), *Botanique: Spa and Wellness* (online), available at: www.botanique.com.br/english/index.html (22-06-2017).

National level branding messages were selected from all around the world which can introduce how a certain country presents its health, medical or wellness tourism offer. These are countries that have been branding their services for many years and the changes and development of the brand messages can also be observed in several cases. The Government of India, for example prepared guidelines for the promotion of wellness and medical tourism as niche tourism products.¹³¹

129 Laing, J.; Voigt, C. and Frost, W. (2013), 'Fantasy, authenticity and the spa tourism experience', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 220–234.

130 The Tourism Observatory for Health, Wellness and Spa (2017),

131 Government of India (2015), *Revised guidelines for the promotion of wellness and medical tourism as niche tourism products* (online), available at: www.tourism.gov.in/sites/default/files/REVISED%20GUIDELINES%20FOR%20WELLNESS%20%26%20MEDICAL%20TOURISM%20AS%20ON%2020.03.2015.pdf (02-07-2017).

Table 4.7 Country branding messages, 2008–2017

Country	Messages	Year
Argentina	Wellness tourism: “The pleasure of absolute relax”	2013
	Health Argentina. World Friendly	2017
Armenia	“Nature’s healing power”	2013
Austria	“Europe’s No. 1 Spa Destination”	2008
	“Feel good in Austria” (or Schlank und Schön) (for non-German speakers)	
	“Wohlfühlen. Lebenselixier” (“Well-feeling. The Elixir of life”) and “Kuren. Entspannungen” (“Cures. Relaxation”) (for German-speaking countries)	
	Ayurveda: “Wir berühren Sie. Ayurveda berührt Körper, Geist und Seele.” (We touch you-Ayurveda touch the body, mind and soul) (Ayurveda Rhyner)	2011
Bulgaria	“Arrive and revive”	2013
	“Waters of Wellness-Refreshing. Bulgarian Spas”	2007
	“Open doors open hearts. Balneology and Spa Tourism”	2008
	“A discovery to Share”	2013
Canada	“All aboard! Take a seat on the Route to well-being” (Central Canada, Canadian Tourism Commission)	2013
Croatia	“To Croatia for Strength and Health”	2000
	“The Way of Life”	2008
	“Croatia, the strength of a new morning” (wellness)	2013
	Your smile, the most positive energy Full of well-being	2017
Egypt	Spirituality: Soul Searching in Egypt	2013
France	“Harmony and Well-being. Are you looking for de-stress or feel revitalised?”	2008, 2013
	France: a detox destination	2017
Germany	“Everything but Stress”	2000
	“Germany has everything your heart and soul could desire. Here you’ll discover new meanings of happiness. Welcome to a world of well-being”	2008
	“Germany does you good: health and wellness”	2013
	Health and wellness in Germany: welcome to the land of the natural remedy	2017
Greece	Spa: “The energy of the mind is the essence of life” (Aristotle)	2013
Lithuania	Refreshment for Everyone (Catalogue of Health Resorts and Spa Centres)	2016
India	Wellness:	2008
	§ Ayurveda: “A gateway to Indian Medical Heritage”	
	§ Yoga: “Communion of soul with the universal soul or God”	
	§ Well-being: “Nature’s gift for well-being”	2011
Morocco	“A paradise of well-being”	2013

Country	Messages	Year
Serbia	"Spas and Health Resorts in Serbia"	1999
	"Legendary Mineral Springs and Mountain Air. Since the Roman Empire travelers have sought the rejuvenating effects of the region's forests and waters." (wellness)	2008
	"Springs of Life and Vitality" (health resorts)	2013
	Oases of greenery and tranquillity" (Spas and Health Resorts)	
Slovenia	"With Nature to Health"	1999
	"Wellness – tailor-made for you." "Wellness is not a remedy, but a healthy way of life".	2008
	"Healthy: The country of well-being"	2013
	Slovenia is a land of water and spas	2017
South Africa	"Spiritual: The Sacred South"	2008
	"Leave ordinary behind"	2012
Switzerland	"Health Destination"	2008
	"Oases of relaxation"	2013

Source: Smith and Puczkó (2013, 2017a).

It is worth noting that destinations seem to be facing very fierce competition especially at national level (see the list GWI collected about the number of countries actively promoting wellness tourism or IMTJ's list on medical tourism). Several brands have been transformed within a very short time. In spite of such branding efforts, the destination per se does not necessarily play the decisive role in destination choice (as seen earlier). There are several other **drivers** that influence health travel decisions. It is therefore interesting to see what the real meaning of the Medical Tourism Index (MTI) is. The MTI was created to measure the attractiveness of a country as a medical tourism destination (in terms of overall country image and environment; health care and tourism attractiveness and infrastructure; and availability and quality of medical facilities and services; see: www.medicaltourismindex.com). This new initiative ranked Canada in first place in 2015.

NTOs and DMOs might like to know that there are unlimited **awards** all around the world aiming at a certain aspect of health tourism. Being associated with an award can be attractive, especially in a very competitive market. The award winning status can provide a unique selling proposition for a health tourism provider. Customers and tourists can value these awards and may base their location selection on the assumption of being treated by the best in the industry. The awareness of this wide selection of awards, however, can be limited. Customers may have limited understanding and knowledge about the nature of the awards, therefore both the awarding bodies, as well as the applicants would need to do more about the education of the target markets.

Although most of the international industry awards are targeting individual service providers such as the Chrystal Awards (Asia and the Pacific), IMTJ Medical Tourism Awards, World Spa and Wellness Awards, the European Health and Spa Awards, Wellness Travel Awards have introduced awards for destinations since 2014.

4.7.5 Health tourism distribution

The role of traditional tour operators is limited in health tourism. Apart from wellness and spa hotels which are packaged and distributed by large tour operators, most market players are significantly smaller and more specialised. Some established players such as Fit Reisen (Germany), Skyros Holidays (United Kingdom), Wellbeing Escapes (United Kingdom), Wellbeing Travel (United States of America), Mutsch Reisen (Germany) operate in selected destinations and for specially targeted segments. This is not surprising since medical tourism requires wider services than an average tour operator could deliver (as discussed earlier). On the other hand, due to the special product concepts and related demand of holistic and spiritual services, mass distribution of such destinations would not be appropriate. Interestingly, even large tour operators tried to enter the health tourism market a couple of years ago. Neckermann/Thomas Cook used to have the 'CARE' whereas the TUI Group used to run the 'VITAL' brand. These brands, however, were discontinued. In North America, wellness tourism has become a key focus area for many travel agents (even special trainings are offered for the interested agents about how to market and sell wellness tourism). There are several specialist (distribution and tour operation) companies that focus on all or certain types of wellness and/or medical tourism services (Wellness Hotels and Resorts International, Crystal Theme Cruises, Healing Holidays, Eat.Ray.Move, Spabreaks, The Healthy Holiday Company, Essential Escapes, Wellbeing Escapes, beauty24.de, Healing Hotels of the World, etc.).

The so-called '**Package Travel Directive**' (90/314/EEC) protects European consumers going on holiday and covers pre-arranged package holidays. The new Directive entered into force on 31 December 2015. Member States must transpose it by 1 January 2018 and it will be applicable from 1 July 2018. Medical travel is not excluded from the new rules and as far as regulators are concerned there is no difference between package holiday and medical tourism. The new Directive applies to three different sorts of travel combinations:¹³²

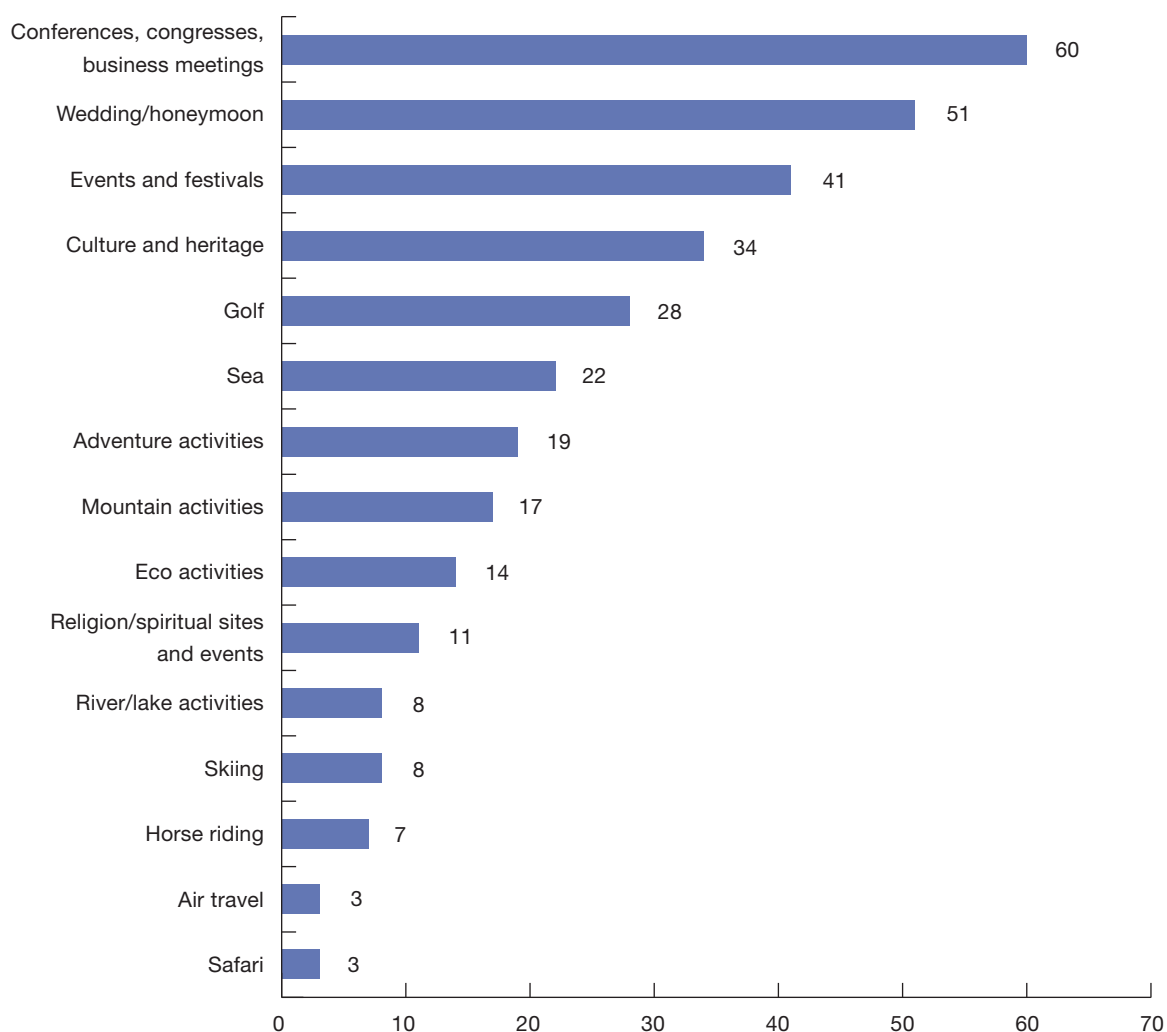
- Pre-arranged packages: ready-made travel from a tour operator made up of at least two elements: transport, accommodation or other services, e.g., medical services;
- Customised packages: selection of components for the same trip by the traveller and bought from a single business online or offline; and
- Linked travel arrangements: looser combinations of travel services, for instance if the traveller, after having booked one travel service on one website, is invited to book another service through a targeted link or similar and the second booking is made within 24 hours. In such cases the traveller must be informed that he/she is not being offered a package, but that, under certain conditions, pre-payments will be protected.

Such strict regulation may cause medical tourism facilitators to reconsider their operations and licensing.

Distribution is often supported by special packaging tactics. The TOHWS 2013 report identified the most likely complementary services wellness and spa operators tend to package, in order to make their core services more attractive.

¹³² International Medical Travel Journal (2018), *Medical Travel Agencies Active in the EU Must Comply from 1 July* (online), available at: www.imtj.com/news/medical-travel-agencies-active-eu-must-comply-1-july/ (02-06-2018).

Figure 4.13 Wellness and spa services in a package (% of total accompanying services)



Source: The Tourism Observatory for Health, Wellness and Spa (2013a), *International Wellness & Spa Tourism Monitor 2012–2013*, TOHWS, Budapest.

There is a wide range of services from business meeting and conferences to safaris that can be combined with wellness and spa services, especially in non-invasive treatments with medical services.

Table 4.8 Wellness and Spa Services in a Package – Regional differences

Elements of packages	Africa	The Americas	Asia	Australia	Europe
Number 1	Wedding/ honeymoon	Wedding/ honeymoon	Wedding/ honeymoon	Conferences, congresses, business meetings	Conferences, congresses, business meetings
Number 2	Golf	Conferences, congresses, business meetings	Conferences, congresses, business meetings	Wedding/ honeymoon	Events and festivals
Number 3	Conferences, congresses, business meetings	Adventure activities	Events and festivals	Culture and heritage	Culture and heritage
Number 4	Sea	Events	Culture and heritage	Sea	Golf
Number 5	Adventure activities	Events and festivals	Religion and spiritual sites and events	Eco activities	Sea

Source: The Tourism Observatory for Health, Wellness and Spa (2013a), *International Wellness & Spa Tourism Monitor 2012-2013*, TOHWS, Budapest.

Medical tourism facilitators are typically responsible for the patient flow and experience. The medical tourism facilitator is a specialized agent who has the knowledge of both tourism and the health care industry, and can link the patient health care providers. The facilitator organizes and books the travel component, takes care of the patient during his or her stay and helps with the medical service providers, too. The case manager assigned to the patient and to the case specifically, is the key reference point for the patient during the whole process including the bookings, accepting the treatment plan to the financial arrangements (note that medical tourism facilitators are not just tour operators).

The market of insurance companies providing international health care insurance policies is rather small. There are only a couple of players (such as Seven Corners, Medical Travel Shield, Novacorp, Techniker Krankenkasse or Global Protective Solutions), and even those provide limited services that can be applicable for international medical tourists. Travel medicine insurance (i.e., covering incidental medical care during travel) or health care plans for expats are available for international tourists, but do not qualify as medical tourism insurance policies.

NTOs' and DMOs' practices are not exempt from the general trend, i.e., they are moving towards the Internet and social media based communication and promotion for health tourism services. Many organizations have already prepared and published specialised magazines, brochures, portals, video channels, applications introducing and promoting health, wellness, spa or fitness services, and relevant destinations (and service providers). The cultural differences and traditions are defining factors in these instances. How a certain product or service is translated into the sender countries' language is not necessarily an easy task, and tourism organizations must avoid mirror translations at any cost. As discussed earlier, cultures and languages may have their own understanding of a term or concept, hence a simple (and not contextual) translation may change the meaning completely.

Individual operators have also started to explore how they can get involved in the introduction and promotion of health, wellbeing, spiritual traditions or rituals of the local community or culture. In such cases, these programmes, services or treatments would not necessarily become primary motivations but most certainly help the accommodation provider, as well as the destination to build a stronger and more unique brand.

Online platforms and social media channels were given special attention in this study and sites from the medical and wellness tourism arena, and from various markets representing Europe and North America in particular were analysed:

- treatwell.com (used to be as wahanda.com),
- spafinder.com;
- placidway.com;
- treatmentabroad.com;
- mymedholiday.com;
- patientsbeyondborders.com;
- tripadvisor.com;
- lonelyplanet.com; and
- beauty24.de.

Table 4.9 Online platform and social media in health tourism

	Medical tourism	Wellness tourism
Overall experience and coverage	Attempt to provide an extensive but not necessarily global view on the medical and wellness tourism market, bringing together the supply and the demand side. There are key areas, on which the sites focus e.g., Asian countries (Thailand, India), and key customer segments (e.g., British, American). The sites' search engines are very sophisticated and every country or destination can be searched for the best offers, and new destinations can be reached as well (e.g., Eastern-Europe, or Africa).	The analysed sites in wellness tourism offer wide-spread services, with possibility for booking appointments as well, which is a key service of the sites. Many have a special focus on the United States' market, but provide search engines for finding facilities all over the world.
Support for travel decision making	The sites share information for the patients with specific tips: highlighting risks, disadvantages of destinations, processes, and focusing on values and advantages. Accreditation is a critical issue and is often highlighted. Price of the treatments is also a key issue, detailed price information, and price comparison, however, can be found only at some of the sites (e.g., Treatment Abroad). On the rest of the sites prices are rare, or missing.	The sites provide inspirations for healthy lifestyle in various forms: tips, articles, mottos, experiences. They provide very useful information about the service suppliers.

	Medical tourism	Wellness tourism
Sharing experiences, reviews	Several sites provide moderated patients' stories, testimonials, and give possibility for ratings. Sharing 'real' reviews without moderation, which are much more valuable, are rare due to liability issues. The Treatment Abroad community is open for 'free' reviews: mainly in orthopaedic surgery (mainly about facilities in Thailand), cosmetic surgery (Spain, Belgium), dental treatments (Cyprus, Hungary, Poland) and infertility treatments (Turkey). The comments are about experiences gained at the given facility, e.g., about quality, know-how, staff, hospitality, results of treatments. Mainly those with great or almost great experiences write the reviews so this can lead to a bias of information. Comments tend to be pre-moderated, i.e., the site informs the health care provider about a negative story or comment before it publishes such an entry. This is due to the high risk of ethical and/or legal responsibilities for which the sites do not want to be liable.	Permit sharing 'free' reviews, and rankings, which are much more popular than in the case of medical tourism. This can be explained by the fact, that wellness tourism is a more open, much less private experience than that of medical tourism (and liabilities are much less pricey). The wellness community is much more active. Sharing experiences, photos; results seems to be important on the sites, as well as on the social media channels of the sites. Although travelling for wellness is an important first motivation, it can be seen that a large segment of the travellers consider wellness as part of their everyday lifestyle rather than what they would like to practise when they are on a business trip or vacation (with another motivation than wellness).
They provide very useful information about the service suppliers	Medical travel topics are popular on the travel sites. Topics of dental treatments, heart and eye surgeries are the most popular themes in the analyzed travel forums. The new, popular hubs (or destinations) of medical tourism also appear in the listings. Most searches focus on Asian, mainly Thai destinations and service suppliers. Beside the medical services, people are interested in extra vacation tips in the chosen destination, as well as for rehabilitation, relaxation.	There is a great interest in wellness facilities and services (spa, wellness hotels, massage, sauna). The analysis of the forum topics showed the same trend as the forums on the sites, that people travelling with another motivation than wellness, are particularly interested in finding wellness services at the given destination (from Mexico to Uzbekistan).
Information for professionals	Online sites offer very useful and detailed information for professionals, in the forms of articles, news about the latest trends, innovation and know-how, too. The blogs, forums are active, though the comments are rare. The professional community do not tend to be using these peer-to-peer tools. Among the social media channels, Facebook and Twitter are used the most, though it should be noted again, that the 'fans' are not really active, comments are very rare. Only in closed Facebook, which are specialized in a certain indication or illness one can find active users.	The sites share useful information for professionals, by providing forums, blogs, and articles about the latest trends. These platforms are very active, though the comments are rare. The wellness sites place great efforts on using the social media channels (e.g., Instagram, Pinterest), much more than medical service suppliers, which can be again explained by the different nature of the experience.

Source: Based on wahanda.com/trawell.com; spafinder.com; placidway.com; treatmentabroad.com; mymedholiday.com; patientsbeyondborders.com and tripadvisor.com; lonelyplanet.com and beauty24.de.

Chapter 5

Conclusions and recommendations

Health tourism is certainly one of the fastest growing forms of tourism. This study has highlighted the complexity of health tourism and its various related sectors. The discussions about definitions, supply and demand, management and marketing were based on literature and research available at the time. Several sources of primary data were collected especially for this study. Topics debated are by no means final, but still offer an understanding of the industry.

The study recommends structure, taxonomy and definitions for health tourism. Considering global trends, as well as the local specifics of the most important forms of health tourism, the following structure is recommended:

- **Wellbeing as an overarching concept** but not as a type of tourism;
- **Health tourism as an umbrella** term for every form of tourism under the structure, including wellness and medical tourism; and
- **Sub-categories may also be recognized** such as medical wellness or spiritual tourism.

The analysis of the supply and demand of health tourism identified several relevant issues such as typologies of services providers and the lack of trustworthy and comparable data and information (neither at country nor at destination level). The industry overview summarized the most relevant organizational, destination management and marketing issues related to health tourism.

Several concluding remarks are offered below with related recommendations for professionals working within health tourism and its related sectors, including NTOs, DMOs, and industry professionals.

5.1 Expectations

There is **still some confusion over definitions** of health tourism and its related subsectors. Several points are important to remember. First, improving one's health in the long-term (not only whilst on holiday) should be a primary motivation of a particular trip. Health tourism trips usually take place in regions or destinations which have the specific infrastructure and supervision (e.g., medical or wellness professionals) to support it. Grey areas include holidays which are based on sports, located in nature (e.g., rural tourism), gastronomy based tourism (e.g., slow food), business tourism when guests stay in a hotel with a spa or a 'healthy hotel', and some beach holidays which are being re-packaged as wellness holidays. It is recommended for operators to avoid 'wellness-washing', where possible. Over-use of the term will soon dilute or distort the concept, leading to consumer confusion and disappointment. Also, defining it too broadly can lead to over-inflation of statistics which then become meaningless.

Many countries are now focusing on promoting health tourism, however it should be beared in mind that it often represents only a comparatively minor share of a country's tourism product as a whole. Data reflecting the size **need to be honest** about producing and releasing data that genuily represents the popularity of health tourism resources and assets in their country. More effort should be oriented in the production of consistent and harmonized data, in order to measure the size and value of the health tourism market in a reliable and standardized way.

5.2 Management and planning

Sustainability or responsibility has become an extremely important phenomenon in all industries of the world, but equally or even more so in health tourism, which often relies on natural resources and assets. It is within the interest of health facilities (spas and wellness hotels in particular) to investigate associations and networks which can help in becoming greener, environmental-friendly and socially responsible. This can also result in financial savings for the company and can enhance their reputation amongst consumers. It can even lead to the winning of awards or the attribution of labels which in return raises their profile further. Still, when wellness is de-facto considered as a sustainable-oriented practice the likely contradiction between the intended image and the actual luxury operations may prevail.

When managing health tourism it is certainly important to have a fundamentally sustainable approach in terms of development, planning and impact management. It is also critical to observe **regulations and ethics**, especially in medical tourism which is highly sensitive and litigious. In many cases, it may be beneficial to join an exisiting association, network, cluster or specialist, or general DMO. If not available, establishing one could be advantageous to share good practice, improve quality and to develop complementary rather than competitive facilities. However, the success of a destination and/or provider does not necessarily depend on the presence of a wellness or medical tourism-oriented body.

Destinations need to look at the **impacts of health tourism**. The wellbeing or quality life of local citizens is equally important as the health improvement of tourists. Monitoring economic, social and environmental impacts need dedicated attention and resources.

In many countries (especially in Central and Eastern Europe) there is a high demand of **domestic tourism** for thermal (medical) baths, but only because visitation is still publicly funded. If this funding is withdrawn or becomes unavailable, operators cannot rely only on international tourist flows as replacement for the demand. It is important to imagine a future scenario where no public funding is available, in order to develop facilities and services accordingly.

Hospitality and good service are fundamental pillars of any form of tourism, but it can be even more important in health tourism to develop employees' soft skills and emotional empathy. A good bedside manner in medical tourism, for example, or sensitivity when dealing with body treatments in spas is essential. Retreat operators also need to be aware of the mental and psychological impacts of their work.

As part of a **health tourism strategy**, destinations should look into travel facilitation issues (visa policy, enhanced connectivity), the diversification of source markets and segments, the attraction of investment, the establishment of a regulatory framework, including legislation, incentives and

standards, the quality of service and infrastructure, the accreditation and certification of health tourism facilities and practices, as well as product development involving e.g., the meetings industry or gastronomy. Health tourism can help tackling seasonality as it does not necessarily follow a seasonal pattern compared to other tourism segments, and can be integrated into 365-day destination strategies as seen in Croatia, Greece or Slovenia.

Collaboration and partnerships are key among the different stakeholders involved in the health tourism value chain: destinations, authorities, accommodation and transport, providers, facilitators. The tourism and health care industries can learn from each other to optimize the delivery of services and ensure a quality tourism experience. The successful public-private initiatives to promote health tourism put in place in some of the leading health tourism destinations, and which can be considered best practices, could be replicated in other countries. Finally, the cooperation with international organizations concerned becomes essential.

5.3 Marketing and research

Destinations should analyse their product-segment matrices properly. There are new product concepts emerging, as a result NTOs and DMOs should provide industry with relevant trend information, as a way to address new market segments (e.g., men, LGBT or generation Z) and **focus on the benefits** the guests could gain (e.g., refuges or hideaways).

In medical interventions and wellness treatments guests are increasingly looking for **evidence-based and natural treatments**.¹ These can be thermal/hot springs, ethnobotany elements (e.g., herbal or homeopathic remedies), thalassotherapy, or local wellbeing concepts building on a wide array of natural and cultural assets and resources. NTOs and DMOs need to extend their understanding and network in order to incorporate these unique and authentic resources into tourism products.

Marketing health tourism is seen by the interviewees in this research to be an essential factor but also one of the most challenging aspects. It is not enough to have wonderful resources, products and services if no one knows about them. However, marketing budgets may be limited and knowledge of the right media could be lacking. Good knowledge is needed of competing destinations and facilities, clichés and stereotypes should be avoided, instead innovative and creative approaches are recommended.

5.4 Segments and motivations

There are several lifestyle and leisure trends affecting health tourism. One of the more critical ones is the **ageing** population and managing the rise of **chronic diseases** relating to stress, inappropriate diet and lack of exercise.

In terms of demand and marketing, it is important to understand the different segments that may be attracted to health tourism products and services. As shown in this study, the medical tourism

1 The Tourism Observatory for Health, Wellness and Spa (2014), *International Wellness & Spa Tourism Monitor 2014* (preliminary data), TOHWS, Budapest.

sector operates somewhat differently from the wellness one, with motivations being closely linked to price or affordability, access, government policies, insurance provision, and perceptions of quality and safety. On the other hand, wellness is starting to become segmented according to age, gender and even cultural preferences. It is recommended for health tourism facilities, especially spas and wellness hotels not to try to attracting all segments simultaneously, but instead to focus on one or two appropriate segments who are ideally compatible with each other.

New forms of technology such as eHealth and mHealth (or Artificial Intelligence and robotics in the near future) can bring new solutions and opportunities to health care, as well as how tourism service providers communicate and relate to their guests, and not only to those whose primary motivation is health, medical or wellness orientated.

Health tourism or more appropriately almost every form of health tourism has become an attractive 'new' product for destinations, individual developers and operators. This is true in some countries and destinations, but not all. Travelling for health reasons has been one of the most fundamental motivations of humankind for centuries. However, this is a form of tourism that still lacks **reliable data and information**, making it hard to compare performance at country, destination or individual facility level.

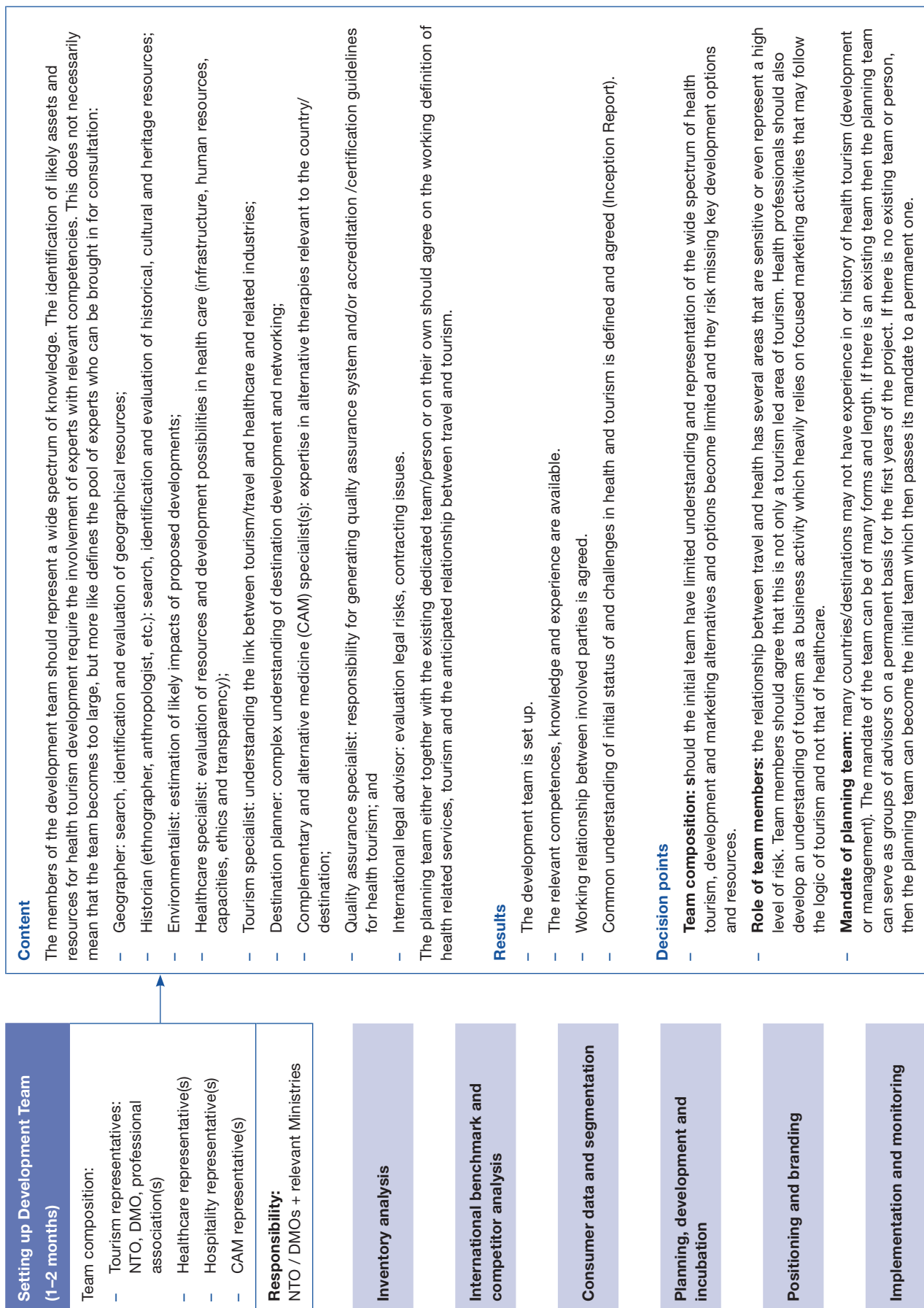
Pilot data collections, e.g., regarding motivational and performance information at destination level, as well as more evidence-based analysis and exchange of case studies and best practice, could further enhance the understanding of the phenomenon. The industry should also take advantage of the growing academic research in health tourism, as can positively influence management, operation or legislation.

Development of health tourism – toolkit for implementing a Health Tourism Development Strategy

The toolkit intends to provide guidelines for especially those NTOs and DMOs about to enter and develop any or several forms of health tourism. The toolkit represents a flow of thinking and interlinked steps of activities. The application of the Toolkit can take up to three years whereas the actual steps may take less time depending on the resources available for the implementation. The status and form of health tourism relevant to the destination can also influence the time period necessary.

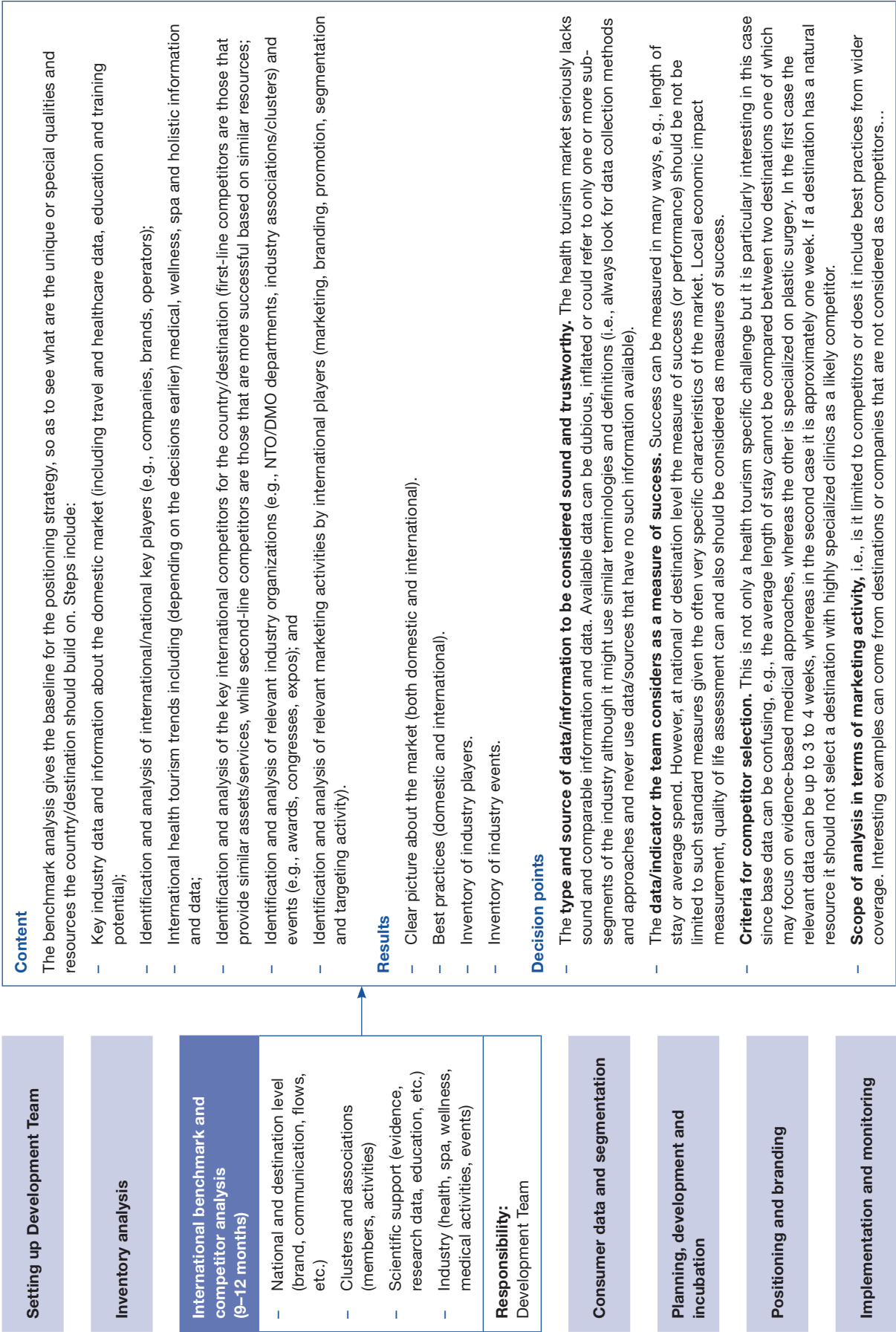
Toolkit for implementing a Health Tourism Development Strategy

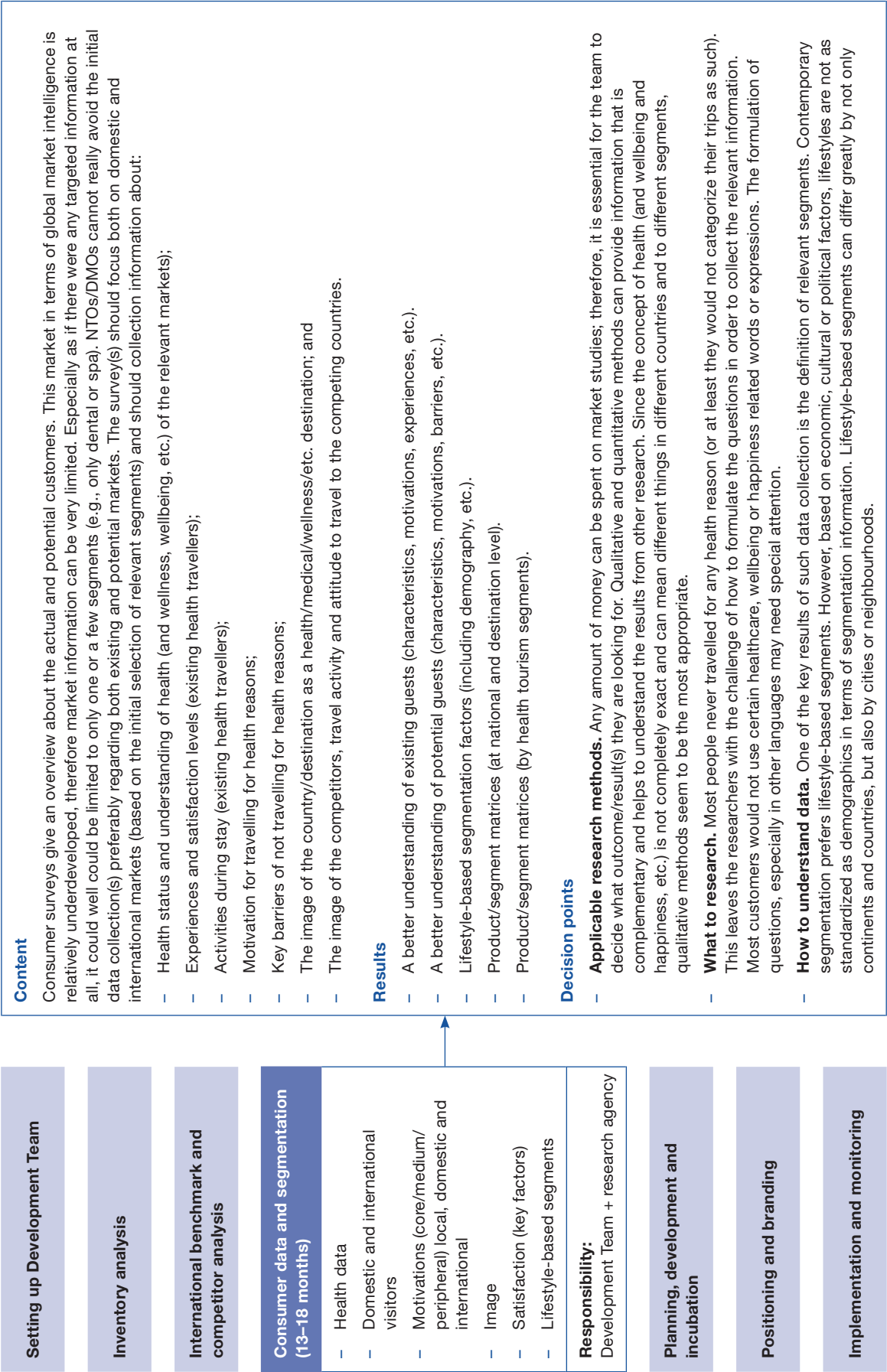


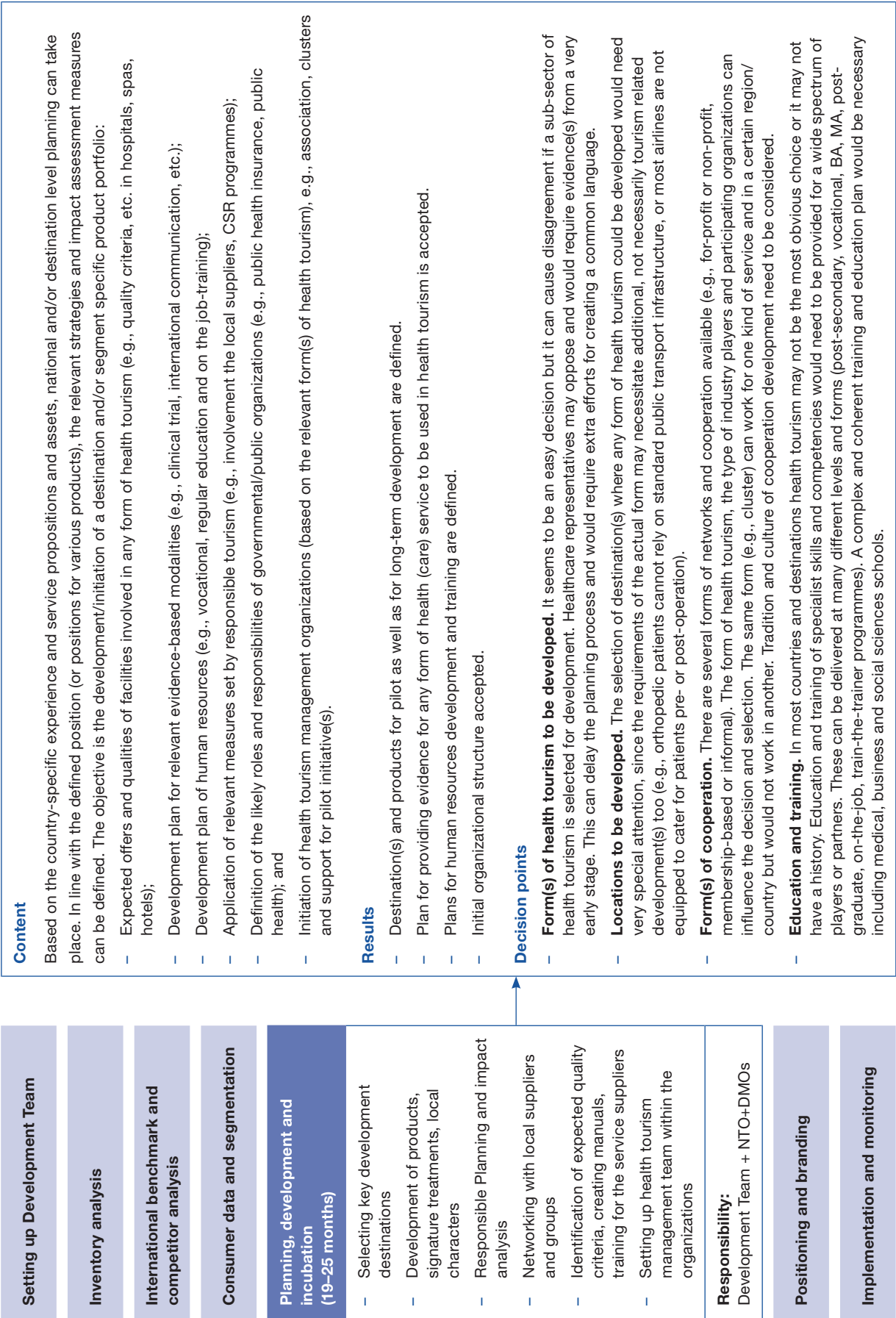


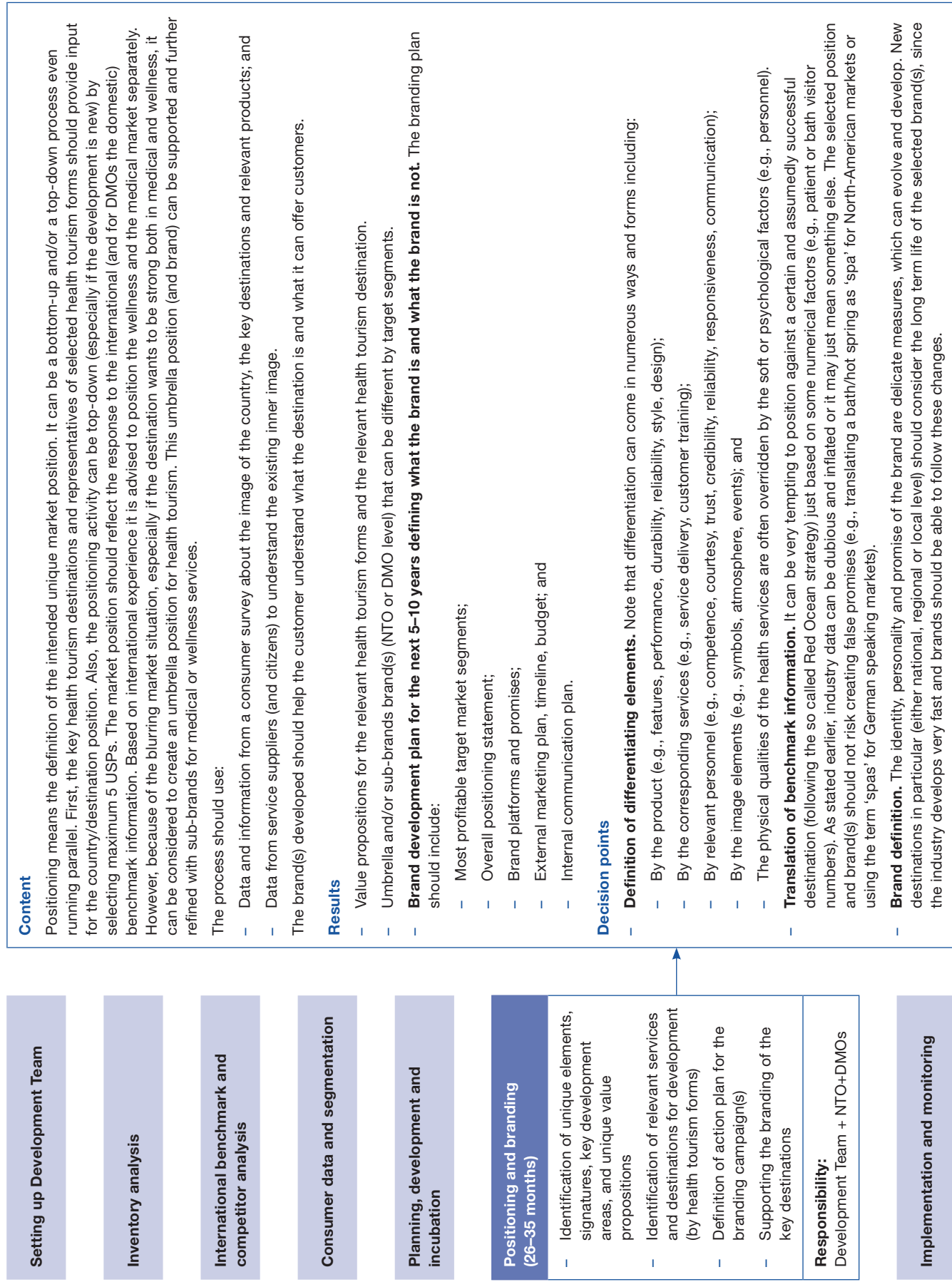
Setting up Development Team	Inventory analysis (4–8 months) Inventory of existing assets and resources: – Cultural, natural, spiritual and holistic – Infra- and superstructure: technical/technological, specialized infrastructure – Organizations – Financials – PESTLE analysis Responsibility: Development Team + NTO + DMOs	Content The inventory analysis provides the baseline for future development. The development team is to get to know the most important unique resources and assets, on which genuine, unique experiences and value propositions can be built. The inventory analysis should focus on the following dimensions: 1. Evaluation of existing resources including: healthcare infrastructure (primary, secondary and tertiary), speciality medical infrastructure and treatments (dental, plastic surgery, IVF, stemcell, etc.), hospitality infrastructure (including specialized services, e.g., wellness hotels, resorts and spas), natural healing assets (springs, climate, peat/mud), cultural healing traditions and rituals, facilities built on local healing assets, holistic and spiritual resources (e.g., chakras, first nation sites); 2. Evidence-based medicine and CAM practices (existing studies, clinical trials and test, clinical staff); 3. Medical/wellness/spa/holistic/spiritual opinion leaders and celebrities (e.g., famous physicians, new inventions by clinical staff, therapists); 4. Key domestic destinations specialized in or incorporating health tourism assets (e.g., local organizations such as Kurdirektion, statistical data, experiences); 5. Organizations including industry associations (e.g., physicians, spa professionals, destinations, hotels), specialized clusters (e.g., medical, wellness or spa tourism or healthcare clusters); 6. PESTLE analysis (relevant international and domestic political, economic, social, technological, legal end environmental trends); and 7. Financials including financing schemes (both public and private sector sources) such as state-funded healthcare and/or medical tourism services and facilities (e.g., speciality hospitals, thermal baths), private and state health insurance policies, cross-border/international patient flow related financial arrangements and policies. Results – A clear, honest picture ‘map’ of the country/destination regarding the unique and general resources/assets. Assets – to find out those unique resources (e.g., traditions, rituals, natural assets such as mineral water), which can determine the unique selling point of the country, and to map the most interesting destinations in the country. – Identifying the key (domestic) destinations of wellness and/or medical tourism and the key market players. Decision points – Width of the supply to be tested and analyzed. Several destinations/countries may not support or understand the holistic end of the spectrum; therefore, the assessment of those resources would not qualify. – The involvement of industry representatives in the analysis and discussions. Since the industry can be very fragmented, certain industry representatives may find other players less ‘serious’ or less relevant (this is a typical point of discussion between medical and wellness or spa professionals). – The role and understanding of evidence-based medicine and practices. Evidence-based medicine is not (yet) widely accepted or understood therefore there should be an initial decision about the position of such medical interventions in the analytical process. – The involvement and role of (national and/or private) healthcare providers and insurance companies. In certain countries the national health insurance plays a dominant role in medical travel (e.g., social tourism). The relevant policies and practices of third country insurers can also have a significant impact on health, medical and wellness providers.
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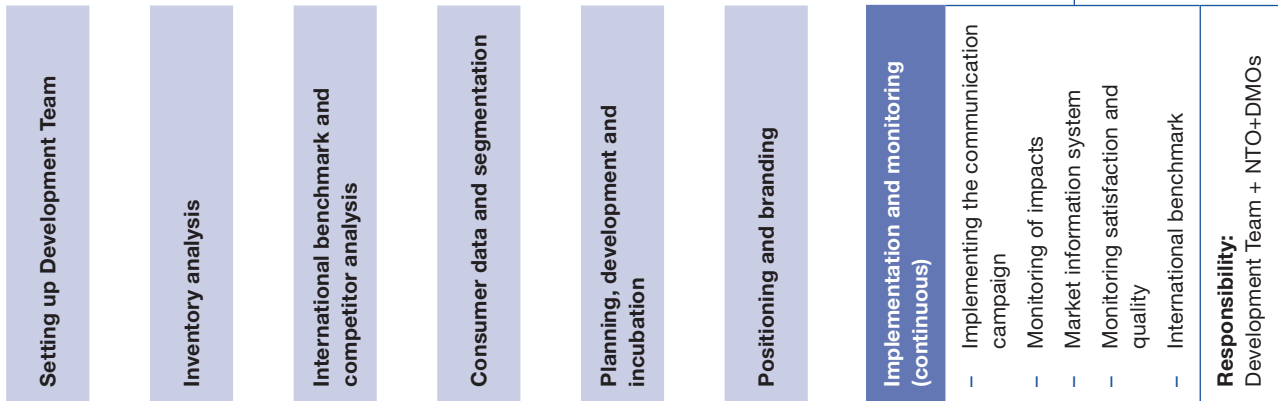
Setting up Development Team	Inventory analysis (4–8 months) Inventory of existing assets and resources: – Cultural, natural, spiritual and holistic – Infra- and superstructure: technical/technological, specialized infrastructure – Organizations – Financials – PESTLE analysis Responsibility: Development Team + NTO + DMOs	International benchmark and competitor analysis	Consumer data and segmentation	Planning, development and incubation	Positioning and branding	Implementation and monitoring
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Content

It can differ greatly what an NTO or DMO can actually implement. In certain countries NTOs can initiate and support product development. In other countries NTOs and DMOs tend to focus on communication related activities. The implementation of the actions decided in the previous steps therefore may fall under the authority of several different stakeholders (public, private and non-profit alike). However, without close cooperation between the tourism and healthcare industries, the implementation of any action can bring limited success. The action plan (either at national or at destination level, or by product forms) for implementation should consider:

- The identified key values and how those can be translated to industry and product levels (e.g., specifications or branding);
- The identified quality requirements (e.g., quality assurance schemes either national/local level or applying for an international scheme) and considering awards schemes (existing or new, domestic and international);
- Organizational issues including international organizational development (e.g., designated persons or departments) or initiation of new cooperation (e.g., cluster, association);
- Implementation of the branding plan; and
- Monitoring activities including the identification of Key Performance Indicators and benchmark information.

Results

- Quality assurance systems and processes.
- Recommended organizational structure(s) with clear responsibilities and tasks.
- Monitoring a benchmarking system.

Decision points

- **Responsibilities.** The success of any cooperation depends on the definition and distribution of responsibilities and tasks at the time of the inception. Expectations that are not justified or supported will result in nothing but disappointment. NTOs' or DMOs' promotional activities on sender markets without the help and support from healthcare/wellness/spa sector and professionals can only have limited impacts. This is especially true for evidence-based medicine which is not understood let alone accepted in several countries.
- **Quality assurance.** There are several quality seals (international and national) available. However, it is not often clear why and for whom an assurance/certification programme was initiated (i.e., for internal quality assurance/process reasons or for market(ing) reasons). The governmental and/or industry leaders must have clear answers for the why and for whom!
- **Organization(s).** Organizations (old or new) per se cannot solve challenges, e.g., the establishment of a medical tourism cluster itself would not ensure success. The financial challenges can be paramount since cluster activities (e.g., research, representation, etc.) can and do cost large sums. The involvement of state bodies (as we can see in several Asian countries) can ensure some degree of financial stability and indication of governmental support.
- **Monitoring.** The monitoring and benchmarking of any form of health tourism can be difficult and complicated. This is due to the limited data and information available and the often different understandings in various countries and cultures. It is anticipated that only such data should be considered that are based on primary motivation of any traveller, therefore primary data collection is not something NTOs or DMO can or should avoid. Impact assessment and monitoring, including local impact assessment and quality of life measurements is something also to be considered. Comprehensive monitoring should be a primary task since the fragmented and complex market needs trusted information and data.

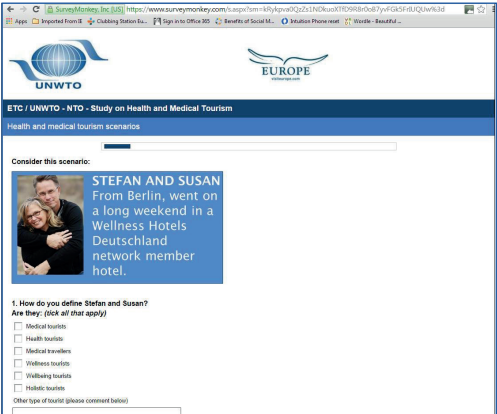
Annex 1

List of interviewees

- Ada Kostrz-Kostecka (Project Manager, European Centre for Enterprise, Poland)
- Adriane Kinzel (Kurotel Longevity Medical Center and Spa, Brazil)
- Alceste Santuari (Researcher, Italy)
- Anne Marie Moebes (Wellbeing Travel, CEO, United States of America)
- Carola Kempe-Ketola Finavia (Finavia of Helsinki Airport, Finland)
- Dr Toad Nahai (International Society of Aesthetic Plastic Surgery/ISAPS, United States of America)
- Christoff Pforr (Researcher, Australia)
- David Boucher (Companion Healthcare, United States of America)
- Dina Glouberman (Founder, Skyros Holidays, United Kingdom)
- Dr Mary Wong (former manager, Malaysia Health Travel Council/MHTC, Malaysia)
- Elena Bogatcheva (Founder, Spa and Wellness Council International, Russian Federation)
- Ella Stimpson (President, International Spa Association/ISPA, United States of America)
- Franz Linser (Advisor to Cluster Wellness Tirol, Austria)
- Jeremy McCarthy (Former Director of Spa, Starwood Hospitality Group)
- Joachim Lieber (Secretary, European Spa Association/ESPA)
- Kim Soo Woong (Korea Healthcare Industry Development Institute/KHIDI, Republic of Korea)
- Laila al Jasmi (Former head of Dubai Healthcare City, Dubai, United Arab Emirates)
- Laimutis Packevicius (Founder and manager, Medical Tourism Cluster Lithuania)
- Lori Robertson (Executive Director, Leading Spas of Canada, Canada)
- Mala Marua (Founder, Mystic Asia, India)
- Maria K Todd (CEO, Mercury Health Care, United States of America)
- Mia Ahn (Founder, Arizona Wellness Association, United States of America)
- Mike Wallace (Director of Spa, Danubius Hotels, Inc., Hungary)
- Roger Allen (Development manager, Thermarium, Austria)
- Susie Ellis (Founder and CEO, Global Spa and Wellness Summit, United States of America)
- Uwe Klein (Founder of European Medical Tourism Conference Health and CEO Care Strategy, Germany)
- Vladan Veskovic (Secretary, Serbian Spa Association, Serbia)
- Zeki Karagulle (President, International Society of Medical Hydrology and Climatology, Turkey)

Annex 2

Word cloud health tourism scenarios for categorization



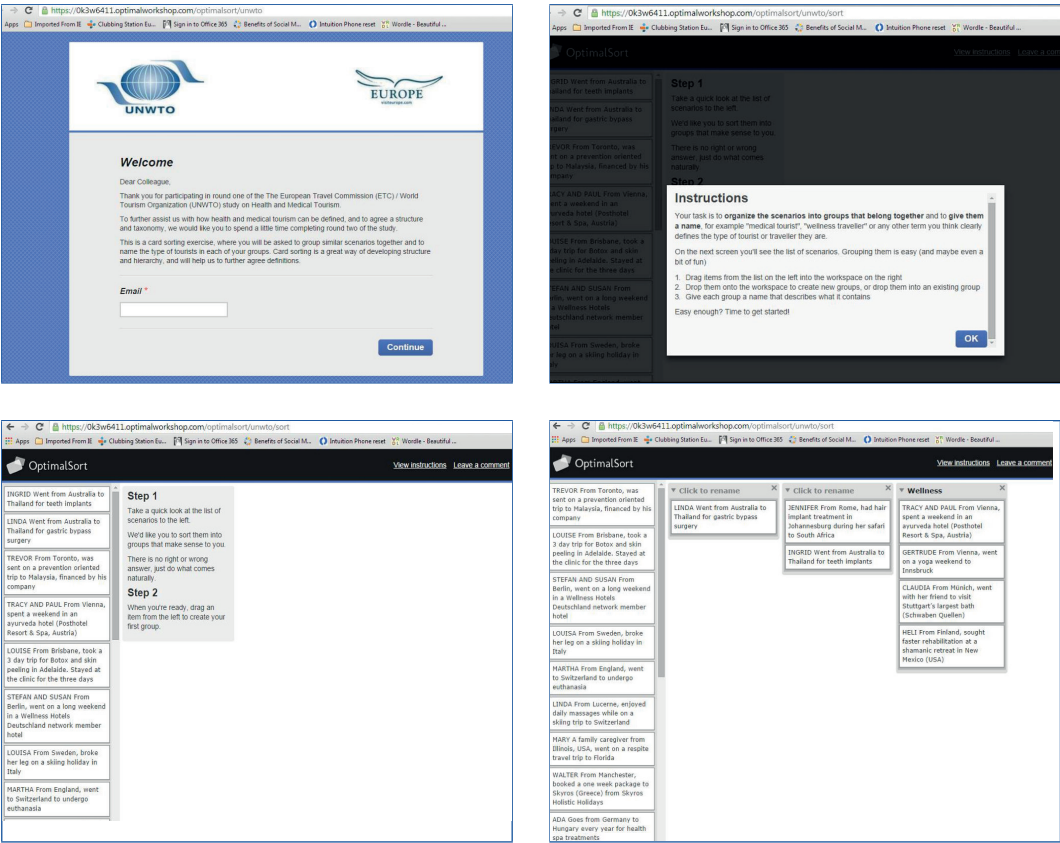
Screenshot of the opening page from the word cloud survey round 1.

Word cloud respondents were given a number of different scenarios on cards to consider involving tourists who visited various countries or destinations for specific activities and treatments. They were asked to define each of the tourists or forms of tourism in question. The respondents after reading the scenario were requested to categorize them from the list provided (i.e., medical tourism, medical travel, wellness tourism, wellbeing tourism). The respondents could add their comments and suggestions to every scenario.

Annex 3

Grouping of the scenarios from the word cloud exercise

The following list shows which cards were sorted into each of the standardised categories. We have standardised similar category names into a total of 16 standardised categories. In addition, with screenshots we introduce the workflow based on which respondents could decide their preferences.



Round 2 of the exercise was a card sorting exercise, where respondents (28 experts) were asked to group scenarios they considered to be similar together and then to name the type of tourists in each of the groups they created (for example “medical tourist”, “wellness traveller” or any other term they thought clearly defines the type of tourist or traveller they are). Card sorting as a method is considered to be a good way of developing structure and hierarchy, and helped to further agree definitions. A total of 68 unique category/group names were created by the participants. Similar category names were divided into a total of 16 standardised categories. This annex shows

which cards were sorted into each of the standardised categories. The following categories were developed following the sorting process:

- Accident and emergency (e.g., breaking a leg on holiday)
- Activity tourist (e.g., skier having a massage)
- Corporate wellness (e.g., prevention trip)
- Cosmetic treatment (e.g., breast augmentation)
- Health and beauty (e.g., teeth whitening)
- Health and spiritual (e.g., yoga weekend)
- Health and wellness (e.g., detox trip)
- Holistic tourist (e.g., silent meditation trip)
- Medical traveller (e.g., hair implant)
- Non-health/medical/wellness tourist (e.g., regular cancer check-up)
- Non-tourist (e.g., respite travel)
- Relaxation (e.g., staying in ayurveda hotel)
- Tourist/traveller (e.g., social tourism trip)
- Wellness and spa tourist (e.g., rejuvenation package)
- Wellness/wellbeing tourist (e.g., visiting public bath)

Table below shows how many cards in total were assigned to each category, and of these, how many cards were unique (i.e., assigned to the given category only).

Card Information		Categories														
Card Description	Wellness & Activity		Health & Wellness	Tourist/	Health & Beauty	Holistic	Corporate	Medical	Cosmetic	Accident & Emergency	Health & Spiritual	Non Tourist	Not enough information	Non health/medical/wellness	Wellness/Welbeing	Relaxation
	Spa Tourist	Tourist	Tourist	Traveler		Tourist	Wellness	Traveler	Treatment						Tourist	
STEFAN AND SUSAN From Berlin, went on a long we	17.65%		5.88%	11.76%				70.59%							58.82%	5.88%
JEFF AND JEAN Took their child from the USA to Chi			23.53%		5.88%										47.06%	5.88%
JUDY From Oslo, took her partner to The Ananda, the	11.76%		11.76%	17.65%		5.88%		23.53%	29.41%						17.65%	
TREVOR From Toronto, was sent on a prevention one	5.88%		17.65%				11.76%									
TRACY AND PAUL From Vienna, spent a weekend in	5.88%		5.88%	23.53%				5.88%			5.88%	11.76%	5.88%		29.41%	5.88%
MARY A family caregiver from Illinois, USA, went on a	11.76%		11.76%	29.41%											41.18%	5.88%
JENNIFER & GORDON From Cape Town, felt rejuven	5.88%		11.76%	11.76%		17.65%					11.76%				41.18%	
WALTER From Manchester, booked a one week pack	17.65%	17.65%	5.88%	35.29%										5.88%	17.65%	
LINDA From Lucerne, enjoyed daily massages while o			11.76%		11.76%			70.59%	5.88%							
INGRID Went from Australia to Thailand for teeth impla			11.76%			17.65%					11.76%				52.94%	5.88%
ANASTASIA From Moscow, went on a silent meditatio	23.53%		11.76%	23.53%			23.53%	5.88%							11.76%	
LÁNDOS From Budapest, booked a social tourism trip t	5.88%		17.65%	17.65%	11.76%		5.88%	41.18%							5.88%	
JENNIFER From Rome, had hair implant treatment in	5.88%		29.41%			5.88%		23.53%	5.88%						29.41%	
MARTA From Russia, went on a Dr Mayr detox trip to			17.65%		5.88%			76.47%								
BILL AND SUE Went from the USA to Costa Rica for			11.76%			17.65%					5.88%				52.94%	5.88%
GERTRUDE From Vienna, went on a yoga weekend to	5.88%		5.88%							17.65%		17.65%		5.88%		
KURT Works for BMW in China. He is admitted to hos			5.88%					5.88%							47.06%	5.88%
MONIQUE From Lyon, travelled to a Spa Retreat & W	17.65%		17.65%			5.88%										
LOUISA From Sweden, broke her leg on a skiing holid		11.76%	5.88%	23.53%		11.76%		17.65%		17.65%				5.88%	35.29%	
HELI From Finland, sought faster rehabilitation at a sh	5.88%		29.41%					17.65%								
LINDA Went from Australia to Thailand for gastric byp			11.76%		5.88%			76.47%	5.88%							
LOUISE From Brisbane, took a 3 day trip for Botox an	5.88%		11.76%		11.76%			52.94%							17.65%	
ANGELA Travelled from the UK for a boob job in Belgi			11.76%		11.76%		5.88%	64.71%	5.88%						5.88%	
JAMES From Washington, went for his regular cancer			11.76%		5.88%			76.47%								
ADA Goes from Germany to Hungary every year for he	17.65%		47.06%					11.76%						5.88%	23.53%	
INGRID Went from Australia back to Thailand for teeth			17.65%		11.76%			52.94%	5.88%						11.76%	
MARTHA From England, went to Switzerland to under			5.88%	5.88%		5.88%		52.94%			5.88%	17.65%		5.88%		
CLAUDIA From Munich, went with her friend to visit S	23.53%		11.76%	11.76%								5.88%			47.06%	

Table A3.1 Word cloud categorization of health tourism scenario cards

Standardised categories	Participants who used this category	Total scenario cards in this category	Unique scenario cards	Agreement
Medical traveller	15	140	19	0.49
Wellness/wellbeing tourist	13	111	20	0.43
Accident and emergency	4	10	6	0.42
Activity tourist	3	5	2	0.83
Health and wellness tourist	8	69	28	0.31
Tourist/traveller	9	36	11	0.36
Health and beauty	2	14	9	0.78
Holistic tourist	3	17	9	0.63
Corporate wellness	5	9	3	0.60
Non tourist	3	9	4	0.75
Wellness and spa tourist	4	30	15	0.50
Relaxation	1	8	8	1.00
Not enough information	1	1	1	1.00
Non health/medical/wellness	1	5	5	1.00
Cosmetic treatment	1	5	5	1.00

Note: The Total Scenario Cards in each category refers to the number of scenarios respondents linked to that category (everybody had 28 scenario cards). The number of Unique Scenario Cards indicates how many scenarios were under this category only. The level of Agreement indicates how much correlation was detected among scenarios in each category (i.e., the scenarios under the Medical Traveller category achieved medium agreement, i.e., half of the scenarios listed here were listed under another category, too, whereas the scenarios under Activity Tourist were listed mainly under this category).

The table shows that several categories were created and respondents could identify most of the scenarios under the terms medical and wellness (see total scenario cards under these two categories), but the level of agreement was not very strong.

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List of abbreviations and acronyms

AAC	Agritourism and Agri-Food Canada
ABA	ABA – Invest in Austria
A.D.	anno Domini
AHHA	American Holistic Health Association
ANBAL	Spanish Medical Spa Spanish Association
APSWC	Asia-Pacific Spa and Wellness Coalition
ASPE	Spanish Private Health Alliance
ASPS	American Society of Plastic Surgeons
BFY	‘better-for-you’
BRIC	Brazil, the Russian Federation, India and China
BoP	balance of payments
CABG	coronary artery bypass grafting
CAGR	compound annual growth rate
CAM	complementary and alternative medicine
CEAV	Spanish Confederation of Travel Agencies
CEHAT	Spanish Confederation of Hotels and Touristic Stays
CEO	Chief Executive Officer
CIS	Commonwealth of Independent States
CME	continuing medical education
CPQ	Center for Health care Planning and Quality
DHA	Dubai Health Authority
DHCC	Dubai Health care City
DMO	destination management organization
DPM	destination programme manager
EC	European Commission
EIU	Economic Intelligence Unit
EPF	European Patients’ Forum
ESKI	Health care Strategy Research Center (Egészségügyi Stratégiai Kutatóintézet)
ESPA EHV	European Spa Association
ETC	European Travel Commission
EU	European Union
EUR	euro
FDA	Food and Drug Administration (United States of America)
FDI	foreign direct investments (newspaper)

FMT	<i>Free Malaysia Today</i>
FOMO	fear of missing out
GATS	General Agreement of Trade in Services
GCC	Gulf Cooperation Council
GDP	gross domestic product
GRC	Geothermal Resources Council
GSS	Global Spa Summit
GSTC	Global Sustainable Tourism Council
GSWS	Global Spa and Wellness Summit
GWl	Global Wellness Institute
HRI	Health care Research Institute (PriceWaterhouseCoopers)
ICHHTO	Cultural Heritage, Handicrafts and Tourism Organization (Iran)
ICT	information and communications technology
IHG EVEN	Intercontinental Hotels Group (EVEN Hotels)
IHMT	<i>International Hospitals and Medical Tourism</i> (magazine)
IMTJ	<i>International Medical Tourism Journal</i>
IoT	Internet of things
ISAPS	International Society of Aesthetic Plastic Surgery
ISMH	International Society of Medical Hydrology and Climatology
ISO	International Organization for Standardization
ISP	Islamic Spa Practice
ISPA	International Spa Association
IT	information technology
IUTO	International Union of Tourism Offices
IVF	in-vitro fertilization
JCI	Joint Commission International
JOMO	joy of missing out
JTB	Jordan Tourist Board
KHIDI	Korea Health Industry Development Institute
LAP-BAND	laparoscopic adjustable gastric band
LBP	lower back pain
LGBT	lesbian, gay, bi-sexual, trans-gender
LOHAS	lifestyles of health and sustainability
LTC	long-term care
METU	Budapest Metropolitan University
MHTC	Malaysia Health care Travel Council
MIS	minimally invasive surgery
MTA	Medical Tourism Association
MTI	Hungarian News Agency (Magyar Távirati Iroda)
MTQUA	Medical Travel Quality Alliance
MYR	Malaysia ringgit
NABH	National Accreditation Board for Hospitals and Health care Providers (India)

NAV	Hungarian Tax Office
NDD	nature deficit disorder
NHS	National Health Service (United Kingdom)
NIS	New Israeli Sheqel
NTO	national tourism office
OECD	Organisation for Economic Co-operation and Development
ONS	Office for National Statistics
OTA	online travel agency or Organic Trade Association (United States of America)
PESTLE	political, economic, social, technological, environmental
PPACA	Patient Protection and Affordable Care Act (United States of America)
PPP	public-private partnership
SHMTPPP	Shanghai Medical Tourism Products and Promotion Platform
SIAT	Applied Research and Innovation Services (United States of America)
SLOW LIFE	sustainable, local, organic, wholesome, learning, inspiring, fun, experiences (six senses)
SME	small and medium-sized enterprises
SOWELL	social tourism opportunities in wellness and leisure activities
spa	<i>sanum per aqua</i>
THTDC	Turkish Health care Tourism Development Council
TK	Turkish Airlines
TOHWS	Tourism Observatory for Health, Wellness and Spa
TRAN	European Parliament Transport and Tourism Committee
UN	United Nations
UNSTAT	United Nations Statistics Division
UNWTO	World Tourism Organization
USAID	United States Agency for International Development
USCIPP	US Cooperative for International Patient Programs
USD	United States of America dollar
USITC	United States International Trade Commission
USSR	Union of Soviet Socialist Republics
UVB	ultraviolet B
WEF	World Economic Forum
WHO	World Health Organization
WTO	World Trade Organization
WTTC	World Travel and Tourism Council

References and bibliography

- ABA** (2011), *Invest in Austria* (online), available at: www.aba.gv.at/EN/Sectors/WellnessTourism/Health+Tourism.aspx (15-06-2017).
- ABC** (2013), *Azerbaijan starts promoting to thermal tourism* (online), available at: www.abc.az/eng/news/77074.html (12-06-2017).
- Aggarwal, A.K.; Guglani, M. and Goel, R.K.** (2008), 'Spiritual and Yoga Tourism: A case study on experience of Foreign Tourists visiting Rishikesh India', in: *Conference on Tourism in India – Challenges Ahead*, IIMK, 15th–17th May.
- Allied Market Research** (2013), *mHealth market is Expected to Reach \$58.8 Billion Globally by 2020* (online), available at: www.alliedmarketresearch.com/press-release/mhealth-market-is-expected-to-reach-588-billion-globally-by-2020.html (03-05-18).
- Agritourism and Agri-Food Canada** (2011), *Health and Wellness Trends for Canada and the World* (online), available at: www.ats-sea.agr.gc.ca/inter/4367-eng.htm (19-06-2017).
- AITF** (2018), *Azerbaijan prepares action plan for development of health tourism* (online), available at: <http://aitf.az/en-opennews/6535.41.html> (03-05-2018).
- Al-Hammouri, F.** (2010), *Medical Tourism: The Fastest Growing Industry Overview with a Focus on the Jordanian Experience*, Moscow Medical & Health Tourism Congress, 18 March 2010.
- Ali-Knight, J.** (2009), 'Yoga Tourism', in: Bushell, R. and Sheldon, P.J. (eds.), *Wellness and tourism: Mind, body, spirit, place*, Cognizant Communication, New York, pp. 84–98.
- AllAfrica** (2012), *Nigeria: How Nigerians Spend Billions On Medical Tourism* (online), available at: www.allafrica.com/stories/201301071129.html (12-07-2017).
- American Holistic Health Association** (2007), *Definitions* (online), available at: www.ahha.org (18-06-2017).
- American Medical Tourism Association** (2009), *Definitions* (online), available at: www.medicaltourismassociation.com/en/index.html (05-07-2017).
- American Spa** (2011), *Intelligent Spas publishes first Asia Pacific spa industry report* (online), available at: www.americanspa.com/news/intelligent-spas-publishes-first-asia-pacific-spa-industry-report (22-06-2017).
- American Spa** (2004), *ISPA Study on consumer trends sheds light on the “world” of spas* (online), available at: www.americanspa.com/spa-news/ispa-study-on-consumer-trends-sheds-light-on-world-spas (19-06-2017).
- Australian Spa Association** (2016), *Water Wise Project – Smart Water* (online), available at: www.waterportal.com.au/swf/images/swf-files/42r---2018-developing-best-practice-water-use-guidelines-for-the-health-spa-industry_final_report.pdf (09-08-2017).
- Balbo, L.** (2012), 'Medical Tourism Boom in Jordan and UAE', *Green Prophet*, 24-09-2012 (online), available at: www.greenprophet.com/2012/09/medical-tourism-jordan-united-arab-emirates (08-07-2017).
- Baum, T. and Lockstone-Binney, L.** (2013), 'Fit for purpose: delivering wellness tourism through people', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism: A destination perspective*, Routledge, London, pp. 130–143.
- Bender, T. et al.** (2014), 'Evidence-based hydro- and balneotherapy in Hungary—a systematic review and meta-analysis', *Int J Biometeorol*, volume 58, pp. 311–323.
- Bircher, J.** (2005), 'Towards a dynamic definition of health and disease', *Medicine, Health Care and Philosophy*, Springer, volume 8, pp. 335–341.
- Bird, J.** (2015), '10 emerging healthcare trends for 2016', *FierceHealthcare*, 08-12-2015 (online), available at: <https://fiercehealthcare.com/healthcare/10-emerging-healthcare-trends-for-2016> (20-06-2017).
- Black, S.** (2011), 'Holistic Retreats: Holidays for an Inner Journey', *Positive Health Online* (online), available at: www.positivehealth.com/article/retreats-and-travel/holistic-retreats-holidays-for-an-inner-journey (07-07-2017).
- Blue Lagoon** (2013), *Environmental Focus* (online), available at: www.bluelagoon.com/about-us/environmental-focus (08-07-2017).

- Bodnár, D.; Zámbó, V. and Zár, S.** (2014), *Az OFF2013 magyar-lengyel európai uniós szociálturisztikai projekt eredményei* (online), available at: www.itthon.hu/documents/28123/10245587/02+OFF2013.pdf/db648213-cd10-4ee3-b80b-9c3f0ee6adf2 (10-07-2017).
- Boekstein, M.** (2013), 'Revitalising the healing tradition: thermal springs in the Western Cape', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 369–372.
- Borland, S.** (2017), 'Health tourism 'chaos' draining the NHS: MPs condemn ministers over millions lost on foreign patients who don't pay', *Mail Online*, 01-02-2017 (online), available at: www.dailymail.co.uk/health/article-4178074/Health-tourism-chaos-draining-NHS.html (15-07-2017).
- Botanique** (2013), *Botanique: Spa and Wellness* (online), available at: www.botanique.com.br/english/index.html (22-06-2017).
- Bournemouth University** (2015), *Destination Feel Good* (online), available at: www.microsites.bournemouth.ac.uk/destinationfeelgood (08-07-2017).
- Breaking travel news** (2009), *Intelligent Spas publishes 5th spa study for Australia* (online), available at: www.breakingtravelnews.com/news/article/intelligent-spas-publishes-5th-spa-study-for-australia (24-06-2017).
- Breda, Z. et al.** (2010), 'Climate change impact on seaside tourism – Portugal and Romania: Two different case studies with strong particularities', *Revista Economică*, volume 54, pp. 113–135.
- Budapest Business Journal** (2015), *Mayor: Hévíz sees less Russian visitors, more Hungarian, Slovak, Czech* (online), available at: www.bbj.hu/economy/mayor-heviz-sees-less-russian-visitors-more-hungarian-slovak-czech_102249 (05-07-2017).
- Business Standard** (2013), *Trained manpower needed for wellness tourism* (online), available at: www.business-standard.com/article/news-ians/trained-manpower-needed-for-wellness-tourism-113080500612_1.html (12-07-2017).
- Calypso OFF** (2017), *Objective* (online), available at: www.calypso-off2013.eu (29-08-2017).
- Carpathian Convention** (2016), *Strategy for the Future Sustainable Tourism Development of the Caprathians* (online), available at: www.carpathianconvention.org/tl_files/carpathiancon/Downloads/03%20Meetings%20and%20Events/Working%20Groups/Sustainable%20Tourism/Carpathian_SusTourStrat_2409_ConsultationDraft.pdf (24-09-2017).
- Carr, D.** (2016), *Future of Luxury Travel Report 2016*, Resonance, New York.
- Chanda, R.** (2002), 'Trade in health services', *Bulletin of the World Health Organisation*, volume 80, pp. 158–163.
- Charlier, R.H. and Chaineux, M.C.P.** (2009), 'The Healing Sea: A Sustainable Coastal Ocean Resource: Thalassotherapy', *Journal of Coastal Research*, volume 25, pp. 838–856.
- China News** (2016), *Top 8 outbound medical tourism hotspots for China's affluent* (online), available at: www.list.juwai.com/news/2016/10/top-8-outbound-medical-tourism-hotspots-for-china-s-affluent (17-07-2017).
- Chinese Tourist Agency** (2016), *Medical Tourism Booming in China* (online), available at: www.chinesetouristagency.com/medical-tourism-a-new-form-of-tourists/ (11-08-2017).
- Cluster Wellness Tyrol** (2016), *Cluster Renewable Energies Tyrol* (online), available at: www.standort-tirol.at/page.cfm?vpath=cluster-partners/tyrolean-clusters/renewable-energies#schwerpunkte (11-08-2017).
- Cohen, M.** (2010), 'Spas, Wellness and Human Evolution', in: Cohen, M. and Bodeker, G. (eds.), *Understanding the Global Spa Industry: Spa management*, Routledge, London, pp. 3–25.
- Connell, J.** (2012), 'Contemporary medical tourism: Conceptualisation, culture and commodification', *Tourism Management*, volume 34, pp. 1–13.
- Corporate Wellness Magazine** (2016), *Employers Can Help to Prevent the High Costs of Chronic Diseases* (online), available at: www.corporatewellnessmagazine.com/economics/employers-can-help-prevent-high-costs-chronic-diseases/ (23-10-2017).
- Cummings, B.** (2013), 'Time for the W.H.O. to Revisit Their Definition of Health', *Patch*, 05-04-2013 (online), available at: www.farmington-mi.patch.com/groups/bob-cummings-blog/p/bp--time-for-the-who-to-revisit-their-definition-of-h00171272cc (15-07-2017).
- CzechTourism** (2018), *Medical tourism in the Czech Republic* (online), available at: www.czechtourism.com/p/us-medical-tourism/ (22-01-2018).
- Daily News Hungary** (2016), *More Russian tourists might visit Hévíz thanks to a direct flight* (online), available at: www.dailynewshungary.com/more-russian-tourists-might-visit-heviz-thanks-to-a-direct-flight (13-07-2017).
- Dallasnews** (2012), *Wal-Mart turning to medical tourism to lower employee health costs* (online), available at: www.dallasnews.com/business/health-care/article745164.ece (17-07-2017).

- Design & Health** (2013), *Landscape design: Patient-specific Healing Gardens* (online), available at: www.worldhealthdesign.com/Patient-specific-Healing-Gardens.aspx (25-06-2017).
- Deutscher Wellness Verband** (2008), *Medical Wellness* (online), available at: www.dmwv.de/medical_wellness/begriff.html (24-06-2017).
- Dilmunia** (2017), Masterplan (online), available at: www.dilmunia.com/masterplan (26-09-2017).
- Dubai Healthcare City (DHCC)** (2017), *Medical Tourism* (online), available at: www.dhcc.ae/Portal/assets/c8c044f8/DHCC%20Medical%20Tourism%20Brochure_Single.pdf.aspx (19-10-2017).
- Dunn, H.L.** (1961), *High-Level Wellness*, Beatty Press, Arlington, VA.
- ECOCERT** (2017), *Organic & Ecological Spa* (online), available at: www.ecocert.com/en/being-organic-ecological-spa (12-08-2017).
- Economic Times** (2017), *Medical tourism value in India to touch USD 9 bn by 2020* (online), available at: www.economictimes.indiatimes.com/industry/services/travel/medical-tourism-value-in-india-to-touch-usd-9-bn-by-2020-govt/articleshow/62124646.cms (19-12-2017).
- Economist Intelligence Unit** (2011), *Travelling for health. The potential for medical tourism* (online), available at: www.pages.eiu.com/rs/eiu2/images/Travelling_for_health_Executive_summary.pdf (26-06-2017).
- Erfurt-Cooper, P.** (2013), 'Wellness Tourism: a perspective from Japan', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism: A Destination Perspective*, Routledge, London, pp. 235–254.
- Erfurt-Cooper, P. and Cooper, M.** (2009), *Health and Wellness Tourism: Spas and Hot Springs*, Channel View, Clevedon.
- ETN** (2014), *Medical tourism on the rise in Czech Republic* (online), available at: www.eturbonews.com/43271/medical-tourism-rise-czech-republic (22-01-2018).
- Euromonitor** (2017), *Top 10 Global Consumer Trends for 2017*, Euromonitor, London.
- Euromonitor** (2016), *Global Economies and Consumers in 2017* (online), available at: www.go.euromonitor.com/rs/805-KOK-719/images/WP_Global_Economies_and_Consumers_in_2017.pdf (20-06-2017).
- Euromonitor** (2013), *World Travel Market, Global Trends Report*, WTM.
- Euromonitor** (2011), *Global Medical Tourism Briefing: A Fast Growing Niche Market*, Euromonitor International, London.
- European Commission** (2017), *Public Health* (online), available at: www.ec.europa.eu/health/strategy/policy_en (12-12-2017).
- European Commission** (2013a), *Accessible tourism* (online), available at: www.ec.europa.eu/growth/sectors/tourism/offer/accessible_en (23-06-2017).
- European Commission** (2013b), *Europe – the Best Destination for Seniors* (online), available at: www.accessibletourism.org/?i=enat.en.forums.1513 (21-06-2017).
- European Commission** (2012a), *Ageing report: Europe needs to prepare for growing older* (online), available at: http://ec.europa.eu/economy_finance/articles/structural_reforms/2012-05-15_ageing_report_en.htm (16-06-2017).
- European Commission** (2012b), *European charter for a sustainable and responsible tourism*, 10 February, Brussels.
- European Commission, DG Enterprise and Industry** (2010a), *Calypso Study, Final Report* (online), available at: www.ec.europa.eu/commission/index_en (16-06-2017).
- European Commission, DG Enterprise and Industry** (2010b), *Sowell. Social tourism opportunities in wellness and leisure activities* (online), available at: www.ec.europa.eu/commission/index_en (18-06-2017).
- European Commission** (2009), *Natural mineral waters and spring water* (online), available at: www.ec.europa.eu/food/food/labellingnutrition/water/index_en.htm (17-06-2017).
- European Parliament** (2016), *Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)*, European Parliament (online), available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2016.119.01.0001.01.ENG (12-04-2018).
- European Parliament** (2015), *Commission Report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare* (online), COM(2015) 421 final, European Parliament (online), available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52015DC0421> (11-04-2018).
- European Parliament TRAN Committee** (2017), *Health Tourism in the EU: a general investigation*, European Parliament, Directorate General for Internal Policies, Brussels.

- European Patients Forum** (2011), *EU Directive 2011/24/EU on the application of patients' rights in cross-border healthcare: Legislation Guidance for Patient Organisations* (online), available at: www.eu-patient.eu/globalassets/policy/cross-borderhealthcare/2013-11-18_cbhc_guidance-final.pdf (27-06-2017).
- European Spas Association** (2017), *Who we are* (online), available at: www.europeanspas.eu/content/who-we-are/who-we-are (11-10-2017).
- European Voice** (2013), *Member states fall behind on cross border healthcare rules* (online), available at: www.politico.eu/article/member-states-fall-behind-on-cross-border-healthcare-rules (19-06-2017).
- Eurostat** (2016), *Senior tourists make longer trips, preferably in their country of residence and staying at non-rented accommodation* (online), available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Tourism_trends_and_ageing (18-06-2017).
- Eurostat** (2015) *Quality of life in Europe* (online), available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Quality_of_life_in_Europe_-_facts_and_views_-_leisure_and_social_relations (15-06-2016).
- Filep, S.** (2014), 'Moving Beyond Subjective Well-Being: A Tourism Critique', *Journal of Hospitality and Tourism Research*, volume 38, p. 266.
- Foscolou, A. et al.** (2017), 'The Impact of the Financial Crisis on Lifestyle Health Determinants Among Older Adults Living in the Mediterranean Region: The Multinational MEDIS Study (2005-2015)', *Journal of Preventive Medicine & Public Health*, volume 50 (1), pp. 1–9 (online), available at: www.jpmp.org/journal/view.php?number=1895 (19-06-2017).
- Franzblau, E.L. and Chung, K.C.** (2013), 'Impact of Medical Tourism on Cosmetic Surgery in the United States', *Plastic and Reconstructive Surgery - Global Open*, volume 1 (7), p. 63.
- Frischhut, M.** (2017), 'Legal and Ethical Issues of Cross-border Reproductive Care from an EU Perspective', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 203–218.
- Fullagar, S. and O'Brien, W.** (2014), 'Social recovery and the move beyond deficit models of depression: A feminist analysis of mid-life women's self-care practices', *Social Science & Medicine*, volume 117, pp. 116–124.
- Gallup** (2014), *State of Global Wellbeing* (online), available at: www.info.healthways.com/wellbeingindex (18-06-2017).
- Gasul, D.** (2013), 'Opportunities and barriers to sustainable health tourism development in the Israeli Dead Sea Region', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 373–378.
- Geothermal Resources Council (GRC)** (2016), *GRC Bulletin* (online), available at: www.geothermal.org/what.html (16-11-2017).
- Gerritsma, R.** (2008), 'The Growing Yoga Community in the Netherlands How Yoga is becoming a Lifestyle Product including Tourism Activities', in: Smith, M.K. and Puczkó, L. (eds.), *Health and Wellness Tourism*, Butterworth Heinemann, Oxford, pp. 361–365.
- Gisolf, M.C.** (2013), 'A new age in tourism: a case study of New Age centres in Costa Rica', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 421–424.
- Glinos, I.** (2012), 'Worrying about the wrong thing: patient mobility versus mobility of health care professionals', *Journal of Health Services Research and Policy*, volume 17 (4), pp. 254–256.
- Global Spa Summit** (2011), *Wellness Tourism and Medical Tourism: Where do Spas Fit?*, GSS, New York (online), available at: <http://spalietuva.it/wp-content/uploads/2011/04/ISPA-US-Spa-Industry-Study-2011-FINAL-260911-online.pdf> (27-06-2017).
- Global Spa Summit** (2010), *Spas and the Global Wellness Market: Synergies and Opportunities*, GSS, New York (online), available at: www.sri.com/sites/default/files/publications/gss_sri_spasandwellnessreport_rev_82010.pdf (28-06-2017).
- Global Spa Summit** (2007), *Global Spa Economy Report*, GSS, New York (online), available at: www.globalspaandwellnesssummit.org/images/stories/pdf/gss.spa.economy.report.2008.pdf (29-06-2017).
- Global Wellness Institute** (2017), *Global Wellness Economy Monitor*, GWI, Miami (online), available at: www.globalwellnessinstitute.org/global-wellness-institute-releases-global-wellness-economy-monitor-packed-with-regional-national-data-on-wellness-markets (28-06-2017).
- Global Wellness Institute** (2014), *Global Spa & Wellness Economy Monitor*, GWI, New York (online), available at: www.globalspaandwellnesssummit.org/images/stories/gsws2014/pdf/GWI_Wellness_Economy_Monitor_Report_9.27.14.pdf.pagespeed.ce.ecLPzZXeYm.pdf (01-07-2017).

- Global Wellness Institute** (2013), *The Global Wellness Tourism Economy*, GWI, New York (online), available at: www.globalwellnesssummit.com/images/stories/pdf/wellness_tourism_economy_exec_sum_final_10022013.pdf (02-07-2017).
- Glouberman, D. and Cloutier, J.** (2017), 'Community as holistic healer on health holiday retreats: the case of Skyros', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 152–167.
- Goal, P.** (2014), 'PlacidWay 2014 Medical Tourism Global Consumer Demand Survey Analysis', *Placidway*, 13-03-2014 (online), available at: www.placidway.com/article/1385/PlacidWay-2014-Medical-Tourism-Global-Consumer-Demand-Survey-Analysis (19-07-2017).
- Goldmeier, H.** (2013), 'Your Business: Medical tourism – growth industry or a burden? The status quo in Israel means perpetual shortages of beds and staff', *The Jerusalem Post*, 01-09-2013 (online), available at: www.jpost.com (15-06-2017).
- Gössling, S. et al.** (2012), 'Tourism and Water Use: Supply, Demand, and Security, An International Review', *Tourism Management*, volume 33 (1), pp. 1–15.
- Government of India** (2015), *Revised guidelines for the promotion of wellness and medical tourism as niche tourism products* (online), available at: www.tourism.gov.in/sites/default/files/REVISED%20GUIDELINES%20FOR%20WELLNESS%20%26%20MEDICAL%20TOURISM%20AS%20ON%2020.03.2015.pdf (02-07-2017).
- Gutenbrunner, C. et al.** (2010), 'A proposal for a worldwide definition of health resort medicine, balneology, medical hydrology and climatology', *Int J Biometeorol*, volume 54, pp. 495–507.
- Halavy, D.** (2016), *Health Ministry to Limit Impact of Medical Tourism* (online), available at: www.hamodia.com/2016/06/13/health-ministry-limit-impact-medical-tourism (03-07-2017).
- Hall, C.M.** (2013), *Medical Tourism: The ethics, regulation, and marketing of health mobility*, Routledge, London.
- Hancinema** (2012), *KHIDI President Ko Kyung-Hwa Opens Medical Tourism CEO Course* (online), available at: www.hancinema.net/khidi-president-ko-kyung-hwa-opens-medical-tourism-ceo-course-47064.html (04-07-2017).
- Harasheh, S.** (2013), 'Therapeutic tourism on the Dead Sea of Jordan is in danger', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, p. 174.
- Harvard Law Bulletin** (2013), *As Americans travel to other countries for medical care, I. Glenn Cohen looks at the implications at home and abroad* (online), available at: www.today.law.harvard.edu/feature/patients-without-borders-i-glenn-cohen-on-the-rise-of-medical-tourism (13-07-2017).
- Healing Hotels of the World** (2017), *Who we are* (online), available at: <https://healinghotelsoftheworld.com/> (24-09-2017).
- Health City Cayman Islands** (2016), *Introduction* (online), available at: www.healthcitycaymanislands.com (18-11-2017).
- Health Research Institute** (2012), 'Social media "likes" healthcare, From marketing to social business', *PwC*, 04-2012 (online), available at: www.pwc.com/us/en/health-industries/health-research-institute/publications/health-care-social-media.html (07-07-2017).
- Henderson, J.** (2005), 'Healthcare tourism in South-East Asia', *Tourism Review International*, volume 7, pp. 111–21.
- Herdem** (2014), *Medical Tourism and Free Healthcare Zones In Turkey* (online), available at: www.herdem.av.tr/medical-tourism-and-free-healthcare-zones-in-turkey (11-07-2017).
- Hewitt, J.** (2017), 'How to grow old like an athlete', *World Economic Forum*, 02-02-2017 (online), available at: www.weforum.org/agenda/2017/02/healthspan-vs-lifespan (12-07-2017).
- Hilton** (2012), *Blue paper, Emerging global trends* (online), available at: www.hiltonglobalmediacenter.com/assets/HILT/docs/bluepapers/Spa/SpaBluePaperEnglish.pdf (13-07-2017).
- Hopeniene, R. and Bagdoniene, L.** (2010), 'Lithuanian wellness cluster: pros and cons', *RESER* (online), available at: www.reser.net/materiali/priloge/slo/bagdoniene_l_hopeniene_r.pdf (04-07-2017).
- Huffington, A.** (2014), 'Big Business Finally Learns That Wellness Is Good Business', *Huffingtonpost*, 07-05-2014 (online), available at: www.huffingtonpost.com/arianna-huffington/big-business-finally-lear_b_5559758.html (08-07-2017).
- Hyde-Smith, M. and Hull, J.** (2013), 'Te Aroha wellness tourism: yesterday and today', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 361–367.
- Indileak** (2013), *Goa aims to be a health-and-wellness tourism destination* (online), available at: www.indileak.com/goa-aims-to-be-a-health-and-wellness-tourism-destination (26-06-2017).
- IMS Institute for healthcare informatics** (2015), *Patient Adoption of mHealth* (online), available at: http://moodle.univ-lille2.fr/pluginfile.php/215343/mod_resource/content/0/IIHI_Patient_Adoption_of_mHealth.pdf (03-05-2018).

- Intercontinental Hotels Group** (2017), *Meet EVEN Hotels. Where wellness built in* (online), available at: www.ihg.com/evenhotels/hotels/us/en/reservation#homepage (13-10-2017).
- Intercontinental Hotels Group** (2012), *Creating "moments of trust" The key to building successful brand relationships in the Kinship Economy* (online), available at: www.ihgplc.com/news-and-media/news-releases/2015/ihg-trends-report-challenges-brands-to-build-trust-capital (20-07-2017).
- International Medical Travel Journal** (2018), *Medical Travel Agencies Active in the EU Must Comply from 1 July* (online), available at: www.imtj.com/news/medical-travel-agencies-active-eu-must-comply-1-july/ (02-06-2018).
- International Medical Travel Journal** (2017a), *Iran Shifts Gears in Promoting Medical Tourism* (online), available at: www.imtj.com/news/iran-shifts-gears-promoting-medical-tourism (23-07-2017).
- International Medical Travel Journal** (2017b), *The Decline of Singapore Medical Tourism* (online), available at: www.imtj.com/news/decline-singapore-medical-tourism (24-07-2017).
- International Medical Travel Journal** (2016a), *40% drop in medical tourism numbers to Jordan* (online), available at: www.imtj.com/news/40-drop-medical-tourism-numbers-jordan (24-07-2017).
- International Medical Travel Journal** (2016b), *Medical Tourism Climate Survey 2016* (online), available at: www.imtj.com/resources/medical-tourism-climate-survey-2016 (18-07-2017).
- International Medical Travel Journal** (2015a), *Jordan seeks to get medical tourism back on track* (online), available at: www.imtj.com/news/jordan-seeks-get-medical-tourism-back-track (19-07-2017).
- International Medical Travel Journal** (2015b), *Wellness tourism struggling in Austria* (online), available at: www.imtj.com/news/wellness-tourism-struggling-austria (17-07-2017).
- International Medical Travel Journal** (2013a), *Australian Health insurer to offer cosmetic surgery tourism* (online), available at: www.imtj.com/news/?entryid82=431372 (22-07-2017).
- International Medical Travel Journal** (2013b), *Facebook competition to promote Thai health tourism* (online), available at: www.imtj.com/news/?entryid82=428039#sthash.rqfpqRBP.dpuf (22-01-2017).
- International Medical Travel Journal** (2012), *Poland invests in a medical tourism initiative for 2012-2015* (online), available at: www.imtj.com/articles/2012/polish-medical-tourism-40179/#sthash.6SYI7LP.dpuf (28-06-2017).
- International Medical Travel Journal** (2009), *Countries tackle fraud and corruption in health tourism* (online), available at: www.imtj.com/news/countries-tackle-fraud-and-corruption-health-tourism (27-06-2017).
- International Social Tourism Association** (2016), *The Right to Holidays: Reclaiming lost grounds* (online), available at: www.oits-isto.org/oits/files/resources/379.pdf (17-07-2017).
- International Spa Association** (2014), *The Big Five Statistics* (online), available at: www.experienceispa.com/media/facts-stats (22-06-2017).
- International Spa Association** (2013a), *Types of Spas* (online), available at: www.experienceispa.com/resources/spa-goers (25-06-2017).
- International Spa Association** (2013b), *US Spa Industry Study* (online), available at: www.experienceispa.com (26-06-2017).
- International Spa Association** (2013c), *Why Spa?* (online), available at: <https://experienceispa.com/resources/spa-goers> (27-06-2017).
- International Spa Association** (2011), *Spa Industry Report* (online), available at: www.spalietuva.lt/wp-content/uploads/2011/04/ISPA-US-Spa-Industry-Study-2011-FINAL-260911-online.pdf (30-06-2017).
- International Society of Aesthetic Plastic Surgery** (2016), *Global Statistics* (online), available at: www.isaps.org/medical-professionals/isaps-global-statistics/ (11-11-2017).
- International Union of Official Travel Organizations** (1973), *Health Tourism*, United Nations, Geneva.
- Instituto Nacional de Promoción Turística** (2017), *Argentina is Health* (online), available at: www.argentina.travel/en/turismomedico (09-01-2017).
- ITB-Berlin** (2017), *Health-oriented and medical tourism: Germany leading globally* (online), available at: www.itb-berlin.de/Presse/Pressemitteilungen/News_48322.html?referrer=/de/Presse/Pressemitteilungen/ (13-12-17).
- Joint Commission International** (2017), *Our Focus* (online), available at: <https://jointcommissioninternational.org> (06-06-2017).
- Kadrie, M.** (2015), 'Health care education is a lifeline for the national economy', *The National*, 13-06-2015 (online), available at: www.thenational.ae/business/economy/health-care-education-is-a-lifeline-for-the-national-economy (19-06-2017).
- Karagülle, M. and Karagülle, M.Z.** (2014), 'Effectiveness of balneotherapy and spa therapy for the treatment of chronic low back pain: a review on latest evidence', *Clin Rheumatol*, volume 34, pp. 207-214.

- Kelly, C.** (2012), 'Wellness Tourism: Retreat Visitor Motivations and Experiences', *Tourism Recreation Research*, volume 37 (3), pp. 205–213.
- Kelly, C. and Smith, M.K.** (2017), 'Journeys of the self: the need to retreat', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 138–151.
- Ketchum** (2012), *Ketchum's Health and Wellness Trend Report* (online), available at: www.ketchum.com/sites/default/files/trendreport_v8.pdf (18-06-2017).
- Koh, S.; Yoo, J.J.-E. and Boger, C.A.** (2010), 'Importance performance analysis with benefit segmentation of spa goers', *International Journal of Contemporary Hospitality Management*, volume 22 (5), pp. 718–735.
- Kondrashev, A.** (2013), 'History, Traditions and the Recent Trends in the Spa Industry in the Czech Republic' in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 329–333.
- Konu, H.** (2014), *Defining and developing wellbeing tourism*, Licentiate thesis Joensuu, University of Eastern Finland.
- Konu, H. and Smith, M.K.** (2017), 'Cross-border health tourism collaborations: opportunities and challenges', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 298–314.
- Konu, H.; Tuohino, A. and Björk, P.** (2013), 'Wellbeing tourism in Finland', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 345–350.
- Kruizinga, P.** (2017), 'Health tourism and health promotion at the coast', in: Smith, M.K. and Puczkó, L. (eds.), *Routledge Handbook of Health Tourism*, Routledge, London, pp. 386–398.
- Kruizinga, P.** (2016), 'Health tourism and health promotion at the coast', in: Smith, M.K. and Puczkó, L. (eds.), *Routledge Handbook of Health Tourism*, Routledge, London, pp. 386–398.
- Kruizinga, P.** (2013), 'Heritage and the renaissance of Domburg as a health resort', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 379–382.
- Laing, J.; Voigt, C. and Frost, W.** (2013), 'Fantasy, authenticity and the spa tourism experience', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 220–234.
- Larson, J.S.** (1996), 'The World Health Organization's definition of health: Social versus spiritual health', *Social Indicators Research*, volume 38 (2), pp. 181–192.
- Lebe, S.S.** (2013), 'Wellness tourism development in Slovenia in the last two decades', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 315–319.
- Louv, R.** (2005), *Last Child in the Woods: Saving our Children from Nature Deficit Disorder*, Atlantic Books Berkeley, CA.
- Lundy, L.** (2015), 'Future Traveller Tribes 2030, Building a more rewarding journey', *Frost & Sullivan – Amadeus* (online), available at: www.amadeus.com/documents/future-traveller-tribes-2030/amadeus-traveller-tribes-2030-airline-it.pdf (28-06-2017).
- Lunt, N. et al.** (2011), *Medical Tourism: Treatments, Markets and Health System Implications: A scoping review*, OECD, Paris.
- Magyar Fogászati Turizmus Fejlesztési Programiroda** (2017), *Rólunk* (online), available at: www.mftf.hu (12-10-2017).
- Mak, A.H.N.; Wong, K.K.F. and Chang, R.C.Y.** (2009), 'Health or self-indulgence?', *Journal of Tourism Research*, volume 11 (2), pp. 185–199.
- Malaysia Health care Travel Council** (2018), *Health care Travel in Malaysia Setting the Standard* (online), available at: www.mhtc.org.my/media-centre (24-04-2018).
- Marriott** (2017), *Wellness and Fitness* (online), available at: www.marriott.com/jw-marriott-hotels-resorts/wellness-fitness.mi (25-09-2017).
- McArdle, E.** (2013), 'As Americans travel to other countries for medical care, I. Glenn Cohen looks at the implications at home and abroad', *Harvard Law Bulletin*, 01-07-2013 (online), available at: <https://today.law.harvard.edu> (19-10-2018).
- McCabe, S.; Minnaert, L. and Diekmann, A.** (2012), *Social Tourism in Europe: Theory and Practice Aspects of Tourism*, Channel View Publications, Ontario, Canada.
- McCarthy, J.** (2013), 'The Psychology of Spas & Wellbeing', *Psychology of wellbeing* (online), available at: www.psychologyofwellbeing.com/psychology-of-spa (23-06-2017).
- McCarthy, J.** (2014), conversation with the author.
- MedHalt** (2016), *Medical Travel or Tourism: What's The Difference?* (online), available at: www.medhalt.com/blog/medical-travel-tourism-difference (19-06-2017).
- Medical Korea** (2013), *Visit Medical Korea* (online), available at: www.english.visitmedikorea.com/english/pt/index.do (20-06-2017).
- Medical Tourism Association** (2014), *Medical Tourism Index* (online), available at: www.medicaltourismindex.com (21-06-2017).

- Medical Tourism Association** (2013), *Healthcare Clusters, Medical Clusters and Healthcare Associations* (online), available at: www.medicaltourismassociation.com/en/healthcare-clusters.html (22-06-2017).
- Medical Travel Quality Alliance** (2016), *7 Medical Tourism Trends to Watch in 2016* (online), available at: www.mtqua.org/2016/02/24/7-medical-tourism-trends-2016 (27-06-2017).
- Ministry of Economic Development and Technology**, Republic of Slovenia (2017), *Strategy for the Sustainable Growth of Slovenian Tourism for 2017–2021* (online), available at: www.slovenia.info/uploads/publikacije/the_2017-2021_strategy_for_the_sustainable_growth_of_slovenian_tourism_eng_web.pdf.
- Ministry of Health**, State of Israel (2017), *The Medical Tourism Law was approved in its First Reading in the Knesset Plenum* (online), available at: www.health.gov.il/English/News_and_Events/Spokespersons_Messages/Pages/22032017_4.aspx.
- Mintel** (2011), 'Spa Life UK', *UK Spa Life Conference*, 08 November, Elveden.
- Mitas, O.; Nawijn, J. and Jongsma, B.** (2016), 'Between tourists: Tourism and happiness', in: Smith, M.K. and Puczkó, L. (eds.), *Routledge Handbook of Health Tourism*, Routledge, London, pp. 47–64.
- Moal-Ulvoas, G. and Taylor, V.A.** (2014), 'The spiritual benefits of travel for senior tourists', *Journal of Consumer Behaviour*, volume 13, pp. 453–462.
- Müller, H. and Kaufmann, E.L.** (2001), 'Market analysis of a special health tourism segment and implications of the hotel industry', *Journal of Vacation Marketing*, volume 7 (1), pp. 5–17.
- Munro, J.W.** (2012), 'What is Medical Tourism?', *Medical Travel Quality Alliance* (online), available at: www.mtqua.org (28-06-2017).
- Myers, J.E.; Sweeney, T.J. and Witmer, M.** (2000), *A holistic model of wellness* (online), available at: www.mindgarden.com/products/wells.htm (16-06-2017).
- Mymedholiday** (2013), *China's Seeking its Share of the Growing Medical Tourism, Market* (online), available at: www.mymedholiday.com/blog/2013/11/1074/chinas-seeking-its-share-of-the-growing-medical-tourism-market (18-07-2017).
- Mynatour** (2013), *Iceland: A Truly Sustainable Destination* (online), available at: www.mynatour.org/destination/iceland-truly-sustainable-destination (18-07-2017).
- National Wellness Institute** (2007), *About Wellness* (online), available at: www.nationalwellness.org (19-07-2017).
- Nawijn, J.** (2010), 'Happiness Through Vacationing: Just a Temporary Boost or Long-Term Benefits?', *Journal of Happiness Studies*, volume 12, pp. 651–665.
- Nordic Innovation** (2011), *Innovating and re-branding Nordic wellbeing tourism* (online), available at: www.nordicinnovation.org/Global/_Publications/Reports/2011/2011_NordicWellbeingTourism_report.pdf (19-07-2017).
- Panonika** (2017), *Pocetna* (online), available at: www.panonika.ba (14-11-2017).
- Patients beyond Borders** (2017), *Dentistry* (online), available at: www.patientsbeyondborders.com/procedure/dentistry (26-11-2017).
- Patients beyond Borders** (2016), *Medical Tourism Statistics and Facts* (online), available at: www.patientsbeyondborders.com/medical-tourism-statistics-facts (25-09-2017).
- Organisation for Economic Co-operation and Development** (2017), *Health at a Glance 2017* (online), available at: www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm (18-07-2017).
- Organisation for Economic Co-operation and Development** (2016), *Health at a Glance: Europe 2016, State of Health in the EU Cycle* (online), available at: www.oecd.org/health/health-at-a-glance-europe-23056088.htm (20-07-2017).
- Organisation for Economic Co-operation and Development** (2015a), *Health at a Glance 2015: OECD Indicators* (online), available at: www.apps.who.int/medicinedocs/documents/s22177en/s22177en.pdf (25-07-2017).
- Organisation for Economic Co-operation and Development** (2015b), *Slow growth in health spending but Europe lags behind* (online), available at: www.oecd.org/health/slow-growth-in-health-spending-but-europe-lags-behind.htm.
- Organisation for Economic Co-operation and Development** (2014a), *Health at a Glance – Europe* (online), available at: www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2014_health_glance_eur-2014-en (28-07-2017).
- Organisation for Economic Co-operation and Development** (2014b), *Obesity Update* (online), available at: www.oecd.org/health/Obesity-Update-2014.pdf (26-07-2017).
- Organisation for Economic Co-operation and Development** (2013), *Health at a Glance 2013: OECD Indicators* (online), available at: www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf (19-07-2017).
- Off to Spas** (2017), *Hévíz: Hungary* (online), available at: www.offtospas.eu (22-07-2017).
- Office for National Statistics (ONS)** (2016), *At what age is Personal Well-being the highest?* (online), available at: www.ons.gov.uk/ons/dcp171776_431796.pdf (21-07-2017).

- Ormond, M.** (2013), 'Claiming 'cultural competence': the promotion of multi-ethnic Malaysia as a medical tourism destination', in: Hall, C.M. (ed.), *Medical Tourism: The Ethics, Regulation, and Marketing of Health Mobility*, Routledge, London, pp. 187–200.
- Oxford Business Group** (2015), *Thailand has healthy prospects for medical tourism* (online), available at: www.oxfordbusinessgroup.com/news/thailand-has-healthy-prospects-medical-tourism (12-07-2017).
- Paffhausen, A.L.; Peguero, C. and Roche-Villarreal, L.** (2010), *Medical Tourism: A Survey*, ECLAC, Washington, (online), available at: wiwi.uni-passau.de/fileadmin/dokumente/lehrstuehle/grimm/Publikationen/Medical_Tourism_A_Survey_L111_final.pdf (15-07-2017).
- Pascarella, S.** (2008), *Enjoy rugged relaxation at adventure spas* (online), available at: www.usatoday.com/travel/deals/inside/2005-10-12-column_x.htm (17-07-2017).
- Pforr, C. and Locher, C.** (2013), 'Health tourism in the context of demography and psychographic change: a German perspective', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 255–268.
- Pforr, C. et al.** (2013), 'Health regions: building tourism destinations through networked regional core competencies', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 99–111.
- Polgár, J.** (2007), 'Medical wellness – új trendek az egészségsturizmusban' (Medical wellness – new trends in the health industry), *Turizmus Bulletin*, volume 11 (4) (online), available at: www.turizmusonline.hu/aktualis/cikk/megjelent_a_turizmus_bulletin_xi_evfolyanak_4_szama (20-07-2017).
- Ponder, L.M. and Holladay, P.J.** (2013), 'The Transformative Power of Yoga Tourism', in: Reisinger, Y. (ed.), *Transformational Tourism: Tourist Perspectives*, CABI: Wallingford, pp. 98–108.
- Pontus, Y.** (2016), 'Russia becoming more attractive as medical tourism destination', *Russia Beyond*, 19-09-2016 (online), available at: www.rbth.com/business/2016/09/19/russia-becoming-more-attractive-as-medical-tourism-destination_631159 (18-06-2017).
- Prideaux, B.; Berbigier, D. and Thompson, M.** (2013), 'Wellness tourism and destination competitiveness', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 45–60.
- Puczkó, L.** (2017), *The Impacts of Thermal Spring Visits to Guests' Wellbeing*, unpublished study, Budapest.
- Puczkó, L.** (2016), 'Owners Demand More Accountability in Wellness/Spa Investments and Operations', *Hotel Executive*, 10-07-2016 (online), available at: www.hotelexecutive.com/business_review/4806/owners-demand-more-accountability-in-wellnessspa-investments-and-operations (19-06-2017).
- PriceWaterhouseCoopers** (2015), *The New Health Economy* (online), available at: www.pwc.com/us/en/health-industries/assets/pwc-health-research-institute-the-coming-plug-and-play-health-ecosystem-essay-dec-2015.pdf (22-06-2017).
- Rao, P.** (2016), 'India's medical tourism gets Africans' attention', *Africa Renewal* (online), available at: www.un.org/africarenewal/magazine/december-2016-march-2017/india%E2%80%99s-medical-tourism-gets-africans%E2%80%99-attention (23-06-2017).
- Reany, P.** (2012), 'One in three open to traveling for medical treatment, poll finds', *Reuters*, 13-11-2012 (online), available at: www.reuters.com/article/us-medicaltourism-idUSBRE8AC0Q220121113 (26-06-2017).
- Retreat Company** (2017), *Retreat Hideaways* (online), available at: www.theretreatcompany.com (27-06-2017).
- Retreat Finder** (2017), *Find a retreat* (online), available at: www.retreatfinder.com (26-06-2017).
- Saamah, A. et al.** (2012), *Happy Planet Index: 2012 Report. A global index of sustainable well-being* (online), available at: www.static1.squarespace.com/static/5735c421e321402778ee0ce9/t/578cb7e8b3db2b247150c93e/1468839917409/happy-planet-index-report-2012.pdf (10-07-2017).
- Saracchi, R.** (1997), 'The World Health Organization needs to reconsider its definition of Health', *BMJ*, volume 314, pp. 1,409–1,410.
- Six Senses** (2013), *A refreshing reinterpretation of hospitality* (online), available at: www.sixsenses.com (19-06-2017).
- Skyros** (2017), *Europe's Leading Learning Holiday* (online), available at: www.skyros.com (16-06-2017).
- Smart Water Fund** (n.d.), *Smart Water Fund* (online), available at: www.waterportal.com.au/swf/ (19-06-2017).
- Smith, M.K.** (2017), 'An overview of lifestyle trends and their impacts on health tourism', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 20–31.
- Smith, M.K. and Hindley, C.** (2017), 'Halal Tourism', in: Al-Riyami, H.; Al Muhrzi, H. and Scott, N. (eds.), *Tourism in the Arab World: An industry perspective*, Channel View, Bristol.
- Smith, M.K. and Puczkó, L.** (2017), *Routledge Handbook of Health Tourism*, Routledge, London.
- Smith, M.K. and Sziva, I.** (2017), 'Yoga, transformation and tourism', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism* Routledge, London, pp. 168–180.
- Smith, M.K.** (2015), 'Baltic Health Tourism: Uniqueness and Commonalities', *Scandinavian Journal of Tourism and Hospitality*, volume 15 (4), pp. 357–379.

- Smith, M.K. et al.** (2015), *Balkan Wellbeing and Health Tourism: Final Report*, Budapest Metropolitan University, Budapest.
- Smith, M.K. and Puczkó, L.** (2013), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London.
- Smith, M.K. and Puczkó, L.** (2009), *Health and Wellness Tourism*, Butterworth Heinemann: Elsevier, London.
- SpainCares** (2017), *Welcome to SpainCares* (online), available at: www.spaincares.com/en (28-06-2017).
- Spa Finder Wellness 365** (2016), *2015 State of Wellness Travel Report: Part II* (online), available at: http://spainindustry.ca/files/file/Business%20Tools/sfw_wellnesstravelreport091415final.pdf (21-06-2017).
- Spa Industry Association** (2016), *Top 3 trends for the spa and wellness industry in 2016* (online), available at: www.dayspaassociation.com/top-3-trends (16-06-2017).
- Speier, A.R.** (2011), 'Health tourism in a Czech health spa', *Anthropology & Medicine*, volume 18 (1), April, pp. 55–66.
- Steckenbauer, G.C. et al.** (2017), 'Destination and product development rested on evidence-based health tourism', in: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Routledge, London, pp. 316–329.
- Stefano, R.M.** (2012), *Jordan to release its Health and Wellness Destination Guide* (online), available at: www.medicaltourismassociation.com/en/press/jordan-to-release-its-health-and-wellness-destination.html (19-06-2017).
- Sziva, I.; Kulcsár, N. and Smith, M.K.** (2013), 'The Propensity for Yoga Practitioners to Become Tourists: A Case Study of Budapest', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 435–442.
- Te Aroha** (2012), *Visitor Information* (online), available at: www.tearohanz.co.nz (22-01-2018).
- The Australian** (2013), *Dentists slam medical tourism* (online), available at: www.theaustralian.com.au/news/health-science/dentists-slam-medical-tourism/story-e6frg8y6-1226747861074 (19-06-2017).
- The Economic Times** (2015), *Indian medical tourism industry to touch \$8 billion by 2020: Grant Thornton* (online), available at: www.economictimes.indiatimes.com/industry/health-care/biotech/health-care/indian-medical-tourism-industry-to-touch-8-billion-by-2020-grant-thornton/articleshow/49615898.cms (16-10-2017).
- The Economist** (2016), *Things are looking app* (online), available at: www.economist.com/business/2016/03/10/things-are-looking-app (18-06-2017).
- The Economist** (2014), *Health and happiness*, 01-02-2014 (online), available at: www.economist.com/news/business/21595461-those-pouring-money-health-related-mobile-gadgets-and-apps-believe-they-can-work (22-06-2017).
- The Guardian** (2016), *Nigerians spent USD 1.3 billion on medical tourism in India in 2014* (online), available at: <https://guardian.ng/news/nigerians-spent-1-3-billion-on-medical-tourism-in-india-in-2014/> (12-07-2017).
- The Jordan Tourism Board** (2012), *Official Website of the Jordan Tourism Board* (online), available at: www.visitjordan.com (18-06-2017).
- The Tourism Observatory for Health, Wellness and Spa** (2017), *International Wellness, Spa & Travel Monitor 2017*, TOHWS, Budapest.
- The Tourism Observatory for Health, Wellness and Spa** (2014), *International Wellness & Spa Tourism Monitor 2014* (preliminary data), TOHWS, Budapest.
- The Tourism Observatory for Health, Wellness and Spa** (2013a), *International Wellness & Spa Tourism Monitor 2012–2013*, TOHWS, Budapest.
- The Tourism Observatory for Health, Wellness and Spa** (2013b), *The Economic Impacts of Health Tourism in Hévíz*, Hévíz-Balaton Airport, Corp., Hévíz.
- Todd, M.** (2012), 'Is there any point of clusters beyond the hype?', *IMTJ*, 10-08-2012 (online), available at: www.imtj.com/articles/2012/medical-tourism-clusters-30138 (22-01-2018).
- Turkish Healthcare Travel Council** (2013), *Medical Tourism* (online), available at: www.thtcdc.org (24-06-2017).
- Tooman, H.; Tomasberg, K. and Smith, M.K.** (2013), 'Cross-Cultural Issues in Health and Wellness Services in Estonia', in: Kandampully, J. (ed.), *Service Management in Health and Wellness Services*, Kendall Hunt Publishers, Dubuque, pp. 347–361.
- Transparency Market Research** (2014), *Organic Food (Fruits & Vegetables, Meat, Fish & Poultry products, Dairy products, Frozen & Processed foods, & Others) & Organic Beverages (Non - dairy beverages, Coffee & Tea, Beer & Wine, & Others) Market - Global Industry Analysis, Size, Share, Growth, Trends and Forecast, 2013–2019* (online), available at: www.transparencymarketresearch.com/organic-food-beverages-market.html (27-06-2017).
- Treatmentabroad.com** (2014), 'Statistics of Medical Tourism', unpublished report, Treatment Abroad, Berkhamsted.
- Tripadvisor** (2014), *TripBarometer 2014, Psychology of Travel Global Report* (online), available at: www.tripadvisor.co.uk/tripbarometer (28-06-2017).
- Tshibalo, A.E.; Olivier, J. and Venter, J.** (2010), 'South Africa Geothermal Country Update (2005–2009)', in: *Proceedings World Geothermal Congress 2010*, Bali.

- Tukamusaba, E.** (2013), 'Hot Springs in Uganda', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, p. 66.
- Tuominen, T. et al.** (2014), *Developing a Competitive Health and Well-being Destination* (online), available at: www.julkaisut.turkuamk.fi/isbn9789522165404.pdf (23-06-2017).
- TUV Rheinland** (2013), *Medical Tourism Friendly Hotel Certification* (online), available at: www.tuv.com/en/corporate/business_customers/management_system/tourism_leisure/medical_tourism_friendly_hotel_certification/medical_tourism_friendly_hotel_certification.html (15-09-2017).
- United Nations** (2017), *World Population by Age Groups, United Nations Department of Economic and Social Affairs, Population Division* (online), available at: www.population.un.org/ProfilesOfAgeing2017/index.html (27-06-2017).
- United Nations Statistics Division and World Tourism Organization** (2010), *International Recommendations for Tourism Statistics*, UNSTAT and UNWTO, New York.
- United States Agency for International Development** (2009), *Market Assessment and Demand Forecast for the Jordan Dead Sea Development Zone*, Jordan Economic Development Program, Amman.
- USPRWire** (2013), *Health and Wellness Tourism in New Zealand* (online), available at: www.usprwire.com/Detailed/Consumer/_Health_and_Wellness_Tourism_in_New_Zealand_Published_318385.shtml (13-06-2017).
- van den Eynde, A. and Fisher, A.** (2013), 'The Social Construction of Travelling for Wellbeing in Australia', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 389–394.
- Visit Medical Korea** (online), available at: www.english.visitmedikorea.com/english/pt/index.do (20-06-2017).
- Voigt, C.** (2013), 'Towards a conceptualisation of wellness tourism', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 19–44.
- Voigt, C. and Laing, J.** (2013), 'An examination of the extent of collaboration between major wellness tourism stakeholders in Australia', in: Voigt, C. and Pforr, C. (eds.), *Wellness Tourism*, Routledge, London, pp. 63–77.
- Voigt, C. and Pforr, C.** (2013), *Wellness Tourism: A destination perspective*, Routledge, London.
- Voigt, C.; Brown, G. and Howat, G.** (2011), 'Wellness tourists: in search of transformation', *Tourism Review*, volume 66 (1/2), pp. 16–30.
- Voigt, C.; Howat, G. and Brown, G.** (2010), 'Hedonic and Eudaimonic Experiences among Wellness Tourists: An exploratory enquiry', *Annals of Leisure Research*, volume 13 (3), pp. 541–562.
- Voigt, C. et al.** (2010), *Health Tourism in Australia: Supply, Demand and Opportunities* (online), available at: [www.crctourism.com.au/wms/upload/resources/WellnessTourism_Ind%20Summary%20WEB%20\(2\).pdf](http://www.crctourism.com.au/wms/upload/resources/WellnessTourism_Ind%20Summary%20WEB%20(2).pdf) (21-06-2017).
- Vork, J. and Lombarts, A.** (2013), 'Research on preventive wellness in the Netherlands', in: Smith, M.K. and Puczkó, L. (eds.), *Health, Tourism and Hospitality: Spas, Wellness and Medical Travel*, Routledge, London, pp. 435–442.
- White, A. et al.** (2014), 'Reducing the risk of complementary and alternative medicine (CAM): Challenges and priorities', *European Journal of Integrative Medicine*, volume 6, pp. 404–408.
- World Bank** (2017), *World Integrated Trade Solution* (online), available at: www.wits.worldbank.org (19-06-2017).
- World Economic Forum** (2013), *The Workplace Wellness Alliance. Making the Right Investment: Employee Health and the Power of Metrics* (online), available at: www3.weforum.org/docs/WEF_HE_WorkplaceWellnessAlliance_Report_2013.pdf.
- World Health Organization** (2016), *Global Report on Urban Health* (online), available at: www.who.int/kobe_centre/measuring/urban-global-report/en (27-06-2017).
- World Health Organization** (2013a), *Medical Tourism* (online), available at: www.who.int/global_health_histories/seminars/kelley_presentation_medical_tourism.pdf (19-07-2017).
- World Health Organization** (2013b), *Traditional Medicine Strategy 2014–2023* (online), available at: www.apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf (18-07-2017).
- World Health Organization** (2012), *The evidence base of Health 2020* (online), available at: www.euro.who.int/__data/assets/pdf_file/0015/170502/RC62-id02-Eng.pdf?ua=1 (20-07-2017).
- World Health Organization** (2010), *WHO global forum: mayors and national leaders to address urban health, develop action plan* (online), available at: www.who.int/mediacentre/news/releases/2010/cityhealth_20101115/en/index.html (21-07-2017).
- World Health Organization** (2006), *Resolutions* (online), available at: www.apps.who.int/gb/ebwha/pdf_files/WHA59-REC1/e/Resolutions-en.pdf?ua=1 (22-06-2017).
- World Health Organization** (1984), *Health Promotion: A Discussion Document*, WHO, Copenhagen.

- World Health Organization** (1948), *Constitution of the WHO* (online), available at: www.who.int/governance/eb/who_constitution_en.pdf (22-06-2017).
- World Tourism Organization** (n.d./a), *Definition of Sustainable Tourism* (online), available at: <http://sdt.unwto.org/content/about-us-5> (12-06-2017).
- World Tourism Organization** (n.d./b), *Facilitation of Tourist Travel* (online), available at: <http://rcm.unwto.org/content/facilitation-tourist-travel> (19-06-2017).
- World Tourism Organization** (2016), *Manual on Accessible Tourism for All: Principles, Tools and Best Practices. Module I: Accessible Tourism – Definition and Context* (online), available at: <http://ethics.unwto.org/content/accessible-tourism> (23-06-2017).
- Woodman, J.** (2014), 'International Medical Tourism Facts', *Patients Beyond Borders* (online), available at: www.patientsbeyondborders.com/medical-tourism-statistics-facts (12-06-2017).
- Worldental** (2013), Top 10 dental tourism destinations (online), available at: www.worldental.org/dental-tourism/top-10-dental-tourism-destinations (13-06-2017).
- Xellum** (2010), *4WR: Wellness for Whom, Where and What? Wellness Tourism 2020*, Xellum Ltd, Budapest.
- Yaman, R.; Ishak, N. and Alias, Z.** (2012), 'Beauty treatment & spa design from Islamic perspective', *Procedia - Social and Behavioral Sciences*, volume 50, pp. 492–550.
- Youngman, I.** (2015), 'Medical tourism under attack and "on the back foot"', *IMJT*, 08-01-2015 (online), available at: www.imtj.com/articles/2015/medical-tourism-under-attack-40191 (14-06-2017).
- Youngman, I.** (2014), 'The issues in measuring medical tourism numbers', *IMTJ*, 20-03-2014 (online), available at: www.imtj.com/articles/2014/medical-tourist-or-international-patient-what-am-i-30197 (18-06-2017).
- Youngman, I.** (2012), 'Ian Youngman revisits the figures of medical tourism', *IMTJ*, 20-03-2014 (online), available at: www.imtj.com/articles/2012/medical-tourism-statistics-30151 (19-06-2017).
- Youngman, I.** (2009), 'Ian Youngman considers whether the medical tourism industry is both legal and ethical', *IMTJ*, 22-10-2009 (online), available at: www.imtj.com/articles/ian-youngman-considers-whether-medical-tourism-industry-both-legal-and-ethical (10-06-2017).
- Younis, M.Z.** (2011), 'Muslim Patients', *EMTC2011*, 28-04-2011, Barcelona.
- Zega, K.** (2010), 'Holistic Benefits of a Retreat', *PositiveHealthOnline*, 05-2010 (online), available at: www.positivehealth.com/article/retreats-and-travel/holistic-benefits-of-a-retreat (11-06-2017).

This ETC/UNWTO publication on Exploring Health Tourism aims to provide a better understanding of the growing segment of wellness and medical tourism. The study introduces the evolution of health-related tourism products and services from all around the world and provides insights into the current situation of the industry, as well as the future potential. It also includes a comprehensive taxonomy that serves as a common reference for tourism destinations operating in this field, as well as a practical toolkit to assist NTOs and DMOs with their planning and management of health-related tourism activities.



The **World Tourism Organization** (UNWTO), a United Nations specialized agency, is the leading international organization with the decisive and central role in promoting the development of responsible, sustainable and universally accessible tourism. It serves as a global forum for tourism policy issues and a practical source of tourism know-how. Its membership includes 158 countries, 6 territories, 2 permanent observers and over 500 Affiliate Members.

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