

FACTORS OF POST-COVID RECOVERY OF THE INTERNATIONAL HEALTH & MEDICAL TOURISM (HMT): TERRITORIAL POTENTIAL VS STATE SUPPORT EFFICIENCY

Denis USHAKOV*

Suan Sunandha Rajabhat University, College of Hospitality Industry Management, Bangkok, Thailand, e-mail: denis.us@ssru.ac.th

Eugenia VASYUTA

The Russian Presidential Academy of National Economy and Public Administration,
South Russia Institute of Management, Pushkinskaya, Russia, e-mail: vasyuta-ea@ranepa.ru

Citation: Ushakov D., & Vasyuta, E. (2022). FACTORS OF POST-COVID RECOVERY OF THE INTERNATIONAL HEALTH & MEDICAL TOURISM (HMT): TERRITORIAL POTENTIAL VS STATE SUPPORT EFFICIENCY. *GeoJournal of Tourism and Geosites*, 41(2), 614–620. <https://doi.org/10.30892/gtg.41236-870>

Abstract: To analyze the dependence between the dynamics of post-COVID recovery of the Health & Medical Tourism (HMT) from the factors of a territorial destination positioning and efficiency of the state support measures in the sector, and on the basis of such an analysis to offer the new principles of anti-crisis sectoral strategizing under the current conditions. The study is based on the application results of several international methodologies of the HMT potential assessment in the selected countries of the world as well as the results concerning the efficiency of state support measures under current conditions. A comparative analysis of the obtained results with the actual dynamics of HMT recovery (as per the statistics of the international tourism-related organizations) has been carried out. Forecasting tools are considered within the frameworks of crisis typology for the world tourism industry overall and for HMT in particular. Determining dynamics of the tourism sector recovery is proven here, primarily through the efficiency measures of state support. On these grounds, new principles of national strategizing of HMT are outlined, taking into account probability degrees of the three types of sectoral recovery during the post-COVID period. Key directions of state support for health and medical tourism are offered by the authors, taking into consideration high probability of the W-shaped scenario of recovery as well as tools of state promotion of HMT development which take into account the interests of local population in the recipient regions along with those of foreign visitors.

Key words: health & medical tourism (HMT), pandemic, state support, sectoral recovery

* * * * *

INTRODUCTION

Back in 2019 the market of medical tourism was evaluated to be around 100 bln USD. Thanks to popularization of various medical services and rapid development of radically new methods of treatment, this subsector has been developing with a truly amazing rate. It was then expected that by 2021 the share of this market would go above 125 mln. In reality, its growth is now at the level of 107 bln (How the pandemic changed tourism and what awaits us in 2021, 2021), however, it is already anticipated that by 2026 it will indeed reach the threshold of 180 bln USD. The coronavirus pandemic with its nearly total closure of all borders has put almost all international tourist travels on hold. Same has been applicable to internal tourism as well, though to a slightly lesser degree. For this reason, during 2020 the market of health and medical tourism has shrunk by at least one third. According to some forecasts, its prepandemic size can be again achieved by 2023 only.

At the same time, structural analysis of such unprecedented shrinkages of all international tourist travels during 2020 also reveals a curious trend: the number of foreign patients in healthcare institutions has decreased by 24%, while the number of other tourists (those travelling with leisure and/or sightseeing purposes) decreased by as much as 70% (Global Spa Services Market Report 2020 by Key Players, Types, Applications, Countries, Market Size, Forecast to 2026 (Based on 2020 COVID-19 Worldwide Spread), 2020). In other words, the decrease in medical tourism volumes is at least 2.8 times less than in any other types of tourism. Further on, in 2021 already, as compared to more traditional types of travels, medical and health-related tourism has demonstrated much more promising recovery trends. On the one hand, this can be logically explained by the highly specific demand for the medical tourism services. On the other, many tourism-oriented countries have demonstrated great interest and initiatives in supporting the potential (natural, recreational and infrastructural potentials in particular) of their national health & medical tourism sectors. State measures taken as applied to this subsector were not only actively implemented during the pandemic already, but also proved to be highly efficient.

Recovery of the health and medical tourism industry has been predetermined by the influence of the local natural and infrastructural potential as well as by the efficiency of the state support measures implemented in the course of this recovery. Evaluation of these impacts is the central area of our research study below.

Research objective: stemming from the comparative analysis of the recovery indicators in the field of health & medical tourism, local natural and infrastructural potential and efficiency of state support as regards to HMT, to determine the principles of further strategizing of the sectoral recovery, taking into account several possible scenarios.

* Corresponding author

Research tasks:

- to provide own definition of HMT within the overall structure of international tourism and global healthcare systems;
- to evaluate natural and infrastructural potentials for further development of the national HMT systems;
- to analyze the interrelation between the already achieved indicators of HMT development, the formed models of co-integration within the HMT sector (with the medical and tourism sectors accordingly) and the dynamics of sectoral recovery during 2020-2021;
- to describe and classify the key measures of state support taken in relation to HMT sector in the selected countries across the world; to evaluate their efficiency through comparison with recovery dynamics indicators as of 2021.

In the course of our research we will be verifying the following *hypotheses*:

1. Dynamics of HMT recovery during 2021 is in low dependence from the prepandemic indicators of competitiveness achieved by the national natural & infrastructural potential.
2. Measures of state support in relation to HMT are the most important determinant of the sectoral recovery dynamics during 2021, as compared to the natural/infrastructural potential of the sectoral development.

LITERATURE REVIEW

Our study rests on the categorial definitions of health & medical tourism as considered by (Hall and Cooper, 2008) and also (Carrera and Bridge, 2010), despite the fact that the former was somewhat overemphasizing the economic sources of HMT development during the industrial era, while the latter were considering HMT from the medical/healthcare standpoint primarily. Freire et al., 2012, determined medical tourism as a patient’s travel with the purpose of treatment and/or with the purposes of illness prevention outside the usual place of residence. At this, duration of such a travel might be from one day to as long as one year. Such a view on HMT is very much different from the definition of traditional tourism (see (Loh Chung-Ping, 2013; Boguszewicz-Kreft et al., 2020) for example). On the other hand (Rosensweig, 2007), including also the people accompanying patients in the course of medical tourism, defined medical tourism exclusively as the use of services that are improving health and overall well-being of people. The UN WTO defines medical tourism as the mechanism of services provision by medical institutions in their close relation with the use of natural resources (Freire, 2012). A detailed definition of HMT as part of overall tourism activities has been offered by (Herrick, 2007).

According to this author, the primary goal of HMT is in providing/getting the whole range of healthcare, rehabilitation, prevention and recreational services in places different from the place of permanent residence, provided these places have all necessary resources for such services provision. The UN Economic and Social Commission for Asia and the Pacific has defined health and medical tourism as an international phenomenon describing travelers’ movement outside their region of residence with the aim of getting medical servicing, unavailable in a country of their permanent residence due to high costs (Cortez, 2008; Zhong et al., 2021). According to Carrera and Bridge, 2010, HMT is a special type of health resort treatment. This author has been studying organization of population rehabilitation from the standpoint of travel technology. It would be also appropriate to mention here the necessity to distinguish health and medical tourism from spa and wellness tourism. The latter concept is getting increasingly popular nowadays, in nearly all the countries across the globe.

In our view, HMT is not just a concept of spiritual and physical rehabilitation on the basis of natural (water treatment, healthy food, etc.) and non-invasive factors, but rather the continuation of this concept by means of the invasive factors of rehabilitation with the help of medical infrastructure, pharmaceutical tools and various medical protocols. Even under the conditions of economic and financial crises, health and medical tourism has been a powerful driving engine in the development of various regions. Health is not the end goal in itself, it is also one of the major preconditions for economic development of regions and countries. Thus, health and medical tourism is a vitally important component of healthcare economy. On the one hand, HMT makes adjustments in the very concept of healthcare economy; on the other, it offers new ways of territorial inequality in the development of healthcare overall. The phenomenon of health and medical tourism links healthcare sector with other branches of a national economy, thus, it contributes to formation, distribution and fair use of material, labour and financial resources within the healthcare sector overall.

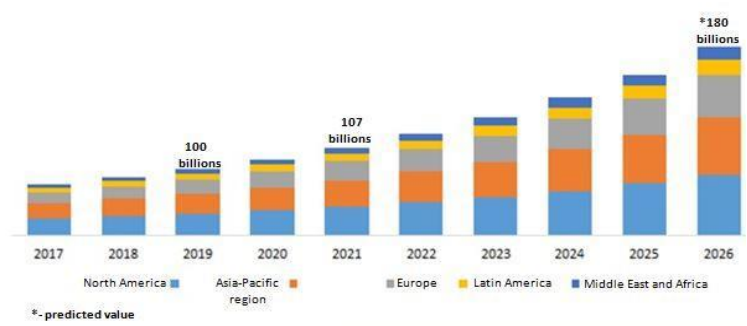


Figure 1. The volume of medical tourism market, 2017 to 2021 and the forecast till 2027 (Global Spa Market 2021-2025, 2021)

Table 1. Changes in MTI values of top 5 countries, 2014 to 2021 (Source: GVR Report cover Medical Tourism Market Size, Share & Trends Report Analysis Report By Country, 2021)

Countries	2014-2015		2016-2017		2020-2021	
	Index value	Rank	Index value	Rank	Index value	Rank
Canada	76.9	1	76.62	1	76.47	1
Singapore	74	4	73.56	4	76.43	2
Japan	67.6	13	68.0	12	74.23	3
Spain	67.64	12	68.29	11	72.93	4
UK	74.8	2	74.87	2	71.92	5

Methodology of national potential evaluation for HMT development

One of the key tools used for measuring the international level of medical tourism development as well as its costs is Medical Tourism Index (MTI), calculated and presented by the Medical Tourism Association (Medical Tourism Statistics

and Facts, 2020). This index is based on 34 criteria that are divided into three groups of factors: quality of medical services; state of tourism infrastructure; external factors, influencing tourism development in a particular country (Tables 1 and 2).

According to the data presented in Tables 1 and 2, the absolute leader among all the countries in the considered period is (and has been) Canada, however, the indicators of this country are somewhat going down. Stemming from the classification of destinations as suggested by the World Tourism Organization and Medical Tourism Association, we may conclude that there exist the following megadestinations in medical tourism of the corresponding MTI index are given in brackets): Americas (64), Arab region (63.2), African region (57), European region (63.5), Middle and Central East (63.4) and Asian region (57.4). Noteworthy here, when calculating the index values, MTI is focused primarily on the accompanying services that do not have direct impact on the quality of medical assistance provision. Thus, it would be expedient to analyze the overall quality of the world healthcare systems, stemming from the country values of the Health Care Index (Table 3 for details).

Table 2. Medical tourism index (MTI) subindices for the selected top countries (Source: Medical Tourism Index 2020-2021, 2020)

Countries	Country's overall rank	Rank value: MTI= (SMTI ₁ + SMTI ₂ + SMTI ₃)/3	SMTIs			Annual number of tourists, in mln
			Quality of facilities and services, SMTI ₁	Medical tourism industry, SMTI ₂	Destination environment, SMTI ₃	
Canada	1	76.47	78.62	74.05	76.74	17
Singapore	2	76.43	73.37	70.25	85.67	31
Japan	3	74.23	71.28	72.81	78.06	16
Spain	4	72.93	70.09	74.36	74.34	24
UK	5	71.92	77.3	70.38	68.08	12

Table 3. Ranking of the selected countries in the Health Care Index 2020 (Source: Best Healthcare in the World 2020, 2021)

Rank	Country	Index value (on the 100-point scale)
1	Taiwan	86.39
2	South Korea	82.34
3	France	80.99
4	Japan	80.68
5	Denmark	70.96
6	Spain	78.8
7	Austria	78.4
8	Thailand	78.08
9	Australia	77.71
10	Finland	76.4

Table 4. Global Health Security Index of the selected countries, as of 2020 (Source: GHS index: Global Health Security index, 2021)

Rank	Country	Index value (on the 100-point scale)
1	USA	83.9
2	UK	78
3	Netherlands	75.8
4	Australia	75.8
5	Canada	75.1
6	Thailand	73.2
7	Sweden	72
8	Denmark	70.4
9	South Korea	70.2
10	Finland	68.7

However, values of this Index are not entirely objective and unbiased since quality of medical assistance should be determined taking into account a wider circle of various accompanying factors: the process of medical treatment itself; accessibility of medical services; efficiency of these servicing administering; results demonstrated by the healthcare system overall. More informative might be the Global Health Security Index that is being prepared by the John Hopkins Center for Health Security. This index allows evaluating the global potential of health security and also assesses the level of healthcare systems development as well as the level of population health across the countries, following six key criteria, 34 indicators and 85 subindicators (Health care system index: Countries compared, 2021). See Table 4 for the 2021 data on the selected countries. It is worth mentioning here that among the 20 leading countries of this ranking, 15 are European ones, two more are North American, and three more are located in Asia. Interestingly, Thailand is ahead of all Scandinavian countries. The total average index is 40.2; the average index value of the developed countries would be 51 though.

At the same time, data on this index alone won't be sufficient for a comprehensive evaluation of the medical tourism development across the countries. Primarily because this index is hardly evaluating security/safety of healthcare systems, especially when it comes to a country's potential reaction to global epidemiological challenges. More specifically, this index does not provide sufficient data on how national healthcare may protect foreign patients that travel to a certain destination and do not reside there permanently. We may take the still ongoing COVID-19 pandemic as an example. In its context, this index above has not been able to predict the number of COVID-related deaths by countries. More specifically, some countries with rather low rankings had lower mortality rates, while other countries, with much higher index values, have demonstrated extremely high rates of COVID-related deaths. Therefore, it would be expedient to not simply analyze the current conditions of healthcare and medical tourism overall using the index-based indicators, but rather to apply the economic models of health and medical tourism functioning.

Model #1. Direct or actual medical tourism. This model has been one of the earliest and it can be presented as a system of connections showing the interaction between patients on the one side and representatives of a foreign medical institutions on the other. No intermediary parties involved.

Model #2. Medical tourism organized with the involvement of intermediary parties (internal or foreign ones). This model is widely popular in such countries as Israel, India, Lithuania, China, Poland, and South Korea. It would be important to note here that the cost of health and medical services provided to foreign citizens would always be higher than the prices known to local population (and not only because some of the related services may be covered by local insurance companies).

Model #3. Medical tourism as a component in state healthcare policy. This assumes significant interest and motivation demonstrated by national and international insurance companies which, in their turn, are expected to develop partner relations with foreign providers of health and medical services. This model is actively used in the USA, Canada, UK and some of European countries. For example, the UK insurance companies often try to develop partner relations with the clinics based in Hungary, Lithuania, and Czech Republic, primarily because of lower costs of services in these countries and their relative proximity to Great Britain (Global Wellness Economy monitor and Wellness Institute, 2021). Similar mechanisms are also used by various clinics based in Poland, Hungary, South Korea and the UAE, as these clinics are striving to become included into the global network of medical tourism (Global Innovation Index INSEAD, 2020).

Model #4. Outsourced medical tourism. This model is based on the partnership between the suppliers of medical services from the regions supplying tourists on the one side and the suppliers of health and medical services at foreign destinations on the other (clinics, diagnostics centers, freelancing medical staff, etc.). This mechanism of cooperation assumes mutual exchange of treatment protocols and other means of professional consulting, aimed to increase qualifications while using telemedicine to the widest extent possible. Close, trustworthy relations between partners are an integral part of this model. The model is relatively widely spread in the USA and also in Germany, it now has promising prospects for expansion on other countries as well. After analyzing these several economic models of medical tourism organization, we have concluded that this subsector can be presented as a complex, multilevel system, in which medical tourist is the key indicator and the key assessment criteria, as the medical tourist may reveal the essence and the contents of medical tourism, thus making it possible to single out medical tourism from all the other types of tourism. Thus, after studying various indicators, indices and satisfaction criteria in regard to quality of health and medical services in the context of medical tourism development we have concluded that combining such its aspects as quality, security and risks may help us with restoring the overall picture of how tourists-patients perceive medical destinations in tourism. This overall picture consists of general but rather subjective indicators of consumer satisfaction, directly related to this specific type of tourism.

In its turn, qualitative analysis of individual needs and consumer impressions as related to this specific type of tourists predetermined the search for new ways and methods in presenting and providing medical and all accompanying services. This, in turn, leads us to construction of the models mentioned above, while these models later on can be used for the purposes of long-term planning of all activities within health and medical tourism, as applied to both separate healthcare systems and the world market of medical tourism overall. Thus, after analyzing the models of HMT functioning in the selected countries of the world as well as the results of territorial potential evaluation, we can now compare them with the current dynamics of HMT recovery (2020-2021), Table 5. At this point, we may conclude that the indicators in question have rather weak correlation with each other. It is clearly visible that the higher the countries' indices in the global rankings of healthcare and medical tourism — the lower the rates of their recovery (as % ratio to GDP). Thus, data presented in Table 5 confirms our hypothesis 2.

Table 5. Dynamics of HMT recovery in the selected countries (2020-2021), grouped by their territorial potential

Mo-del	Examples of the countries	MTI ranking	Global Health Security Index ranking	Dynamics of HMT recovery, as % of GDP
1	Czech Rep.	68.32	52.0	5.3
	Egypt	64.81	39.9	3.1
	Greece	63.45	53.8	4.4
2	Israel	70.78	47.3	4.7
	India	69.80	46.5	2.6
	China	63.47	48.2	2.5
3	UK	71.92	77.9	1.3
	Hungary	65.69	54.0	2.4
	Poland	64.1	55.4	1.7
4	Singapore	76.43	58.7	5.2
	Germany	69.29	66.0	4.9
	South Korea	68.81	70.2	0.85

Best foreign practices in the field of state support provided to HMT during the pandemic

Evaluation of measures taken for gradual recovery of the international HMT and already implemented in some of the studied countries allows us to conclude that the most popular ones concern tax preferences, namely: lower taxation rates, tax holidays, tax credits and so on. Thus, in Brazil the National Development Bank has opened a credit line on circulating capital for those operating in health and medical tourism and also for the related small and mid-sized enterprises (Kangas, 2010; Matei et al., 2021). Financial measures in France include the mechanism of changing the booking system: tourism companies have been able to switch from full compensation of a booking (which means immediate outflow of money from the country) to the option of a credit on the equivalent amount (Medical Tourism Market Size, Industry Report, 2020-2027, 2020).

However, we need to note that most of the implemented measures were immediate in their nature, they have served to support local tourism businesses during the COVID pandemic. Also, they mostly concerned small and mid-sized enterprises and were not entirely comprehensive (not covering the whole sector as such), even though this would have been appropriate for further development of a crisis management strategy for the whole sector. In some countries, attention has been mostly focused on the implementation of measures that concern consumer protection and also labour protection for those working in the HMT sector. Thus, Japan's Tourism Agency has announced it would allocate 33 mln USD to increase the attractiveness of various health and medical destinations in the country, primarily by means of providing timely, exact and full info on the current epidemiological situation in particular areas (How Attractive Is Your Destination for Medical Tourism?, 2019). China has cancelled annual tax payments for the tourism sector altogether, also extending the accreditation deadlines as well as the deadlines on renewals of professional certificates in tourism. The local ministry for culture, tourism and healthcare has selected almost 400 infrastructural projects from the HMT sector to be financed directly from the state budget. Spain has introduced a special certificate which now serves as a quality seal for various healthcare, medical and tourist services provided to tourists with all necessary sanitary and anti-epidemic measures being taken.

Coordination measures have proven to be no less important, as their key goal is timely reaction to the quickly changing situation in the sector. For example, the government of Australia is now actively working on the development of its 2030 Strategy which is aimed at the tourism sector recovery and its higher attractiveness as a health and medical tourism destination. Analyzing the official UN WTO data on the crisis measures taken by various countries, we may conclude that the majority of these countries are spending really a lot on these crisis recovery activities (Figure 2).

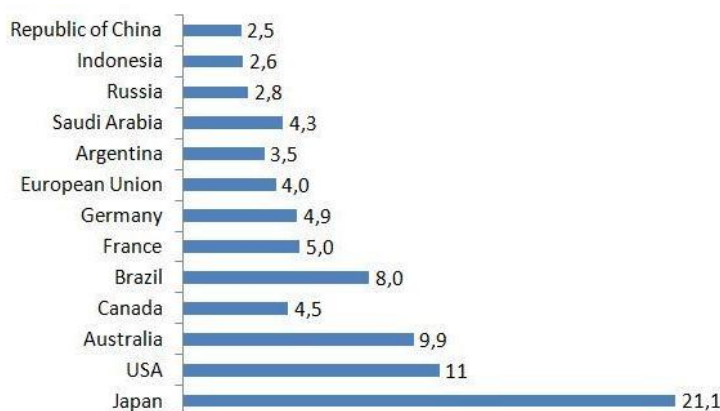


Figure 2. Anti-crisis spending in the selected countries, as share of GDP (Source: Value of COVID-19 fiscal stimulus packages in G20 countries as of May 2020, as a share of GDP, 2021)

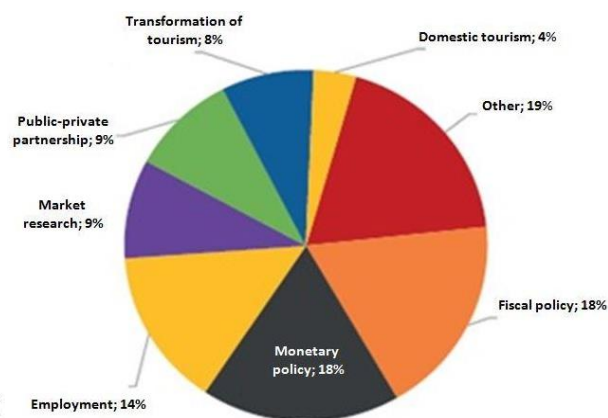


Figure 3. Measures taken by countries to mitigate the consequences of crisis and promote tourism and travel recovery

Also, we need to mention here that majority of these countries tend to choose the tools within their monetary and fiscal policies, some measures also concern labour policy and employment issues (Figure 3). Therefore, after analyzing international experience in the field of anti-crisis & recovery measures in tourism, we can detect a correlation between the range of actions taken and the dynamics of HMT sector recovery during 2020-2021 (Table 6). Thus, we may conclude that the growth rates of state spending on tourism are at times higher than the growth of tourism's actual contribution to the GDP of these countries. However, the higher the spending on tourism recovery, the higher the rate of HMT recovery in the country.

Table 6. Dynamics of HMT recovery (2020-2021) in the selected countries, with outlined priorities in state support measures (compiled by the authors)

Prioritized measured within state support provided to tourism	Examples of the countries	Explanation of measures contents	Growth of state spending on HMT support, in %	Dynamics of HMT recovery, in %
financial assistance (subsidies, grants, zero-interest credits, etc.) for all HMT subjects	South Korea	tourism companies working in the HMT sector have been able to get credits on preferential conditions, in the total amount of 8 ln USD, with the decreased interest rate of 1%(Fantozzi, 2021)	0.85	2.4
	Portugal	the agency Turismo de Portugal introduced a support line with the funding in the amount of 60 mln EUR for all tourism microenterprises that have found themselves in distress	0.96	1.3
subsiding the spending for all employees of the healthcare sector	UK	tangible support for healthcare destinations; measures taken to maintain the sufficient number of medical personnel; revised marketing of local HMT territories	1.3	3.2
introduction of tax preferences (tax holidays, preferences, deadline extensions)	Germany	all medical tourism companies as well as spa & wellness centers got the right for tax payments extension until the end of 2020	4.9	5.5
closer interaction with communication and marketing agencies	Australia	revised conditions for tourism booking cancelations	6.0	9,9
creation of brand new tourism products to promote HMT services better	Turkey	anti-crisis management trainings	5.9	6.9
	France	supporting internal HMT tourism	5.0	4.7
	Columbia	dedicated chats for monitoring the situation in tourism and an online platform where business reps could find answers to their questions	4.0	4.7
using tourism infrastructure to fight COVID-19	USA	hospitality sector providing accommodation for medical staff and other servants directly involved in fighting the pandemic	4.3	5.3
	Canada	Hotel Association of Canada offered 6 thousand rooms in its hotels for 20 municipalities' needs while fighting COVID-19	5.2	4.4

Data presented in Table 6 confirms our initial hypothesis 2, also proving the following:

- the state is playing a serious role in converting HMT into a highly developed and no less highly profitable sector of a national economy;

- public spending on tourism tends to have positive influence on the implementation of anti-crisis measures and also on the growth of tourism contribution to GDP;
- full recovery of the HMT subsector would not entirely possible without the implementation of comprehensive measures of state support;
- in the majority of the investigated countries policies aimed at development and promotion of HMT seem to be rather efficient.

CONCLUSIONS & RECOMMENDATIONS

The analysis carried out above demonstrates that nearly all contemporary states across the world are now taking large-scale and comprehensive measures aimed to support health & medical tourism as a top-priority sector of the economy.

States measures aimed at economic recovery overall allow us to determine the current recovery scenarios which, in their turn, predetermine the potential trajectories of the HMT recovery in particular:

In case of a V-shaped recovery model, the sector would be suffering from a drastic (however short-term) decline. This sudden crisis situation would be then followed by a similarly rapid recovery.

U-shaped type of a recovery scenario is much more long-term and gradual, it does not have a drastic crisis period and it also assumes a relatively slow comeback to the growth trend.

In case of a W-shaped scenario the tourism sector falls into a recession. After it, there would be a short-term period of growth, followed by another round of recession. The scenario finishes with the final recovery stage.

It would be appropriate to project these types of recovery scenarios on the current context of the ongoing crisis in health & medical tourism (Table 7).

Table 7. Specific features of recovery scenario models in tourism (compiled by the authors)

Parameters	HMT recovery scenarios		
	V-shaped	U-shaped	W-shaped
COVID-19 pandemic influences	Moderate and controlled growth in the disease numbers	Gradual growth of the COVID statistics	Frequent spikes in the statistics
Changes in consumer preferences	Consumer trust restores quite quickly; changes in consumer preferences are minor and/or barely traceable	Consumer trust is restoring very slowly	Consumer trust is highly unstable, primarily because of the new waves effect. Security/safety fears are growing all the time
State regulation and support	Since the pandemic rates are managed quite efficiently, recovery measures are quite soft in their nature	Border opening is very gradual; state support is needed on a permanent basis	Quarantine measures are becoming less strict gradually, but comprehensive state support is still acutely needed
Probability of this scenario model realization	Low	Average	High

As a result, if we compare the measures taken by now and the current trends being already formed with the purely theoretical types of recovery scenarios, we may forecast the probabilities of these scenarios realization in the HMT subsector. Obviously, realization of the V-shaped recovery scenario is the least probable, considering the prolonged spread of the pandemic and the yet another wave of growth in COVID cases. Relatively low probability also has the U-shaped recovery scenario, primarily because consumer trust cannot be that quickly restored without profound state support.

Taking into account the current conditions, the most probable seems to be the W-shaped recovery scenario which assumes short periods of growth between the new waves of the pandemic. Nowadays probability of these scenarios is predetermined not only by the coronavirus statistics but also by the actions taken on the state/regional level. New trends in consumer behavior and consumer preferences are also highly dependent on these state actions.

Generalizing international experience in providing such state support, we would like to put forward the following recommendations on the recovery of global health & medical tourism:

- participation in the development and further use of the sectoral protocols on labour safety and general safety should be more active and more comprehensive in terms of representation;
- express-testing among medical and hospitality staff of all levels can be and should be used more widely;
- the already available software and other IT products could be used for more timely and efficient response to the quickly changing epidemiological situation in the regions. Moreover, SaaS products can be used in selection of the currently safest medical tourism destinations;
- state support for the tourism sector in the form of tax preferences should be prolonged as such measures tend to stimulate liquidity growth.

Therefore, recovery of the tourism sector overall shall include the following groups of measures:

- measures related to the revision and correction of tax payments and other related fees that are directly and indirectly influencing the HMT sector;
- measures on the provision of better accessibility of the internal health & medical tourism, namely, through organization of various events promoting its development (fairs, conferences and similar events, both online and offline);
- measures on timely prevention of capital outflow due to rescheduling of tourist trips planned earlier (provision of credits and vouchers for the full amount paid instead of standard refund/reimbursement);

- measures related to prolongation of the existing liability insurance contracts for the participants of the HMT market so that to prevent at least some of the probable cases of bankruptcy. Such measures would also enable relatively quick and full compensations to tourists for the cancelled trips.

REFERENCES

- Boguszewicz-Kreft, M., Kuczamer-Kłopotowska, S., Kozłowski, A., Ayci, A., & Abuhashesh, M. (2020). The Theory of Planned Behaviour in Medical Tourism: International Comparison in the Young Consumer Segment. *International Journal of Environmental Research and Public Health*, 17(5), 1626. <https://doi.org/10.3390/ijerph17051626>
- Carrera, P., & Bridge, J. (2010). Review Medical tourism: Assessing the evidence on treatment abroad. *Maturitas*, 66, 27–32, <https://doi.org/10.1016/j.maturitas.2010.01.017>
- Cortez, N. (2008). Patient without borders: the emerging global market for patients and the evolution of modern health care. *Indiana Law Journal*, 83, 71.
- Freire, N.A. (2012). The Emergent Medical Tourism: Advantages and Disadvantages of the Medical Treatments Abroad. *International Business Research*, 5 (2), 41–50, <https://doi.org/10.5539/ibr.v5n2p41>
- Hall, C.M., & Cooper, C. (2008). *Contemporary tourism: an international approach*. Oxford: Butterworth-Heinemann, 2008.
- Herrick, M.D. (2007). *Medical Tourism: Global Competition in Health Care*, National Center for Policy Analysis. Dallas, US.
- Kangas, B. (2010). Travelling for Medical care in a Global World. *Medical Antropology: Cross Cultural Studies in Health and Illness*, 29, 344-362.
- Loh Chung-Ping, A. (2013). Health tourism on the rise? Evidence from the Balance of Payments Statistics. *The European Journal of Health Economics*, 15, 759–766, <https://doi.org/10.1007/s10198-013-0521-0>
- Matei, D., Chirita, V., & Lupchian, M. (2021). Governance and tourism resilience during the covid-19 crisis. Case study Bukovina, Romania. *GeoJournal of Tourism and Geosites*, XIV, 34(1), 256–262. <https://doi.org/10.30892/gtg.34135-646>
- Rosensweig, J. (2007). Medical Tourism — Health Care in the Global Economy. *Physician Executive Tampa*, 33(6).
- Zhong, L., Deng, B., Morrison, A.M., Coca-Stefaniak, J.A., & Yang, L. (2021). Medical, Health and Wellness Tourism Research-A Review of the Literature (1970-2020) and Research Agenda. *International Journal of Environmental Research and Public Health*, 18(20), 10875. <https://doi.org/10.3390/ijerph182010875>
- *** Best Healthcare in the World 2020 (2021). <https://worldpopulationreview.com/country-rankings/best-healthcare-in-the-world>
- *** GHS index: Global Health Security index (2021). <https://www.ghsindex.org/>
- *** Global Innovation Index INSEAD (2020). Available online: <https://www.globalinnovationindex.org/analysis-indicator>
- *** Global Spa Market 2021-2025 (2021). TechNavio, Toronto, Canada.
- *** Global Spa Services Market Report 2020 by Key Players, Types, Applications, Countries, Market Size, Forecast to 2026 (Based on 2020 COVID-19 Worldwide Spread) (2020), Maia Research.
- *** Global Wellness Economy Monitor and Wellness Institute (2020). Available online: <https://globalwellnessinstitute/research>
- *** GVR Report cover Medical Tourism Market Size, Share & Trends Report Analysis Report By Country (2021). <https://www.grandviewresearch.com/industry-analysis/medical-tourism-market>
- *** Health care system index: Countries Compared (2021). <https://www.nationmaster.com/country/Quality-of-health-care-system/Health-care-system-index>
- *** How Attractive Is Your Destination for Medical Tourism? (2020). <http://medicaltourismassociation.com>
- *** How the pandemic changed tourism and what awaits us in 2021 (2021). <https://trends.rbc.ru/trends/social/cmrn>
- *** Medical Tourism Index 2020-2021 (2020). <https://www.medicaltourism.com/mti/home>
- *** Medical Tourism Market Size, Industry Report, 2020-2027 (2020). <https://www.grandviewresearch.com/industry-analysis/medical-tourism-market>
- *** Medical Tourism Statistics and Facts (2020). <https://www.health-tourism.com/medical-tourism/statistics/>
- *** Value of COVID-19 fiscal stimulus packages in G20 countries as of May 2020, as a share of GDP (2021). <https://www.statista.com/statistics/1107572/covid-19-value-g20-stimulus-packages-sharegdp>
- *** Wellness Tourism: Market analysis of a special health tourism segment and implications for the hotel industry (2020). Research Institute for Leisure and Tourism, University of Berne.

Article history: Received: 15.11.2021 Revised: 20.04.2022 Accepted: 18.05.2022 Available online: 14.06.2022