

Study on Health Tourism in the EU (executed for TRAN Committee)

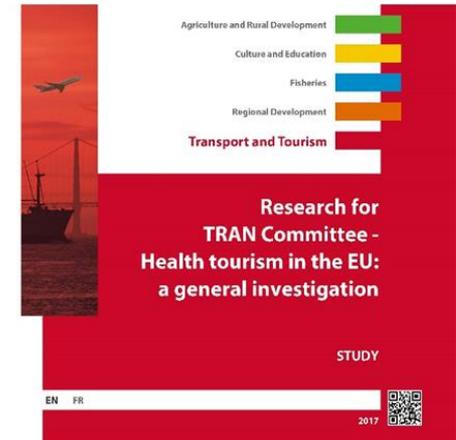
Presentation PRO.M.I.S., 29th of September,
JESOLO

“Health, social and tourism policies: which
synergies are possible?”

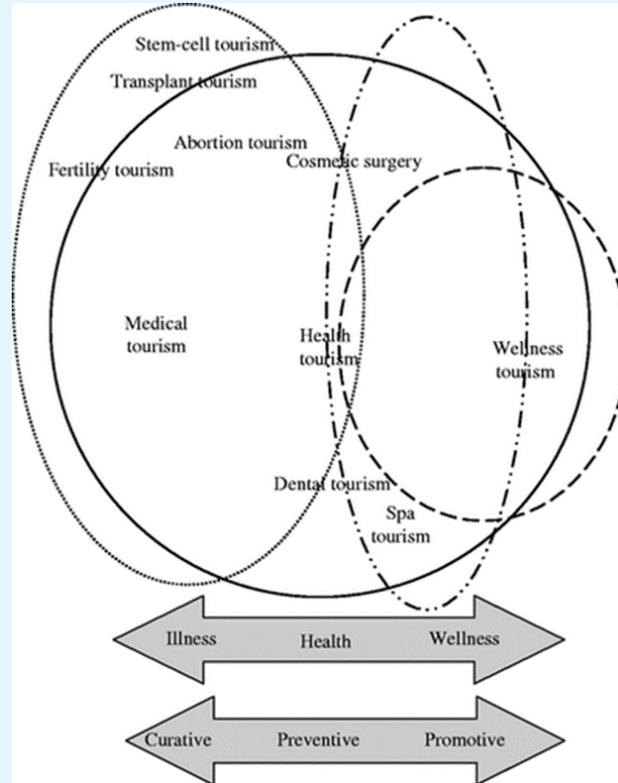
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Typology of health tourism (Hall, 2011)



Definitions



Health tourism: 'tourism on physical health, mental and spiritual well-being (M. Smith & Puczkó, 2015, p. 206).

Medical tourism travelling to another country purpose of accessing medical treatment' (Connell, 2013).

Wellness tourism pursue activities that maintain or enhance their personal health and well-being (Johnston et al., 2011, p. iv).

Spa tourism 'relaxation, healing or beautifying of the body in spas using preventative wellness and/or curative medical techniques' (M. Smith & Puczkó, 2014, p. 10).

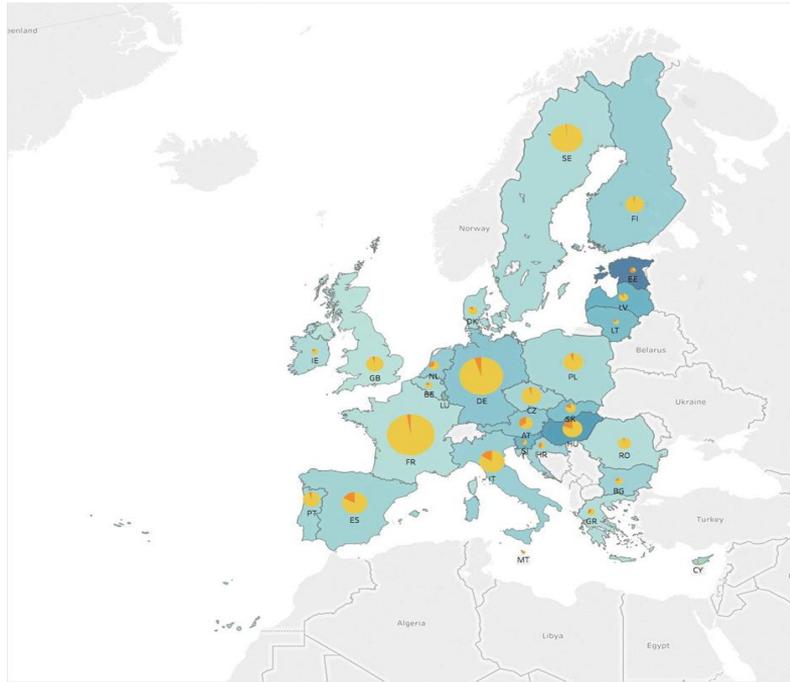
Share of health tourism trips in the EU



	All trips	Domestic	International
Total trips (million)	1,361	900	461
Health tourism trips (million)	61.1	56.0	5.1
Health tourism share of total trips (%)	4.3	5.8	1.1

Map 1: Health-tourism arrivals in the EU28 in 2014

Health tourism destinations (arrivals)



Map based on Longitude (generated) and Latitude (generated) and Latitude (generated). Details are shown for Country and Countrycode. For pane Latitude (generated): Color shows sum of Share of health tourism (international arrivals). For pane Latitude (generated) (2): Color shows details about Domestic health tourism arrivals and International health tourism arrivals. Size shows sum of All health tourism (arrivals). The marks are labeled by Countrycode. Details are shown for Country, Countrycode, Domestic health tourism arrivals and International health tourism arrivals.

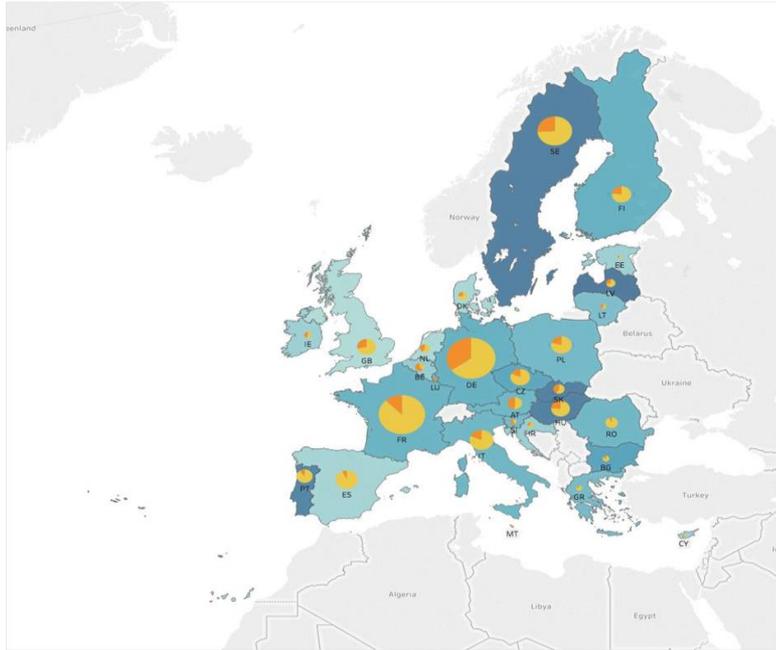


The share of international health-tourism arrivals varies from 0.3% (UK) to almost 5.3% (Estonia).

Pie charts represents the total number of health-tourism trips per country: France, Germany and Sweden do present 56% of all domestic and international health-tourism arrivals

Map 2: Health-tourism departures in the EU28 in 2014.

Health related markets (departures)



The share of total health-tourism trips taken by residents varies from approx. 1.3% (UK) to 14.3% (Latvia).

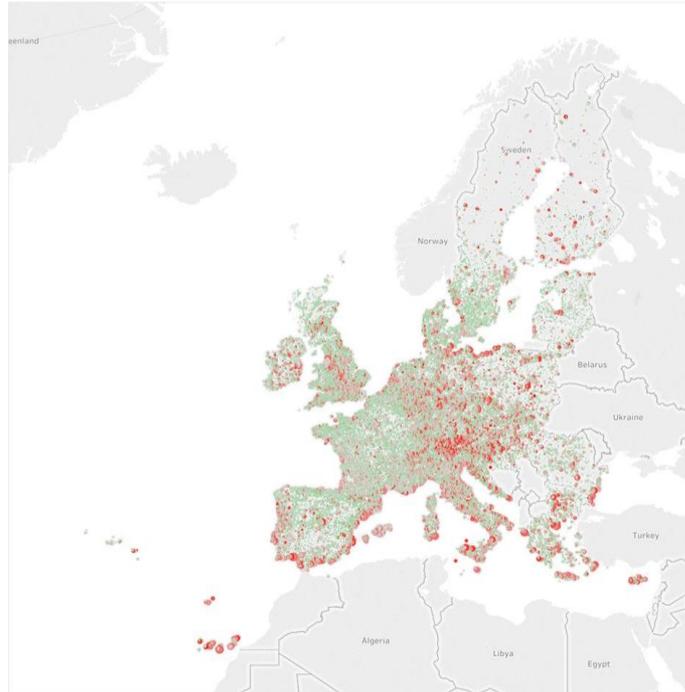
Pie charts represent the total number of health-related departures taken by residents of each country. Germany, France and Sweden are accounting for 58% of the health-tourism market in number of departures.



Map 3: Characteristics of the supply of health-tourism facilities at EU28 accommodations in 2016.



Heat map of health tourism hotel facilities



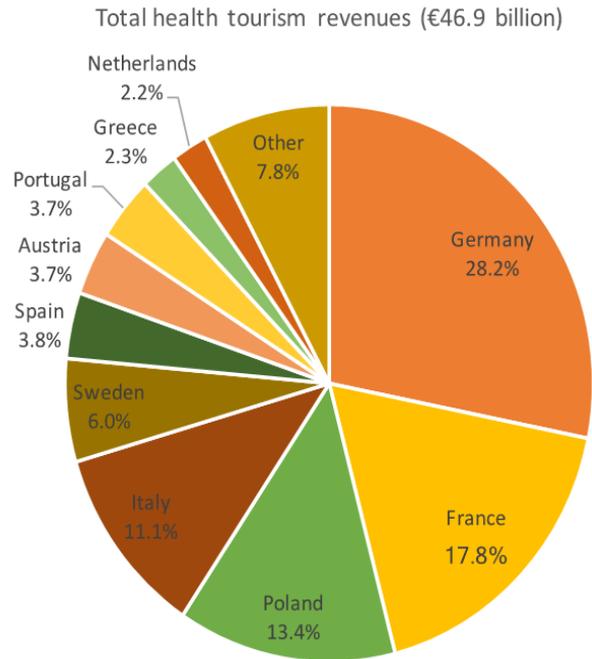
Map based on Longitude and Latitude. Color shows sum of Health related score. Size shows sum of Rooms.



The extent to which accommodations offer health-related facilities. Each dot on the map represents a single accommodation.

Concentrations are particularly visible around many larger cities, the whole of Central Europe, Italy and Mediterranean and some Baltic coastal areas.

Figure 3: Shares of health-tourism revenues (domestic plus international)



The division of all EU health-tourism revenues across the member states.

More than three quarters of the EU health-tourism revenues are contributed by just five countries: Germany, France, Poland, Italy and Sweden.

Impacts of health tourism



Impacts: seasonality



In general tourism, seasonality is acknowledged as one of the 'burdens' hampering the economic competitiveness of tourism (European Commission, 2015f).

Seasonality depends on the kind of **medical tourism**. For instance, there is low seasonality with regard to IVF (in-vitro fertilisation) tourism, but higher seasonality for dental and cosmetic treatments. A positive role for **wellness tourism** was observed to overcome seasonality.

Impacts: labour



Just as in general tourism, health tourism is a labour-intensive form of tourism requiring a wide range of skills across tourism, hospitality, health, healing, fitness, sport and spirituality (Dvorak, Saari, & Tuominen, 2014).

Interestingly, most medical-tourism clinics are also serving local patients and exploit **medical tourism** as an addition to their 'market'.

Impacts: mobility



Connell (2013, p. 11) found that 'surprisingly little is known about cross-border mobility, even in Europe, despite its considerable and regulated significance'.

Connell further noted that in **medical tourism** there is also a diasporic component in the travel motivation, referring to people not living in their original homeland, as they take the opportunity to be with family during treatment.

Impacts: the environment



Most health tourism depends very much on a clean environment, but at the same time it also has an impact on the environment due to the mobility involved and the facilities in often vulnerable landscapes and ecosystems.

In the wellness arena, wellness is seen by people as a term that includes the environment, you cannot be well if your environment is polluted, it is definitely a part of wellness, but with **medical tourism** there is no correlation, you can go to a hospital for surgery in a polluted environment’.

Policies regarding Health Tourism



Policies: European policies



Directive 2011/24/EU is operational and the first evaluation studies have already been published (European Commission, 2015a, 2015e).

Aside from Directive 2011/24/EU, there is little to no explicit reference to health tourism and its three components (**medical, wellness, and spa tourism**) in EU tourism policies

The European Commission does however regularly support tourism-related projects: For instance, the European projects 'WelDest', 'SOWELL' (Social tourism Opportunities in WELLness and Leisure activities) and 'OFF TO SPAS'

Finally, health tourism is eligible for EU funding from the European Regional Development Fund (ERDF)

Policies: national and regional policies



- Strengthening the cooperation between healthcare and wellness, accommodations and recreational service providers and many other public and private actors on the national and destination levels
- Identifying regions that should focus on health tourism or specific subsectors thereof, leading to specialisation and differentiation.
- Adjusting legislation dealing, for example, with cross-border patient mobility, with obligations of healthcare providers and resort operators, and with investments.

SWOT Health Tourism



SWOT: strengths



- Substantial income in the EU (€46.9 billion in 2014)
- Well-developed infrastructure (tourist attractions, accommodations, transport facilities, etc.).
- Directive 2011/24/EU provides mobility and funds for patients between EU member states.
- The quality of healthcare in the EU (facilities, personnel, etc.) is high and is perceived as such by international medical tourists.

SWOT: weaknesses



- No consensus on the definition of health tourism and its components.
- Lack of reliable data on medical tourist flows and revenues.
- The market is largely unregulated, resulting in varying quality levels and risks for individuals and development.
- Insufficient joint promotion within the EU.

SWOT: Opportunities



- A significant proportion of citizens in the EU (49%) is willing to travel for medical care.
- Use of ICT and web-based resources to connect consumers with destinations, healthcare providers and brokers
- The ageing population increases the shares of senior tourists who desire health-tourism services and products.

SWOT: threats



- Lack of public awareness and knowledge of the opportunities provided by Directive 2011/24/EU.
- Negative press, caused by countries not regulating their health-tourism providers. This is especially problematic for unregulated medical procedures.
- Countries' fears that their own citizens will leave their national healthcare systems causing over-capacity and uncovered costs, or will enter other national healthcare systems in massive waves, causing additional costs.

Scenarios



The Health-Tourism Growth Scenario



EU policies try to **eliminate barriers** to the economic growth of health tourism.

Private investments in spas and wellness destinations are stimulated and legislation is removed, wherever possible. Public-private partnerships that are set up lead to market growth.

the EU promotes Europe as the world leader in **wellness and spa tourism**.

In **medical tourism** national healthcare systems will be opened up to **commercial treatments** in a more or less free trade environment. This commercialisation will stimulate the growth of non-healthcare systems, including public and private medical treatments such as cosmetic surgery, medical check-ups, dental tourism and others.

The Health-Tourism Vitality Scenario



The EU will need to **integrate** new health-tourism policies in national health policies.

This means that the focus will be on the opportunities health tourism provides for **improving the health of the population** by providing prevention through wellness and by specialised treatments for a greater portion of the EU population than is possible without these policies.

The way to achieve the latter is to focus further on the development of centres of excellence for specialised and rare treatments and reference networks, and to **align these centres** with hospitality and transportation facilities and services for both the patients and family or friends caring for them.

Conclusive remarks



Conclusive remarks



- Increase the number of member states to include spa treatments in their national healthcare system and policies.
- Remove, where possible, upfront payments in the case of cross-border healthcare, as this appears to be a barrier, certainly for low-income patients.
- Uptake of health tourism in (EU and national) tourism statistics and Tourism Satellite Accounts (TSA). This will also require a unifying set of agreed definitions that respect local, cultural and language-determined specifics.

Conclusive remarks



- Consider the benefits of a joint EU promotion of **Health tourism**.
- Use health-tourism development as a way to improve labour quality, sustainability and seasonality. Also use it as a way to increase domestic tourism over international (departures) tourism, to reduce tourism transport, and to enhance sustainable tourism development.
- Regulate procedures in **medical tourism** to prevent undesirable incidents (e.g. in cosmetic surgery), as this generates negative press and creates a problematic image for all **medical tourism**

Conclusive remarks



- Continue funding health-tourism projects.
- The policy scenario referred to as Health-Tourism Vitality Scenario (HTVS) would aim at enhancing health in the EU through further developing and integrating health tourism and healthcare.
- Furthermore, it would make use of the opportunities for prevention rather than curing.