

International Conference Meanings of the Rural – between social representations, consumptions and rural development strategies

28-29 September 2015, University of Aveiro, Portugal

Theme 2

CAN THE EUROPEAN DIRECTIVE 2011/24/EU SUPPORT THE PROMOTION OF HEALTH TOURISM IN PERIPHERAL AREAS? DISCUSSING THE POTENTIAL OF PORTUGAL'S CENTRAL REGION

Gonçalo Santinha^a, Zélia Breda^b and Vítor Rodrigues^c

^aDepartment of Social, Political and Territorial Sciences, GOVCOPP, University of Aveiro, Portugal

^bDepartment of Economics, Management and Industrial Engineering, GOVCOPP, University of Aveiro, Portugal

^cDepartment of Economics, Management and Industrial Engineering, University of Aveiro, Portugal

Context and main theoretical framework

The tourism industry is undergoing rapid changes. Today's consumers are more interested in individual and local experiences, authenticity, wellbeing, community and engagement as part of their travel (IPK International, 2014). Demand is, thus, rising for niche tourism, such as related to wellness and adventure/sports, as travellers are becoming increasingly health-conscious, with people attempting to engage in wellness experiences during their holiday time. As a result, a growing number of destinations devoted to health tourism are emerging worldwide. The rise of chronic diseases and the unprecedented stress of modern life, thus, make people demand for destinations that deliver physical, emotional, spiritual and environmental health. The rising costs of medical treatments and health care in developed countries, long waiting lists, higher incomes, and improved human and technological resources and services in developing countries are also contributing to this phenomenon (Connell, 2008), clearly promoting a great opportunity for these countries, given that the globalization of health care services becomes enforced (Martins et al , 2014).

Despite its growing importance in the global tourism industry, partly due to its poorly defined boundaries, it is difficult to measure the health tourism market. Nonetheless, it is estimated that 3-4% of the world population travels internationally for medical treatment (IPK International, 2012) and, in the European context, health motivation accounted for a total of 9.4 million trips in 2011 (IPK International, 2012). In terms of revenue, Martins et al. (2014) estimate a share of 20% for medical tourism and 80% for health tourism. Smith (n.a.) claims that, combined, these two segments generate more than 165 billion U.S. dollars.

The concept of health tourism is not consensual. There are some inconsistencies in the literature regarding health, wellness and medical travel. The debate seems to be related to the motivations or, in other perspective, to the activities or services that the visitor will enjoy in the destination. Connell (2008) considers that medical tourism, although being linked to medical treatments or interventions, should be the major concept as opposed to health tourism. On the other hand, other authors support health tourism as a unifying concept (Cunha, 2006; Mueller & Kaufmann, 2000; Smith & Puczko, 2009). Cunha (2006) reviews these considerations by grouping all the activities developed in order to provide a specific medical treatment/healing or to improve health in a so-called ‘umbrella’ concept: health tourism. Figure 1 summarises the concept of health tourism as usually considered in the literature.

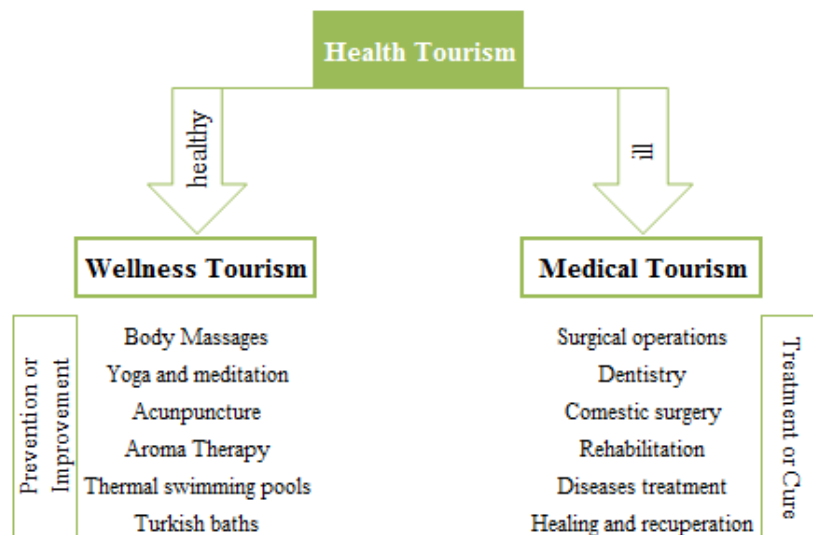


Figure 1. The health tourism system

Source: Own elaboration based on Charity et al. (2013), Mueller & Kaufmann (2000), Smith & Puczko (2009) and Voigt et al. (2010)

Health tourism is one of the ten strategic products for tourism development defined in 2007 in Portugal. Despite this recognition, the number of tourists travelling to Portugal motivated by health reasons does not have a significant position in the global tourism panorama. Despite of the country's 'competitive advantages' and the promotion of health tourism as a strategic tourism product, there is no structured plan to stimulate it. Portugal offers a great variety of natural characteristics that only satisfy one side of health tourism, thanks to exceptional conditions regarding natural resources (thermal and sea water), as well as wellness oriented services (MEE, 2013). Health tourism, thus, entails many potential opportunities for Portugal, but new and numerous challenges as well. The European Directive 2011/24/EU, which establishes the rules for the access to cross-border health care in order to ensure the mobility of patients and promote cooperation in this field between the different Member States, is one of them. The law proposal providing for the transposition of this Directive has been approved in 2014 by the Portuguese Council of Ministers. It is still not possible to analyse the actual impacts emerging from its implementation in the Portuguese context, but it is expected a considerable advance on medical tourism practices, regardless the 'commitment' established on the National Strategic Plan for Tourism (Horizon 2013-2015). Still, to the best of our knowledge, there is no national strategy aiming to anticipate the challenges arising from this 'market opening' in healthcare provision.

In essence, the Directive seeks to promote greater freedom of choice for patients and, simultaneously, increase competition among providers. Benefits related to an increased volume of healthcare and the emergence of other service activities linked to healthcare can therefore emerge within this context and contribute to the social and economic development of some territories.

Main aim

Focusing on the Portuguese case, this paper aims to understand the impact of the cross-border health care Directive and the role that tourism can play in local and regional development. Specifically, it seeks to realise if, in this new context, policies in peripheral areas should address medical or, more generally, health tourism to promote their development.

Bearing this in mind, the paper, first, ponders on the challenges arising from the adoption of the Directive and, accordingly, from medical tourism. It then discusses the possible impacts of the implementation of the Directive in Portugal (in general) and in two sub-regions of the

Central Region (in particular), and the role of medical tourism, in light of the views of health policy makers and other local and regional stakeholders. Within this discussion, the paper then debates the role that medical and health tourism can take in peripheral areas.

Methodology

Two complementary methodological approaches were used to fulfil the aims of the study. The first approach comprised 23 semi-structured interviews, conducted between 2012 and 2013, to present and former policy makers in the area of healthcare, at central and regional levels. This set of interviews allowed understanding the policy-makers perspective on the challenges Portugal faces with respect to health tourism and the role peripheral areas can play in this context. The second approach focused on Portugal's NUTS II Central Region, namely on NUTS III sub-regions of Baixo Vouga and Beira Interior Sul, located in the coastal and inland area of the region, respectively. Similar interviews were conducted to 13 local and regional stakeholders in order to assess both the challenges each sub-region faces in relation to the phenomenon under study and their level of awareness and motivation on this issue. For this purpose, different stakeholders potentially involved in the health domain were interviewed, namely healthcare providers, local authorities and non-profit-making institutions (*Misericórdias*).

Main findings

It is possible to list four main findings. First, it not clear yet if the application of the cross-border healthcare Directive will be beneficial for Portugal. In fact, to a certain point, the Directive entails a number of risks: (i) its philosophy, favouring countries whose health system works through a social health insurance, makes Portugal less competitive in this sphere; (ii) the fact that the Portuguese government has not responded quickly to adapt to the challenges arising from the transposition of the Directive into the national context suggests a delay in the ability to overcome existing weaknesses and take advantage of any potential resulting therefrom for the country; (iii) given the response time of the National Health Service, which is lower than expected (waiting lists), Portugal may prove to be mainly an importer of healthcare, with the Portuguese population preferring to seek medical services in other countries.

Second, health tourism (in general) and medical tourism (in particular) can be differentiating factors in this interrelationship between healthcare and economic development. There is a common belief that the country has excellent conditions to take advantage of joining the excellent climate, hospitality and food with healthcare and the existing technology. Therefore, the development of a strategy for the implementation of the Directive, which considers the relevant role of health tourism in the process, constitutes a window of opportunity to turn the challenge into a competitive advantage.

Third, the depth of knowledge about this matter exhibits different degrees among health policy makers and local and regional stakeholders. Whilst to the former this question has globally deserved their attention, for a good part of regional and local stakeholders this is a subject on which information is still vague. This suggests, firstly, that the discussion on this topic has been focused mainly at the decision-making level, which corroborates the argument that there is still a long way to go before the country is able to deal with this challenge, and, on the other hand, this information is mainly on the agenda of those who work directly in the health sector, since unawareness was mainly showed by actors who pursue their activity in areas other than healthcare. It is, thus, important to reflect on how the Directive and medical tourism are being discussed and how the processes of decision making are conducted.

Finally, regarding the relationship between this type of tourism and low density areas, arguments still show that more crucial than existing amenities is the quality of healthcare. Therefore, the focus should be primarily on areas where specialised healthcare constitutes a reference, which tends to mostly occur in areas with higher population density. In fact, this issue has received a special attention from local and regional actors. In the sub-region of Baixo Vouga, for example, although its attractive capacity has been highlighted essentially for geographical reasons (e.g., proximity to the sea and natural resources linked to the Ria de Aveiro), the poor image of the Baixo Vouga Hospital Centre was highlighted as a barrier to fully support medical tourism. Similarly, the reduced number of health professionals and healthcare services in Beira Interior Sul also hinders the potential of this region to develop this type of tourism. According to respondents' viewpoint, peripheral areas that are no reference in providing special healthcare should focus on other types of health tourism, more associated with spas.

References

- Charity, M., Walter, M., Forbes, K., Kumbirai, M., & Margaret, N. (2013). Stakeholders' knowledge, attitudes and practises towards health tourism development in Zimbabwe. *Australian Journal of Business and Management Research*, 3(2), 24-31.
- Connell, J. (2008). Tummy tucks and the Taj Mahal?: Medical tourism and the globalization of health care. In A. Woodside & D. Martin (Eds.). *Tourism management analysis, behaviour and strategy*, (pp. 232-244), Wallingford: CABI Publishing.
- Cunha, L. (2006). Turismo de saúde: Conceitos e mercados. *Revista Lusófona de Humanidades e Tecnologias*, 10, 79-84.
- IPK International (2012). *ITB world travel trends report 2012/2013*. Berlin: Messe Berlin GmbH.
- IPK International (2014). *ITB world travel trends report 2014/2015*. Berlin: Messe Berlin GmbH.
- Martins, A., Lunt, N., Freitas, R., Ribeiro, S., & Klein, U. (2014). *Atlas de oportunidades para o turismo de saúde e bem-estar*. Leça da Palmeira: AEP – Câmara de Comércio e Indústria.
- Ministério da Economia e do Emprego [MEE] (2013). *Plano Estratégico Nacional do Turismo: Horizonte 2013-2015*. Lisboa: Ministério da Economia e do Emprego.
- Mueller, H., & Kaufmann, E. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing*, 7(1), 5-17.
- Smith, M. (n.a). *The relationship between medical and wellness tourism*. Accessed on 23.03.2015, at <http://www.en-spa.eu/wp-content/uploads/2012/05/4-ENSPA-Slovenia.pdf>
- Smith, M., & Puczkó, L. (2009). *Health and wellness tourism*. Oxford: Elsevier
- Voigt, C., Laing, J., Wray, M., Brown, G., Howat, G., Weiler, B., & Trembath, R. (2010). *Health tourism in Australia: Supply, demand and opportunities*. Queensland: CRC for Sustainable Tourism Pty.