

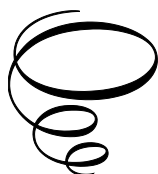
The Emergence and Future of Health Tourism in the Asia Pacific Region

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Edited by

Malcolm Cooper, Athula Gnanapala,
M.S.M. Aslam and Iraj Ratnayake

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PROLOGUE

Travel has always been one of the major contributors to health and wellbeing although this influence has often been considered indirect or passive (relaxation). Many tourists are choosing to go on trips which have the direct aim of improving their health as much as their sense of wellness. The effects can even be long-lasting for tourists (and destinations) and not just confined to the duration of the holiday. As a result, some destinations are now positioning themselves as market leaders in health and its subset of medical tourism. The latter can include spa tourism, which can be medical or leisure-based; health tourism where medical treatments may be state-funded; sports and adventure tourism, which can increase physical health and fitness; occupational wellness trips that address work-related issues such as stress-management; and spiritual retreats that can balance body, mind and spirit.

Many of these forms of tourism are based on changing leisure and lifestyle trends, such as healthier nutrition, fitness regimes, or the quest for alternative spirituality. There are also shifts in many societies from curative to preventative healthcare, which requires greater knowledge and self-responsibility. In addition, the mainstream tourism industry is also investing heavily in wellness products – for example the cruise industry – possibly to give a healthy ‘feel’ to a product traditionally associated with eating too much. How can these contrasting aims be integrated is the subject of this book.

The tourism industry is thus responding to society’s need for holidays, which enhance quality of life and fulfil all domains of wellness (physical, emotional, spiritual, psychological and intellectual), and alternative destinations for medical treatments. Empirical evidence has shown that health tourism is the act of traveling to foreign countries with the view of seeking medical solutions for various health issues such as cancer treatments, body parts replacement, fertility, cardiac surgery, orthopaedic therapy, and so on, and the wellness tourism which focuses on the location-based experiences and therapies such as TCM, Ayurveda, Yoga, and Spa (Connell 2006; Erfurt-Cooper and Cooper 2009; Hall 2011; Cooper, Vafadari and Hieda 2015; Puczko and Smith 2015).

This book examines the social context and the aspects of healthcare management relating to healthcare tourism in the Asia Pacific Region. Its

main coverage is South Asia, an under researched part of the Region, focusing on the recent initiatives that have taken place in India and Sri Lanka that have huge potential in the field of medical tourism, but it does not neglect the rest of the region or its networks with other regions. The book focuses on exploring the nature of healthcare tourism and healthcare management in selected contexts concerning the significant roles played by its sociological, physiological, psychological, and economic aspects. Different sociological and personal motives can have a great impact on tourists when they are travelling to various countries for their medical or health services.

Most destinations offer various attractive packages including shopping, sight-seeing, exploration, and other forms of leisure for healthcare travellers, in addition to covering the medical requirements of those who need diagnosis or treatment (Hall 2003). Thus, even medical travellers visit countries because of the societal conditions and hospitality that each possesses and not just because they may offer cheaper medical services. The combination of these many factors has led to the recent enhancement in the popularity of healthcare tourism. Apart from these insights, the book explains the challenges in front of healthcare managers and suggests how to determine and implement the remedies to overcome those challenges in different contexts. This is especially seen through the strong healthcare management function where the book emphasizes the significance of promoting indigenous medicine (Hettige 1991; Jones and Liyanage 2018).

No matter what the challenges appearing in front of the tourism industry especially in the Asia Pacific region are, and the impact of disasters such as the COVID-19 virus pandemic might be, healthcare tourism is, the book's authors assert, here to stay in a region that has magnificent attractions, good infrastructure, and the teachings that have been gifted from unique ancient cultures that focused on the health care aspect (World Health Organization 2001). The countries in the Asia Pacific region possess different but interesting socio cultural elements, especially the countries of Sri Lanka and India. Such aspects directly link with the efforts that can be taken towards to maintain the mental, physical, psychological, and spiritual wellbeing of those individuals not who are from the local context, but may come from international contexts and require their help. No matter how far the world is moving with virtual technology, many travellers and countries value physical experiences in the local and are supporting globalization. Promoting local identity, especially in terms of natural resources, along with ancient knowledge which facilitates leisure and recreation, business, and health care is identified as being crucial for the industry where these aspects

are the major reasons why people travel from one place to another (Silva 2013).

This book examines many aspects of healthcare tourism, including those based on the existence of hot and mineral springs, on the traditions as outlined above, and on the market for the provision of medical services. Many chapters in the book report on in-depth interviews of tourism stakeholders (i.e., local governments, community members, and the healthcare tourist), or focus groups with community members, leading to the identification of healthcare tourism products embodying co-creation of the values of experience, utilization, emotion, and economy. This approach has enabled us to examine each community's resources and understand the criteria for selecting those resources to develop as the products to be provided at each healthcare destination (Connell 2013).

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CHAPTER ONE

THE SOCIAL CONTEXT OF ASIA PACIFIC HEALTHCARE MANAGEMENT (PSYCHOLOGICAL AND SOCIOLOGICAL ASPECTS)

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Abstract

The 21st century's world of work is characterized by the phenomenon of the connectedness of individuals around the globe. However, human beings have sought community affiliation ever since ancient times, not only in their existing settings but also with new environments. Individuals prefer to pursue relaxation, recreation, and especially pleasure where these aspects

have been served as motives for humans to travel. In this context, tourism was born as a contemporary social arrangement that is also connected with different social, cultural, and natural aspects of destinations. Among the different forms of special interest tourism, healthcare tourism has proven its mounting importance by serving as a solid foreign exchange earner where it has become one of booming areas in the world's tourism industry, especially in the Asia Pacific region. Most importantly, healthcare management possesses a vital role in administering the entire health care system in this regard. Thus, the sociological context behind this is considered as being critical to motivate tourists to travel around the world. The major purpose of this chapter is to examine the social context and the aspects of healthcare management relating to healthcare tourism in the Asia Pacific region by referring to the recent initiatives that have taken place in India, Malaysia, Thailand, and Sri Lanka. The chapter focuses on exploring the nature of healthcare tourism and healthcare management in selected contexts concerning the significant roles played by its sociological aspects. Different sociological motives can have a greater impact on tourists when travelling to various countries for their medical services. Most destination countries offer various attractive packages including shopping, sight-seeing, exploring journeys and lounging on sun drenched exotic beaches for healthcare travellers, in addition to their medical requirements. At the same time medical travellers visit countries because of the societal conditions and hospitality that each country possesses. The combination of these many factors has led to the recent enhancement in the popularity of healthcare tourism. Apart from these insights, the chapter explains the challenges in front of the healthcare management associated with healthcare tourism, where it is also suggested the remedies to overcome those challenges are related to different contexts. This is especially seen through the strong healthcare management function where the present chapter emphasizes the significance of promoting Indigenous medicine or tribal medicine related to different contexts, upholding village tours with the view of promoting different foods as medicine for example and promoting Ayurvedic medical tourism in countries like Sri Lanka and India while creating a unique reputation for medical tourism in these different nations.

Keywords: Tourism, healthcare tourism, healthcare management, social context, Indigenous medicine, Ayurveda medical tourism.

Introduction

Human evolution around the world started in hunting-and-gathering groups strengthened by an established primary institution which is the family. The group decided how food was to be shared and how children were to be socialized. In this, one of the observable characteristics was that individuals started moving into new areas once they found that their current food supply had been exhausted. Roaming took place to meet their needs for new hunting grounds. This can be identified as one of the critical points and valuable insights relating to when the human desire for travel began, and an inherited characteristic of human beings that is now embedded in their blood. Even after societies stabilized as agricultural and pastoral communities, and then industrial and post-industrial societies, the habitual nature of individuals to “travel from one place to another place” remains visible.

As such, travelling created the basis for the act of tourism. The period starting from the early 15th century to the early 17th century is crucial in defining where the phenomenon of the age of exploration or discovery began. Records from this period reveal several indications relating to the early tourism initiatives of humans where many explorers and navigators moved throughout the world following their sense of inquisitiveness and the desire to discover. It is noticeable that explorers such as Christopher Columbus and Vasco De Gama travelled around the world with the purpose of identifying new lands and new trade routes. While their immediate intentions were trade, conquest and ultimately colonial power, it was considered that, for civilization to be established and to spread across the world, human travel was a critical factor. In time, the stated factor of “travel” was established as a source of income of almost every nation around the world but now characterised as trade and tourism. The 21st century world is characterized by globalization where nations strive harder to remove at least economic borders while exposing themselves to other countries. The dynamic nature of the global environment, growing economic affluence, the desire to use increasing leisure time productively, coupled with the availability of convenient and affordable travel fostered and energized the platform of tourism to step into another era.

People who seek a cognitive stability in their life started searching for new ways which can give them the feeling of pleasure in this existing technologically driven competitive world. Today, not only the developed nations, but the developing and even the under- developed nations around the world have decided to strengthen the sector of tourism as a productive way of generating income for their country. This is because it is an activity

which cuts across conventional sectors in an economy (Lickorish and Jenkins 1997) where on the one hand, the individuals who can afford it frequently travel around the world while the ones who can't afford it started engaging in the supply of local tourism as a result. In academia, many different scholarly definitions relating to tourism are also considered. When individuals leave their normal surroundings with the purpose of visiting a new environment, they become tourists for pleasure (Jafari 2002; Holloway and Taylor 2006; Camilleri 2018).

In 1981, the Worldwide Network of Tourism Experts and the Tourism Society in Cardiff, Wales organized an International Conference on Leisure Recreation Tourism where a reformulated definition of tourism based on these trends was presented. Tourism was defined in terms of activities, selected by choice, and undertaken outside the home environment (Camilleri 2018). This setting has energized the tourism sector to grow uninterruptedly as one of the fastest economic sectors of the World economy. Before this the United Nations Conference on International Travel and Tourism was held in 1963 and used the term tourism for visitors from other countries and thus established the trend of inbound and outbound tourism and domestic tourism. Two classes of visitors were defined, one staying at least 24 hours in the destination they reached, and the other category stay in a destination for less than 24 hours. In tandem, the types of motivations were initially listed where if people are travelling for the purposes of recreation, holiday, health, sports, study, or religious needs, their visits can be categorized as tourism. However, the focus on domestic tourists was minimal in these definitions (Cooper 2008; Holloway and Taylor 2006, as cited in Camilleri 2018).

Tourism in the Asia Pacific Region

The Asia Pacific region (Figure 1.1) includes the countries of East Asia, Southeast Asia, South Asia, and Oceania. As a fast-growing and vibrant region, the Asia Pacific Region has established its versatility in the world as an attractive tourism hub that motivates individuals to travel between countries for leisure and recreation. It has been revolutionized into one of the most favourite tourism destinations of all time because of the attractions it can offer, and its destinations filled with facilities which provide any type of tourist with a high level of business, medical, leisure and recreational services. The Asia Pacific Region has become the world's leading market, focusing on the generation of outbound movement and long-distance travel, but with a considerable portion of movements generated by domestic tourism.

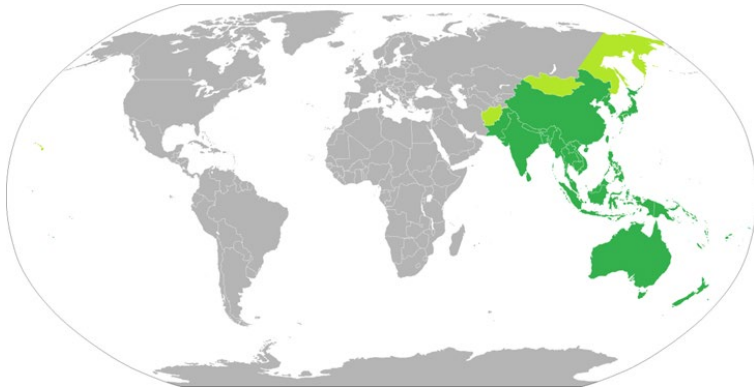


Figure 1.1: The Asia Pacific Region

Source: The Authors.

According to the statistical data revealed by the market report *Asia Pacific: Regional Tourism Trends*, 324 million tourist arrivals were recorded in 2017 (Hecker 2018). In this it is important to know that the East Asian countries are the most important tourism destinations compared to the other sub-regions because of the strong, safety, and health conditions they possess along with a high level of world class infrastructure which makes it easier for an individual to survive without any difficulty. The East Asian sub-region has proven its mounting importance through the natural, social, and cultural resources it possesses. In addition, the South Asian sub-region was the fastest growing sub-region in the year of 2017 and importantly, the role played by India in serving this growth can be observed as a plus point. This happened because of changes in visa facilitation regulations along with vigorous demand from source markets. Further, the South-East Asian sub-region has become even more crucial especially because of the natural resources it owns and its competitive prices (Hecker 2018). One of the important tourism destinations in the Asia Pacific region is Bangkok, second place is held by Singapore and third place by Kuala Lumpur.

However, when it comes to the current situation of tourism the COVID-19 pandemic changed all these scenarios. International overnight tourist arrivals declined by 65% in the first half of 2020, and by 93% since June of that year. This should be examined especially in relation to the regional perspective. By region, the Asia Pacific was the very first region to be affected, recording 72% decrease in arrivals by the first half of 2020 (World Tourism Organization 2020).

Introduction to Health Tourism

There are two types of travellers; one category of individuals travels for business reasons whereas the other travels because of their personal desires such as to visit friends and relatives, to study or for religious purposes, or for sports and health related needs. Healthcare tourism has become one of the major focuses of resorts and spas that are located mainly in rural, seaside, or urban areas. Those individuals who seek to obtain medical treatment in countries other than their native ones make up the major aspect of medical tourism.

Health tourists evolved from past eras that broadly defined them as people travelling to different locations from their place of residence for health reasons (Aniza, Aidalina, Nirmalini, Inggit, and Ajeng 2009). In 2008, Sawin and Sahu defined health tourism as traveling to a certain location to get satisfactory medical facilities offered by experienced healthcare professionals in technologically advanced medical systems at affordable prices. Medical tourism thus presents an opportunity for hospitals and other healthcare institutes to fuel growth by tapping the potential of the international market of patients (Teh and Chu 2005). It is a thoughtful attempt by tourist facilities to attract travellers by endorsing medical and health amenities in addition to regular tourist facilities (Goodrich 1993). As a result of globalization, health tourism has been made possible and extremely affordable in the last few decades. This phenomenon proves that globalization is no longer limited to manufacturing because healthcare services can also be transferred beyond national borders (Farrugia 2006).

Henderson (2004) divided healthcare tourism into three separate sections based on the primary purpose of travellers. Figure 1.2 shows the spectrum of healthcare tourism. Medical tourism refers to people who travel to other countries with the intention to get essential medical treatment. At the same time people tend to travel for the purpose of cosmetic surgery, which is not essential. Spa and alternative therapies have become a popular reason for the form of tourism that focuses on relaxation, healing and beautifying the human body. The health tourism market is therefore broad and is not only limited to recovering from illnesses but also contains the whole spectrum from medical treatments to healing and wellness.

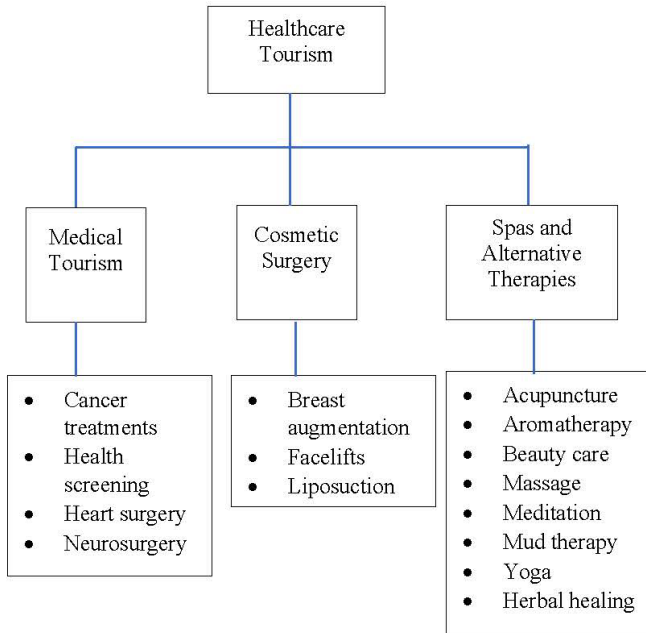


Figure 1.2: The spectrum of healthcare tourism

Healthcare tourism presents an opportunity to drive the economy aggressively towards development by tapping the potential of the foreign patient market. People mostly decide to travel to a foreign country without delay if he/she has a medical reason which requires treatment. It potentially has an uninterrupted demand. Therefore, healthcare tourism can be taken as a solid foreign exchange earner when compared with other forms of tourism. The Asia Pacific Region is a booming market for trading health amenities for foreigners (Whittaker 2008). Thus, the healthcare tourism is a vigorous component in the economy and needs to be properly addressed since it has huge potential to drive the economy on a growth path.

The key reason for a patient seeking health facilities in a foreign country is the cost. Some treatments are very expensive in the home country, and this will tend to entice travellers to visit another country to fulfil their health requirements. The expenses which the traveler needs to bother about may be monetary or non-monetary. Health facilities are expensive in the UK. While this is not always in monetary terms costs are incurred due to long

waiting lists. Health facilities are also expensive in the US. Here the cost is not because of waiting lists but is about the monetary value (Shafrin 2007). The shorter waiting lists overseas mean that patients can obtain their treatments quickly. For instant, Canada has a one or more than one year waiting period for hip replacement surgery while Bangkok facilitates this surgery quickly. Another motive for patients is the unavailability of certain treatments, procedures, or technologies in the own country. The internet allows patients to search for health facilities, package, and contact service providers available around the world. Medical institutes are networked with tour operators, medical facilities, hotels, accommodations, transportation, and leisure components to offer a best experience to the traveler (Wilson 2001). More affordable international travel persuades patients to think about medical treatment in a foreign country. Currently many countries actively engage with healthcare tourism, such as Lithuania, Cuba, Hungary, Costa Rica, Israel, Turkey, Singapore, Jordan, India, Malaysia, and Thailand.

When it comes to the statistics of Sri Lanka, the number of tourist arrivals in 2018 increased by 7.1 percent against a growth of 3.2 percent in 2017. The following year showed the number of tourist arrivals in 2019 declining by 18% against the growth of 10.3% in 2018. Following a similar trend, the earnings from tourism also fell by 17.7% in 2019 from the growth of 11.6% recorded in 2018, reflecting the setback in the tourism industry. However, it is hard to separate figures solely associated with healthcare tourism and these statistics may hide other reasons for the decline of tourism. Many tourists are categorized under the purpose of leisure, but they may visit a country for medical treatment. At the same time, some tourists have dual purposes to visit a particular country. For instant, some travellers visit friends or relations and undergo medical treatments. Others, benefitting from the tourism promotion campaigns and other effective measures taken after the 2019 Easter Sunday attacks in the country, may cause tourist arrivals to gradually recover (SLTDA 2019).

Psychological Perspectives

Travelling is not only associated with the movement of people from one place to another destination but is also directly associated with the psychological state of travellers and the attractiveness of the destination. Psychological motives encourage people to travel around and accelerate travelling. Healthcare providers can address this mentality of travellers to attract them to their places. The best way to encourage travellers to visit new places as well as revisit habitual places is to understand the tourist's hierarchy of needs (Figure 1.3). This is one of the popular psychological

tools to analyse levels of need and was proposed by Abraham Maslow in 1942. He used the terms “Physiological” “Safety” “Society” “Self-esteem” and “Self-actualization” to describe the pattern of human needs. For motivation to move to the next stage, each stage must be satisfied within the individual themselves. Every tourist therefore needs to achieve two basic needs: physiological and safety needs. People need to maintain their physical health first.

Healthcare tourism closely connects with the basic needs and physiological desires of human beings. First, a human must be physiologically healthy to climb to the upper steps of Maslow’s hierarchy of needs. If there are none or limited facilities available in their own country, patients must move beyond borders to seek medical facilities and ensure their health. At the same time people may travel for healthcare to another country to maintain their social status. The feeling of self-accomplishment that the traveler feels after surgery, or any other treatment, may motivate them to enter to the next level of the needs hierarchy. Simultaneously, the recent trend in the tourism industry is traveling in different countries to develop spiritual wellbeing such as yoga, spa, therapy, or enjoy green environment, etc. Sri Lanka is currently emerging as a preferred destination for health or medical tourism. The Hotel Kandalama and the Hotel Ayurvie in Sri Lanka for example focus on the spiritual development of the traveler by offering this kind of experience to them.



Figure 1.3: Hierarchy of needs (after Maslow (1987))

The Sociological perspective

Many different countries, such as Thailand, Singapore, India, South Korea, and Malaysia, strive harder to promote healthcare tourism as much as they can with the view to attracting many medical tourists from all around the world. Healthcare tourism in the Asia Pacific region started growing for many distinct reasons. Among these, some of the most apparent sociological ones can be identified. One of the most common is that the wealth of the people has increased. Most wealthy people seek the highest quality care and services that a health tourism destination can offer. Even though they can get their medical care needs from their own country the desire to experience high-quality care facilities can persuade people to travel to them. Lack of specialty services and quality care can also affect their decision. This is apparent especially in the Asia Pacific region. In addition, most tourists consider cost-effectiveness as the prime reason to travel to the best medical care destinations that are available. Thus, they may strive to travel towards the countries in Asia Pacific region as they can find the best affordable packages there.

Health care tourism, or in other words medical or wellness tourism has shown an increasing importance all over the world where individuals travel across international borders to obtain different medical services. In such situations, they will experience the many different aspects that shape the healthcare tourists' expectations productively. The rainbow nature of the diverse cultural elements in the region has created a supportive environment for healthcare tourism to grow. Many nations gain something from their cultural heritage. Ayurvedic treatments, Spa, and food patterns for example can be identified as some unique characteristics for many different countries. Different kind of foods and different food patterns can play a critical role as a cultural element in every nation linked with individual health. Countries value taking medicine as food and food as medicine. Thus, the health aspects of gastronomy tourism should be considered when discussing healthcare.

In the situation where every nation around the world values the concept of "healthy eating for a healthy life", it is believed that it is not only about using highly nutritious food because you are afraid of disease. It is also about enjoying the positive vibes of life, feeling awesome, being more energetic, balancing moods appropriately, and especially, maintaining a proper balance between the mental, emotional, physical, and spiritual aspects of life to stay as healthy as possible. Having a healthy diet can be identified as the backbone which serves the above needs. Identifying and capturing the exact needs of the tourists, many businesses in the hospitality industry have kept their eyes on different and healthy foods. It is observable

that, even in the countries of Sri Lanka and India, many tourists prefer to visit villages seeking and experiencing different food especially organic food. Organic food tourism focuses on the tourists who visit for another country with the view of satisfying their needs linked with health, relaxation activities which make a positive impact on their health, and to learn about different food habits.

Countries like India have also had a high regard for Ayurvedic medicine since ancient times and this has spread to many different countries around the world by becoming linked with the cultural elements from that country. Many tourists travel seeking Ayurvedic treatments and India is identified as one of the popular hubs for Ayurvedic treatment and medical care. Most travel agents will thus promote Ayurveda for tourists as it has been identified as a productive source of income. Sri Lanka is also in this frame as many different Ayurvedic resorts exist for both foreign and local tourists.

Challenges and Strategies

In the contemporary world, the tourism industry plays a vigorous role in earning foreign exchange and it is becoming increasingly so with globalization and technological advancement. Here healthcare tourism is taken into special consideration since it shows long term sustainability when compared with the other subsectors of tourism. Nowadays many countries strive to produce different healthcare amenities and to open up as suppliers to the world. Countries need to develop innovative medical and spiritual solutions by using advanced technology to attract and heal travellers.

In the South Asian region though countries can face other challenges. Language barriers strongly impact on general tourism and specially health care tourism. Effective communication needs to be there to satisfy the traveler. Thus, uplifting the language proficiency is one key in catering to the needs of travellers and fulfilling those needs. Here it is important for identify the language of frequent travellers and take actions to remove language barriers.

Meanwhile the lack of promotion regarding medical facilities, technology, medical centers, hospitals, resorts, hotels, may hinder the healthcare tourist potential of a country. Therefore, it is important to engage in professional promotion campaigns to publish matters relating to healthcare to attract tourists. The absence of distinct policies and procedures in the field of healthcare tourism make for some disputes in the field. For example, past statistical data are especially important when starting new projects and making some initiatives in the field. But in Sri Lanka it is difficult to find some important data in tourism. Thus, local, and foreign investors may not

be inclined to invest in this field. Therefore, maintaining proper statistics is of utmost importance in the healthcare tourism field.

As mentioned earlier, most countries value their societal constructs, which are entirely made up of their cultural values, practices, and beliefs. Cultural heritage provides a strong basis for every nation to rise productivity, and valuing ancient teachings serves as a life blood for many nations. One of the effective strategies that can be identified is that of promoting Indigenous medicine. Even for certain pandemic situations, people may survive with their own medicine. Thus, governments should take necessary steps to promote Indigenous medicine as much as they can. When it comes to Sri Lanka, the Pallekele Ayurveda center can be identified for example as a productive tourism hub with a unique identity that can be promoted internationally.

Conclusions

Human beings tend to travel from one place to another rather than be stuck in one place. At the same time, they prefer to pursue relaxation and recreation. Thus, the industry of tourism has a prominent place in today's economy since tourism is one of the largest income earners in many countries based on the travel phenomenon. In this situation its subset of healthcare tourism has become a booming field that has competitive advantage and sustainability. Within this, hospitals and other healthcare institutions contribute to tapping the potential of the international market for patients.

This chapter focused on the socio- psychological aspects of healthcare tourism. As part of this people travel to fulfil their medical requirements, so medical or healthcare tourism is gaining a competitive advantage in many countries. The language, culture, income, and other social attributes of a destination may also be associated with healthcare tourism. Here, any lack of innovation, technology, or language may be a challenge to those countries who are involved with tourism. Proper regulations and policies need to be established and communication among authorized personnel is important to grow the industry, and the importance of tourism statistics has been proven. Countries need to maintain proper statistical data to welcome new projects and investors. Finally, sociological attributes such common behaviours, values, beliefs, and culture may be important in this form of tourism.

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CHAPTER TWO

THE ECONOMICS OF HEALTHCARE TOURISM: MOTIVES AND PROBLEMS

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Abstract

Health tourism has emerged as a multi-billion-dollar industry in the 21st century because people frequently travel to improve their wellbeing. The global trend of patient traffic has shifted through time from flows from developing countries to developed countries to flows from developed countries to developing/emerging countries for healthcare plus economic reasons. The most influential factors that motivates people to have overseas treatment include cost effectiveness as well as the availability of specialised medical treatment, facilities, and skilled healthcare professionals. The internationalisation of health tourism has also motivated the production and consumption of healthcare services as well as an increased variety of intermediaries and ancillary goods and services to support the health tourism industry. Although there appear to be significant benefits from health tourism, systematic analysis of its actual contribution to economic growth and related issues remains ambiguous. This chapter discusses the economic aspects of healthcare tourism based on published data from major destinations in the Asia Pacific that have an international focus.

Keywords: Health tourism, cost effectiveness, skilled professionals, healthcare insurance, economics.

Introduction

This chapter provides an understanding of the evolution of the healthcare tourism market and the economic motives of health tourism development in the Asia Pacific. Development of health tourism firstly satisfies patient demand for high quality healthcare at competitive prices and hence brings a significant cost saving for health travellers. On the other hand, healthcare tourism is an economic growth engine that not only boosts the value of foreign exchange inflow and output growth but also expands job opportunities in the health care sector and related industries. Health care in general is a service industry leading to an increasing number of countries, including governments and industry players, competing for a greater market, and investing heavily in more advanced technology and attractive accommodation. Like other goods, medical tourism services have become the subject of international earnings that have elevated economic opportunities in potential destinations. Hence, this increasingly large revenue earner may improve economic performance, living standards and health conditions of the human population in the short and long term.

We also discuss the economic risks related to health tourism that either direct or indirectly harm the process of economic growth. This discussion highlights the problems associated with health tourism development to maintain and protect the destination's reputation. Increasing international health tourist flows with high income can evaluate costs of healthcare services in host countries leading to widening inequality between the poor and the wealthy, and urban and rural communities. An increase in health tourism can cause a brain drain of healthcare professionals and increased health care prices leading to potentially detrimental effects on welfare and health care access for residents, consequently reducing the labour productivity of host countries. Additionally, increases in international travelling might produce a new economic burden to cope with communicable diseases and environmental degradation.

Another concern is the emergence of brokers dealing in organ transplants associated with the lack-market in some destinations. Thus, sustainability and responsibility must be considered as key criteria in the health tourism industry to improve tourists' health performance and maximise benefits for local communities. Healthcare tourism has also proven to be a real developmental challenge in gaining national, regional, and international competitiveness. This chapter outlines the key economic dimensions of health tourism with attention to its significant contribution and risks across major Asian countries as well as the policy considerations for its sustainable growth. Economic analysis based on evidence enables us

to evaluate benefits and losses from health tourism development and track the balance of trade around this economic sector. Because of the need for wealth in both foreign and local populations, the negative impacts of healthcare tourism growth are also paid attention to in the chapter. Sustainable development of the health tourism industry is the key here.

The evolution of the Health Tourism Market in the Asia Pacific

Ancient peoples were aware of the health-giving properties of water, sea, thermal or mineral water and traditional medicines (Erfurt-Cooper and Cooper 2009; Smith and Puczkó 2014) combined with health caring therapies such as massage, acupuncture, aroma, reflexology, spiritual and steam (Revathi and Jansi Rani 2019). They visited mineral springs frequently to improve their health (Sharma et al. 2015). Subsequently, India's Yoga and Ayurvedic (from 1000 years ago) healing techniques have attracted many pilgrims around the world to look for both mental and physical health improvement (Kumar and Hussian 2016). The 'Onsen' a type of spa in Japan and the Steam Baths in Australia opened for tourists very early on, offering healthy food, accommodation, outdoor baths, and indoor soaking tubs (Erfurt-Cooper and Cooper 2009; Blazevic 2016; Ile and Tugu 2017).

Thai massage is a technique that is around 2,500 years old which allows tourists to visit the 'home' for certain practices such as stretching, loosening joints, and easing muscle tension (Smith and Puczkó 2014). Travellers from the western countries are interested in alternative therapies offered in Asian countries, such as ayurvedic practices in India, shiatsu in Japan and Chinese acupuncture (Sarantopoulos and Demetris 2015). From the 1980s–1990s demands for aesthetic surgical procedures and dentistry have increased worldwide and prompted several providers in Asia to join this sector with low prices or treatment covered by insurance. As a result, the health tourism industry in Asia has been growing sharply because of the rising costs of health care in developed countries and the long waiting lists coupled with the rising incidence of chronic conditions creating great opportunities for Asian countries as health care services become obligatory. As a result, numerous health tourists travel across intercontinental boundaries to Asia to look for mental, physical restoration, improvement, and care services such as cosmetic surgery, dentistry to organ transplants, sex change operations, plastic surgery, in-vitro-fertilization and so on (Turner 2008; Kumar and Hussian 2016).

Progressively more services are being offered, such as health screenings, stress reduction, weight loss, anti-aging (Ile and Tigu 2017). Along with the