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The challenges of developing health tourism in the Balkans

Abstract

This paper analyses some of the challenges of developing health tourism in the Balkan region. It focuses on eleven countries, namely Albania, Bosnia and Hercegovina, Bulgaria, Croatia, Greece, Macedonia, Montenegro, Romania, Serbia, Slovenia and Turkey. Although the region has a long history and traditions of health tourism including balneology and spas, it has been difficult to develop destinations and facilities beyond domestic, state-supported tourism. The reasons for this are numerous, including instability and conflict, political mismanagement and corruption, lack of funding, limited infrastructural development, poor levels of service, and inadequate marketing. In order to research further the challenges and opportunities for health tourism in the Balkan region, a two-round Delphi study was undertaken with health tourism experts from or with a special interest in the Balkan region. They were asked to identify the main unique selling propositions for health and wellbeing; to suggest products and destinations; to comment on existing and desired collaborations in health and wellbeing; and to explain the main challenges and opportunities for developing health tourism in the region. Based on a selective analysis of these findings, this paper offers suggestions for overcoming some of these challenges and makes recommendations for new product development and enhanced promotion of health tourism in the region.

Key words: *health tourism; wellbeing; spas; Delphi study; product development; Balkans*

Introduction

This paper will analyse the challenges of developing health tourism in the Balkan region. Lack of economic development and adequate funding as well as political mismanagement and corruption have resulted in many Balkan countries lagging behind their EU member counterparts. The region has also been the site of frequent instability and conflict, often resulting in low levels of wellbeing and quality of life for residents and a negative image in the eyes of the world, including for tourists. The research focuses on eleven countries in the Balkan region, namely Albania, Bosnia and Hercegovina, Bulgaria, Croatia, Greece, Macedonia, Montenegro, Romania, Serbia, Slovenia and Turkey. Many of these countries have a long history of health tourism, especially focusing on balneology usually taking place in medical and rehabilitation spas. However, in many countries the tourism has mainly been focused on domestic markets, it has been state-funded and therefore the quality of facilities and services is not always at an international level. Using the results of a two-round Delphi study undertaken with health tourism experts from, or with a special interest in the Balkan region, this paper makes recommendations for overcoming some of the challenges and engaging in new product development, renovation and enhanced promotion.

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Context for research: The Balkan region

The Balkan region is difficult to define geographically and culturally and is heavily contested politically (Tamminen, 2010). Nedelcheva (2013, p. 79) describes the Balkan Peninsula as "part of South-Western Europe, a historical crossroads of the ancient cultures of Europe and Asia and a territory in which a multitude of ethnic and religious communities live." The Balkan Peninsula is surrounded by the Mediterranean, Adriatic, Black and Aegean Seas, and the rivers Danube, Sava and Kupa form the Northern border (Akova & Demirkiran, 2013). The Balkan region is culturally and ethnically diverse. Carter and Turnock (2000) show that minorities constitute more than 30% of the population in many Balkan countries, especially in former Yugoslavian countries. Ethnicity is based less on race in this region and more on language, religion and lifestyle. On the one hand, this has meant that local community life flourishes and is an important part of Balkan culture (Akova & Demikiran, 2013). On the other hand, it has led to conflicts and civil wars based on nationalism and separatism. Tamminen (2010, p. 414) writes that "the Balkan countries are often referred to as weak states which cannot adequately control their state borders". In his work on post-communist transitology, Clemens (2000, p. 246) notes that "Many Balkan communities (……) suffered years of civil and cross-border violence", and Akova and Demirkiran (2013, p. 7) refer to "a multitude of historical conflicts, civil wars and an environment of inconsistency". The collapse of Yugoslavia in the early 1990s precipitated the worst armed conflict in Europe since WWII, with war activities spanning between 1991 and 2001 (Matanov, Giacco, Bogic, Ajdukovic, Franciskovic, Galeazzi, Kucukalic, Lecic-Tosevski, Morina, Popovski, Schützwohl & Priebe, 2013). Vujadinović (2004) suggests that in the Balkan region there is a collision between desires to realise state sovereignty on one side, and European integration on the other, which requires rule of law, democracy, minority rights, strong institutions and a robust market economy. Clemens (2000) notes that in the two decades after the end of the communist regime, with the exception of Slovenia, many Balkan countries registered low scores for democracy, media freedom and human development.

However, there are some significant variations between the Balkan countries. Tamminen (2004) stated for example that the countries of the southern Balkan peninsula want to feel assured of being part of the European integration process. Vujadinović (2004) describes how the EU classified the Balkan countries into different groups when considering accession procedures:

1) advanced countries (Slovenia, Hungary)

2) promising countries (Romania and Bulgaria)

3) countries embraced by the EU's regional approach (Albania, Bosnia and Herzegovina, Croatia, Macedonia, Serbia and Montenegro)

4) Turkey which was associated with the EU through a bilateral customs union.

Carter and Turnock (2000, p. 109) wrote that there is unease that European values are not being embraced unconditionally in some parts of the Balkans. Tamminen (2010) suggests that the term 'Balkanization' alludes to instability and conflict, whereas 'Europeanization' is understood as the adoption of 'Western norms' and 'European' values and practices. This seems to be true particularly of the the Western Balkans which were defined in 1998 by British Diplomacy and then the EU as the former Yugoslavian territories (excluding Slovenia) - Bosnia-Herzegovina, Croatia, Kosovo, Macedonia,

Montenegro and Serbia as well as Albania (Csüllög & Császár, 2013). Brennan (2014, p. 239) states that "the Western Balkans remains a region of great fragility, defined by inter-ethnic contestation for territory and power, mutually antagonistic nationalisms, incomplete state formation, deep and pervasive patterns of corruption and endemic economic mismanagement". El Ouardighi and Somun-Kapetanovic (2010) analysed the experiences of five (Western) Balkan countries (Albania, Bosnia and Herzegovina, Croatia, Macedonia, and Serbia-Montenegro) and concluded that economic growth was accompanied by an aggravation of inequality and poverty and that the Balkan region relative to the EU-27 experienced a drop in the ratio of per capita GDP between 1989 and 2005. This led Brennan (2014) to conclude that both governance and EU policy had largely failed to improve life in the Western Balkans. However, Petrovic (2008) suggests that it was rather the rejection of the first post-communist political leaders in the Balkan states to continue the initiated democratic and economic reforms from 1989-1991 and to accept EU assistance and conditions in conducting these reforms.

Such an environment has therefore not always been conducive to developing health and wellbeing activities, let alone tourism, as it is proved by other international researches (Rátz–Michalkó, 2011). Matanov *et al.* (2013) write about the impacts of war in the Balkan region on quality of life and wellbeing, for example. They conclude that exposure to war has been associated with lower quality of life even after the end of the actual hostilities and that the effects of war-related events may persist for many years (as many as four or five). This includes a high prevalence of mental disorders in war-affected populations, in particular post-traumatic stress disorder and depression. However, Vitic and Ringer (2008, p. 128) suggest that negative perceptions of the Balkans may be somewhat unfounded "perhaps the most pervasive – and disruptive to tourism's revival in the Balkan states – are the dated, and often inaccurate, misperceptions and images of the civil wars and ethnic barriers that prevailed throughout the 1980s and early 1990s, yet still define the region for many international visitors and tour operators".

The main challenges for health tourism in the Balkan region

In order to explore the existing challenges as well as the resources and potential products which could be developed in health tourism for this region, the researchers undertook a two round Delphi Study involving respondents from the Balkan countries as well as those with a research or professional interest in the Balkan region who are experts in the health, wellness, spas, medical field and/or tourism. This took place between autumn 2013 and spring 2014. Participants were asked questions about definitions of health and wellbeing in these countries; word, image and colour associations with the Balkan region and countries; the main unique selling propositions in the region for health and wellbeing; suggested products and destinations; existing and desired collaborations in health and wellbeing; and the main challenges and opportunities for developing health tourism in the region.

Hsu and Sandford (2007, p. 1) describe a Delphi technique or study as "a group communication process that aims at conducting detailed examinations and discussions of a specific issue for the purpose of goal setting, policy investigation, or predicting the occurrence of future events". In this case, the Delphi aimed to identify which resources and products exist in the Balkan region and how they might be developed for health tourism. A Delphi Study offers an alternative to traditional face-to-face

consensus-seeking research approaches, such as focus groups, group interviews, and think-tank committees (Gordon, 1994). The use of the Delphi technique for solving complex tourism problems has been recognised for many years (Green, Hunter & Moore, 1990) and is especially relevant to tourism research because of the method's utility for consensus building, its flexibility and application to issues that are difficult to address with conventional survey research methods, its ability to access expertise that would otherwise be unavailable to the researcher, and its strength in informing the policy development/ enhancement process (Donohoe & Needham, 2009). Delphi Studies have also been used successfully in other health and wellness tourism contexts (e.g. the establishment of the Nordic Wellbeing network and a Baltic Health Tourism Cluster).

Best practice has been established for Delphi Studies including anonymity of experts and no information flow between them (Gordon, 1994). Most studies use panels of 15 to 35 individuals (Gordon, 1994; Miller, 2001) and Pan, Vella, Archer and Parlett (1995) recommended a Delphi Study with not more than two rounds. This study included 33 participants and two rounds. Garrod and Fyall (2000) discuss the advantages and disadvantages of Delphi Studies in a tourism context. This can include the level of participant expertise, imbalance across the participants, clarity of questions asked, panel attrition after one round or more (which can imbalance the participants further), and conformation to the median judgement. In tourism research, attrition rates (i.e. drop-out rate in the second and subsequent rounds) are usually between 20 to 25% but can be as high as 45 to 50% (Miller, 2001).

Expert participants were recruited as part of a project supported by the Hungarian government which focuses on wellbeing traditions in the Balkan region. Personal and professional contacts were used as well as snowball sampling with the assistance of existing participants. Thirty-three respondents from seventeen countries eventually took part in the first round and twenty-two respondents from eleven countries took part in the second. An online questionnaire was sent by email consisting of ten open questions in the first round and twelve in the second. It was estimated that the questionnaire should take no more than 20 minutes. The researchers allowed four to five weeks for the first round. The second ('convergence') round consisted of an online questionnaire accompanied by the results of the first round in information-graphic format (e.g. word clouds, tables, diagrams). The questions were directly related to the data and results and aimed to elicit either correction, critical comment or to identify omissions. The second round generated twenty-two responses in a period of four weeks which represented around 67% of the original sample, an attrition rate within normal range. The first round of the Delphi generated some detailed responses which were then analysed and returned to the second round participants for comments. The findings below represent the cumulative responses from the first and second rounds. The main focus is on the respondents' views about challenges to development and suggested opportunities for overcoming these. Some of the challenges were already discussed in the literature review and a few more are mentioned in Table 1.

Table 1
Challenges of developing health tourism in the Balkan region as identified by Delphi Study respondents (number of mentions)

Poor infrastructure	9
Mistrust / unused to working together Lack of marketing and a clear brand	7
Unstable region / conflict Lack of product development / innovation Lack of funding and investment Outdated / poor quality facilities and services	6
Negative image	5
Low levels of wellbeing / unhealthy lifestyles Lack of skills / professionalism	3
Financial and economic problems Different regulations Political and other corruption Lack of enthusiasm / engagement Poor regional / domestic demand Lacking a common language	2
Lack of data / research on wellness Changing political and legal regulations Unknown wellness attractions Unsustainable development Differences in education levels Resistant to change	1

Respondents elaborated on their responses in more detail as this question was left open for comments. It was thought that the Balkan countries suffer from a history of instability, conflict and mistrust, as well as political and other corruption. Lack of funding was also identified to be a major issue for most of the countries in this region. This is needed for renovations and upgrading as well as new developments. There also needs to be some investment in education and training to bring employees up to a similar standard across the region e.g. in terms of wellness-related skills and foreign language knowledge. The mentality also needs to shift towards a more open one as people are seen to be hospitable but resistant to change and not always very service-orientated.

Overall, there is a low level of wellbeing amongst residents of this region which makes it less conducive to developing health or wellness tourism. Even the persistence of unrestricted smoking in public places (e.g. bars, cafés, restaurants) is seen by some respondents as a barrier to developing health tourism. Salaries and disposable income in the region are low so although there is still domestic demand for government-funded health or rehabilitation spa tourism, most people would not be able to afford wellness and spa holidays.

It was thought that more knowledge about how to develop and manage tourism is necessary. More research and data is needed on health and wellness tourism as well as more up-to-date evidence-based research on the health benefits of thermal waters, for example (outside the region, the healing benefits of thermal waters are not always recognised or accepted). Wellness facilities and services were seen to be lacking in sophistication and infrastructure such as roads and airports need considerable improvement. Sustainable development should be a central focus, which could include environmental indicators for measuring the impacts of developments.

In most countries, the health and wellness attractions are relatively unknown internationally, except perhaps some of those in Slovenia and Croatia (e.g. spas, thalassotherapy, wellness hotels). The image of the region is predominantly one of poverty and conflict. This can be related to many factors such as the Yugoslavian war, ethnic differences, economic crisis, the islamic religion, etc. Lack of marketing acument was seen to be a major problem, although the point was made that it is hard to engage in effective marketing without a good quality, attractive product supported by a strong infrastructure and high level services. A clear brand differentiation is also needed.

Networking is required too but can be challenging because stakeholders do not trust each other, there is a lack of enthusiasm and engagement (salaries are very low in this region meaning that people may not be very motivated or are working in two or three jobs to manage financially). Clusters may be one way forward as these overcome one of the major barriers which is the refusal to collaborate with other spa and wellness organisations as they are seen as competitors. Table 2 shows the main areas of potential collaboration identified by the respondents.

Table 2
Main areas of potential collaboration in health tourism as identified by Delphi Study respondents (number of mentions)

Research (e.g. collecting wellness data)	18
Education and training	12
Joint marketing	10
Nature, culture and food	9
Exchange of ideas, knowledge and best practice	8
Wellbeing trails (e.g. landscapes, spas)	8

It can be seen here that there seems to be a lack of research data on which to base future developments (e.g. target markets for health tourism). There is also a need to improve education and training. Some of the interests relate more to product development, which is discussed in more detail later. Overall, it is important to develop a clear concept for the region, to identify what is unique and to differentiate through branding. The image of health tourism is still that it is mainly something for elderly, sick people. Leisure and wellness spas and hotels are a relatively new concept for many countries in this region.

Respondents were also asked to comment on four statements which were given to them by the researchers. The statements are shown here followed by the number of agreements or disagreements about their representation of the region:

Table 3
Respondents' comments on statements about health tourism in the Balkan region

Statement	Agree	Disagree	Undecided
The Balkans provide mainly sun, sea and sand tourism. There is not much potential for health and wellbeing tourism development.	2	20	
The Balkans mainly offer good opportunities for spa and wellness tourism for leisure tourists.	15	2	3
The Balkans mainly specialise in thermal medical spas and rehabilitation for social tourists (e.g. government-funded).	12	4	5
The Balkans has good potential for health, wellness and spa tourism but the infrastructure and services need some development and improvements.	27		2

It can be seen from this basic presentation of results that the majority of respondents were in agreement that the region needs some improvements to infrastructure and services. It was also thought that the potential for health and wellness tourism are quite considerable even if there has been a bigger tradition in thermal medical and rehabilitation spas for social tourists. More detailed comments showed that sun-sea-sand tourism was seen as not being a big enough unique selling proposition for the Balkan region as there is too much competition from the Mediterranean. The point was also made that not all countries have a seaside, of course. It was thought that there were good opportunities for spa and wellness tourism for leisure tourists in some countries but not in all. As one respondent stated "unfortunately the Balkans have limited themselves to this pattern of tourism, when the inland is actually the more authentic and real experience, with beautiful unspoiled nature and generous people". Those without a seaside coast have perhaps even more incentive to develop health tourism. It was noted that if government funding ends, then it will be necessary to consider other options like wellness spas e.g. Slovenia already started this process of development (as discussed by Lebe, 2013). This is seen as a major challenge, as the region is still mainly known as being for medical or rehabilitation spas rather than wellness. The potential for spa and wellness tourism is seen as considerable but the product needs to be developed further. Service is seen as being less than ideal and could be friendlier and of higher quality. It is thought that a network of training centres for spa and wellness staff could improve matters. On the other hand, the medical staff are seen to be very well trained (it should be noted that the former socialist countries often followed the Soviet model of insisting on spa or thermal bath staff being medically trained). Infrastructure also needs to be improved, including accessibility (airports, roads) and the quality and spectrum of services, especially in spas. It was thought that the development of public-private partnerships can be challenging in this region because private companies work faster and with more flexibility and innovation than governments. However, it is crucial for the two to work together.

The potential for health tourism development in the Balkans

This section begins with an overview of existing literature and some previous research which focused on different dimensions of health tourism and related activities in the Balkans (e.g. balneology; traditional plant medicine) and culminates in a summary of the Delphi respondents' suggestions for future development and marketing.

Vitic and Ringer (2008, p. 128) state that "Health-oriented tourists and spa visitors are (....) considered a potentially lucrative market, given the therapeutic role that sanitariums and allegoric treatments have long played in eastern Europe, Russia, and the Balkans". In terms of health tourism resources, the region has a long history of specific health traditions such as balneotherapy. Stancioiu, Botos and Pargaru (2013) state that the Balkan Peninsula is 'dominated' by the existence of balneotherapy resources in an overwhelming proportion in comparison with other countries of Europe. Balneotherapy includes the treatment of diseases through the methodic use of thermal or mineral water and muds. Balkan traditional medicine may also be included, such as treatments involving medicinal plants. Karagülle (2013) suggests that a 'traditional Balkan spa' offers a combination between elements of balneology, climatology and environment. Stancioiu *et al.* (2013) give the example of Romanian balneotherapy resorts where specific diseases are treated using therapeutical use of mineral waters, hydrotherapy, application of therapeutic mud and gases, kinetotherapy, occupational and massage therapy, electrotherapy and respiratory therapy. The study by Horwath (2013) analyses the situation of spas in Serbia and Bosnia and Herzegovina where the term health tourism is also associated with the use of curative thermal and mineral springs, gas and therapeutic muds primarily for rehabilitation and mainly for domestic visitors.

In addition to balneology, ethnobiological and botanical studies conducted in the Balkans in recent years have reported a rich biocultural diversity and a remarkable vitality of traditional knowledge concerning the local flora in this region. With about 6,340 different vascular plant species reported, the Balkans, compared to 10,500 species accepted in the Flora Europaea, is one of the most important biodiversity centers of Europe (Šarić-Kundalić, Dobeš, Klatte-Asselmeyer & Saukel, 2010). Stancioiu *et al.* (2013, p. 10) state that plants are of great importance in health recovery or disease prevention in the Balkan countries, not only in balneotherapy destinations, but also throughout the entire region. Natural treatments are integrated into traditional medicine. They give the examples of the curative effects of local natural herbal teas such as the sedative actions of chamomile, the digestive actions of hyssop (pertaining to all Balkan countries), tonic effects of sage (Albania), stimulating effects on respiration and circulation centers of anise (Bulgaria) and antidepressive effects of cedar (originally from Turkey). Since ancient times, the majority of herbal drugs in the Balkans have being used for the treatment of respiratory illnesses, gastrointestinal disorders, skin conditions, urinary system infections, insomnia, nervous tension and stress (Redzic, 2010). Although more scientific research is needed on traditional medicine, several studies have focused on specific regions within the Balkan countries. For example, Pieroni, Giusti and Quave (2011) carried out a study in Serbia and Albania and recorded sixty-two botanical taxa used in 129 plant-based remedies and 204 folk plant uses. In addition, 31 animal-derived remedies and 27 mineral or non-indigenous products were also documented. Šarić-Kundalić *et al.* (2010) visited 34 places in Bosnia and Hercegovina including villages and mountain areas and 228 wild and cultivated species and 730 different preparations for use in human therapy were recorded. Redzic (2010) collected 96 wild plants in Bosnia and Hercegovina from 46 different plant families which are used in the preparation of up to 200 different ethno pharmaceuticals and used for 430 different treatments, mainly of chronic diseases: respiratory system (63 species), stomach and intestinal system (55 species), liver and gall bladder (60 species), urinary system (33 species), genital system (42 species), nervous system (30 species), cardiovascular system (27 species), skin conditions (56 species). After comparing species in Bosnia and Hercegovina with those used in neighboring

countries (Redzic, 2010) concluded that there is high similarity among them, especially in Croatia, Albania, Turkey and some other regions. Mustafa, Hajdari, Pajazita, Syla, Quave and Pieroni (2012) carried out a study on the traditional uses of medicinal plants, wild food plants, and mushrooms in 37 villages in the Gollak region of eastern Kosovo. The uses of 92 vascular plants and 6 mushrooms species belonging to 47 different families were recorded which are used in folk medicinal preparations such as infusions, most commonly for diseases of the respiratory system, skin, and gastrointestinal tract. Comparison with previously conducted studies in the surrounding Western Balkan areas showed that more than the half of Gollak's wild botanical genera quoted as medicines used are the same in Serbia and in Northern Albania.

Another dimension of health and wellbeing which seems to be growing in importance is the Balkan cuisine. Stancioiu *et al.* (2013, p. 10) suggest that an additional element for the future Balkan balneotherapy product could be gastronomy, especially the ingredients which are specific to the region. The cuisine is considered to be quite healthy because it is strongly influenced by the Mediterranean cuisine. Šimundić (1997) suggests that healthy Croatian food could be the main driving force for health tourism and Renko (2010) adds that the domestic food offer in Croatia is based on nature, such as aromatic spices, wild growing plants, vegetables and seafood. Stancioiu (2013) mentions bee products such as Croatian chestnut honey which can be used to regulate blood flow or the disinfecting power of Greek thyme or pine honey. Nedelcheva (2013) writes about wild edible plants in Bulgaria and states that many of the traditional foods have strong healing or strengthening qualities and are used for medicinal purposes and included in a prevention or healing diet.

Finally, Stancioiu *et al.* (2013, p. 13) mention the importance of religion in the everyday life of people in the Balkans, even though they do not all share a common religion. They state that an important part of health tourism is "aiming at the "health" of the spirit, by completing bodily health with the feeling of peace and purification of the soul".

Respondents in the Delphi study made several comments about future opportunities in the health tourism sector, many of which support and expand on the literature and research discussed above. The main opportunities were seen as being the beautiful and (in places) pristine natural environment, an abundance of mineral springs and spas, interesting historical and cultural heritage, a good climate and weather generally. Despite the sometimes poor infrastructure, accessibility of many parts of the region was seen as a real advantage because it borders so many other countries. One respondent stated that "The Balkan region has potential to offer health and wellness products in terms of hammam, spa, thermal springs, massage therapy, mud therapy, healthy food and spiritual products supported by eastern cultures." Greece, Turkey, Slovenia and increasingly Croatia were quoted as having quite a few luxury wellness spa resorts. Prices are competitive because they are still low compared to other parts of Europe (this is partly because of cheaper labour costs which unfortunately affects recruitment, retention and motivation). It was thought that Governments in this region could start to see health and wellness as a pontential source of income, not only from tourism but also the savings made in long-term healthcare if citizens independently become more healthy through improved lifestyle and enhanced quality of life.

Figure 1 presents a SWOT analysis including the challenges and opportunities of developing health tourism in the Balkan region as discussed so far.

Figure 1
SWOT analysis of health tourism development in the Balkan region

Strengths • Long history of health tourism in the form of balneology and rehabiliation spas • Strong traditions in herbal and plant medicine • Favourable climate • Beautiful and often pristine natural environment • Tasty and healthy gastronomy and wines • Accessible region from many countries • Competitive and sometimes cheap prices for international tourists	**Weaknesses** • Relatively poor infrastructure • Lack of service quality • Low level of education, training and skills • Negative or unknown image • Mistrust and inability to work together
Opportunities • Renovation of spas and balneological facilities • Promoting herbal and plant medicines and therapies • Developing health tourism clusters or collaborations • Using health tourism to improve the wellbeing of local residents	**Threats** • Ongoing conflicts and instability • Outmigration of talented employees because of low salaries • Lack of government funding for domestic health tourism in the future • Political and other corruption

Respondents made some suggestions for products and packages based on what they saw as the main Unique Selling Propositions of the region. These are shown in Table 4.

Table 4
Top 5 unique selling propositions for Balkan health tourism as identified by Delphi Study respondents (number of mentions)

Healthy food and wine	15
Mountains and forests	14
Natural and herbal remedies	13
Thermal baths/balneology	13
Good climate and sun	12
Landscapes/nature	10

It is interesting that food and wine were considered to be the most important elements given the historically somewhat stronger traditions in thermal baths, spas and balneology. Food and wine were connected quite strongly also to the use of local herbs, not only in remedies and therapies, but also in cuisine. Table 5 shows suggestions for the focus of product development.

Table 5
Main focus of product developments in health tourism as identified by Delphi Study respondents (number of mentions)

Eco-villages	14
Outdoor recreation	11
Forest therapy/hammams	10
Healthy food	10
Local fruit-based treatments	8
4 elements & 5 senses	8
Medical spas	8

The outdoor recreation potential of the Balkans should clearly be developed further according to respondents. It is certainly true that although the seaside areas have sometimes been over-developed, the inland and hinterland areas such as mountains and villages are relatively under-visited. The emphasis on eco-villages by respondents shows the growing significance of environmentally and socially sustainable tourism development in this region. It is also important to note that forest therapy is of considerable interest to many health practitioners in this region, including Bulgarian and Serbian doctors who were respondents in the Delphi Study.

Although it was emphasised by respondents that a good, innovative concept and a high quality and sustainable product should be developed first, there were still some suggestions for marketing and promotion. Table 6 shows the most frequently mentioned images that were mentioned as best representing the Balkans for marketing. These are largely consistent with the data presented earlier (i.e. a focus on water, nature, herbs and villages).

Table 6
Selected images to represent the Balkans as suggested by Delphi Study respondents (number of mentions)

Herbs	12
Blue-coloured Balkan map	11
Valley villages	11
Mountains	10
Ethnological motifs	9
Images of water	9

Conclusion

This paper has demonstrated that although there are a number of significant challenges to developing health tourism in the Balkan region, there is considerable potential to do so. The area is rich in natural resources such as thermal waters, sea coasts, mountains, forests and an abundance of herbs and plants which can be used for both cuisine and healing. However, so far the development of health tourism, like in many countries in Central and Eastern Europe, has mainly been based on government-supported domestic rehabiliation spa and balneology-based tourism. Given the lack of funding for

many development activities in the region, especially for non-EU countries, it is debatable how long the Balkan countries can continue to rely on government funding for health tourism. Because of the high levels of poverty and low salaries in many countries in this region, it is unlikely that the existing domestic tourists would be able to afford alternative forms of health tourism such as wellness hotels or leisure spas. New developments of this kind therefore depend on the interest that can be generated among international foreign visitors for whom the region is still relatively cheap and somehow 'exotic'. On the other hand, the continued presence of political, religious and economic instability and conflict in the region can affect adversely the region's image as a tourism destination. Moreover, images of conflict, crisis, poverty and seemingly unhealthy living are not very conducive to the attraction of (especially Western) health tourists, especially those seeking wellness facilities (i.e. they are not in need of rehabilitation or medical treatments). It may be possible to attract those visitors who are already familiar with the existing traditions of rehabilitation spas and balneology, such as Russian-speaking tourists. Indeed, many destinations in the region already accommodate large numbers of Russian or Russian-speaking visitors. In order to attract those tourists for whom the region is unknown or has a negative image might be more challenging. However countries like Slovenia and Croatia have already proved that it is possible to become highly successful tourism destinations, even for health tourism. It may therefore only be a matter of time before the other countries of the Balkan region manage to improve their offer, promote new products, and place themselves firmly on the map of European or even global health tourism.

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