
Medical Tourism in Croatia: Where are we now?

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Abstract

Recently, medical tourism became one of the rapidly growing industries globally with 25% growth yearly with the value of over 200 billion euros. North America, Asia and Europe hold the most significant share of this value. According to The Medical Tourism Market – Global Industry Analysis Report, the forecast by 2027 will be a value of 272.70 billion US dollars.

Croatia has strong potential for developing the medical tourism industry as an integral and essential part of the whole tourism industry in Croatia. But, lack of political will and public sector efforts decrease these opportunities. Fundamental healthcare reform is needed and improves outdated infrastructure with low service quality, including accommodation and accompanying catering and recreational facilities. Health care tourism is not competitive in this exceptionally demanding market.

Singapore, India and Turkey can be excellent examples of doing thing rights, showing the path to success to the Croatian medical tourism industry.

Where is Croatia right now, and what can be done to move forward is a big question. Several authors offer possible solutions that can lead to achieving objectives and goals stated in the National Strategy for Development of Healthcare and Action Plan until 2028.

The future development of the medical tourism industry is an exciting area both in applicative and scientific fields, which can encourage further scientific efforts to explore more deeply the subject.

Keywords: medical tourism, tourism growth, Croatia

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Introduction

According to the size and number of visits, a global medical market is expanding rapidly, while Europe is the most significant region. This global market has been growing by 25% yearly in the last eight years with a value of over 200 billion euros. The most important share of this value holds North America, Asia, and Europe.

In 2019 the value of the global medical tourism market was at 102.60 billion US dollars, with a prediction of 272.70 billion US dollars value by 2027. The Medical Tourism Market – Global Industry Analysis Report comprehensively assesses the industry, including the competition part, limitations, estimation of future sales, trends, etc. This report covers historical data from 2017 to 2019 with the forecast from 2020 to 2027 based on the value counted in US billion dollars. (1)

The European medical market generates around 115 billion euros, with Turkey, Switzerland, Spain, Poland, and Germany as final destinations. The most considerable number of visitors with medical motives are coming from North Europe, the UK, Russia, and the Middle East.

According to the Medical Tourism Association (2), the latest information shows that about 14 million people travel annually in the world for medical reasons. This activity is worth between 50 and 70 thousand million dollars. The top destination is receiving 1 million 200 thousand visitors currently in Thailand. Second place is held by Mexico which receives a million tourists searching for healthcare services. The United States of America is in third place, receiving 800 thousand people. Singapore, India, Brazil, Turkey and Taiwan share another 380 thousand tourists.

UNWTO (3) defined health tourism as an umbrella term for the type of tourism-related to spas or resort destination services whose primary purpose is to improve the travellers' mental and physical well-being through different kinds of treatments. Health tourism is a term that covers three different types of tourism: medical tourism, spa and wellness tourism.

According to Snyder et al. (4), medical tourism is a type of tourism where people travel outside their own country to improve their health because of better service quality, possibly cheaper, but still safe and promising. Domestic medical tourism implies that people travel

from one city to another city in their own country to receive better or equal health care.

Croatia has many advantages for medical tourism growth besides the excellent climate and good quality local food, but there is no evidence of any system which supports that growth. Besides the great environment and healthy food, Croatia can offer many tourists attractions, cultural heritage, and many opportunities for relaxation. According to the latest Croatian scientific efforts (5,6,7,8), health tourism in Croatia has an excellent opportunity for growth and profit but has not achieved it yet, even though our healthcare system is well equipped with human, physical, and capital resources which can provide quality performance in terms of both economic and social benefits. (5)

Health tourism is a product growing globally between 15% and 20% per year. Due to the proximity to large markets, natural beauty and favourable climate, security of the country, long tradition, competitive prices and generally good reputation of health services, Croatia has comparative advantages for developing health tourism. Today, health tourism products relevant to Croatia include wellness, spa, and medical tourism. (6)

MEDICAL TOURISM

As a new academic research area and a new business opportunity for many countries (7)

an appropriate definition is needed for the term medical tourism.

The healthcare tourism term is often used interchangeably as an umbrella term for different types of healthcare. Karadayi-Usta and Serdarasan (8) stated that some examples of medical tourism treatments include cardiovascular surgery, radiotherapy, organ transplantation, infertility and IVF procedures, aesthetic/plastic surgery, dialysis treatment and dental and eye care. Connell (9) considers medical tourism an opportunity for innovation in the healthcare system with huge investment possibilities.

Gredičak and Demonja (10) think that defining the real meaning of the term medical tourism is a critical first phase which they explain in their work as a situation when consumers choose to travel outside of their state with the primary purpose to receive medical treatment. Medical treatment can be different, but dental care, cosmetic surgery, elective surgery, or fertility treatment are the usual choices.

Strict difference underlying what is health and what is considered as actual medical treatment is hard to establish. According to OECD (15), some treatments such as cosmetic surgery would be considered outside the scope of health.

Some authors (10) argued that existing differences among health, spa and medical tourism must be adequately explained. According to them, medical tourism takes place in clinics, health centres, medical consulting rooms, and always involves travelling outside of domicile location with the single purpose of achieving better health care depending on their needs.

Spa tourism takes place in resorts, not always necessary health resorts, but also includes a hotel facility equipped with the spa and a wellness zone with adequately educated service staff promoting health and quality of life. They also argued that wellness tourism takes place mainly in health resorts and hotel accommodation, offering the possibility of achieving spiritual, aesthetic and physical balance.

Medical tourism can be recognized as a new form of a niche tourism market that has been rapidly growing in recent years. This type of tourism is the effort to attract tourists by promoting the country's health care services and facilities in line with ordinary tourist attractions. (12)

Some authors stated that medical tourism is travel from someone's home to some other destination to improve one's health condition (13) or a popular mass culture where people travel to different destinations combining leisure and health motives. Connell (9) argues that medical tourism is travelling, which was planned and organized strictly to maintain one's health, both mental and physical. (14)

Medical tourism can be defined as part of the economic prosperity of the visited country, providing health services together with the tourist cultural and traditional heritage (15). Medical tourists are looking for excellent service quality with affordable prices but with a similar level of safety for the patient as they have in prosperous states. According to Harrick (20), medical tourism has become a 60 billion US dollars annual business with a growth rate of 20% per year which could increase with time.

Medical tourism can be divided into three different segments:

Medical tourism because of the service quality

Medical tourism because of the price-quality

Medical tourism for wellness or adventure.

Because of the service quality, medical tourism usually covers primary health services such as cardiovascular disease, cancer, transplantation, or childbirth. Severe health issues such as intense interventions with a risk to life, longer recovery time or even urgent unexpected health matters like heart attack are typical examples of service quality medical tourism type.

Price-quality decision is always an outcome of personal cost and benefits analysis because one prefers to go somewhere else to use a similar quality service for a different, usually lower price than they have in their own country. Stomatology, ophthalmology, esthetics, fertility, testing, or second opinions are included. According to Mason and Spencer (21), medical tourism treatment types can be divided into elective and urgent/semi-urgent with a low-to-high-risk scale.

Finally, medical service which covers wellness or adventure services such as beauty treatments, skincare, or wellness in general, are often deprived of the necessary trust because those services are not dangerous, but the users still want the best quality. Patients need to relax, or to experience some kind of adventure. (see Fig. 1)

MEDICAL TOURISM IN CROATIA

Croatia has been a member of the European Union since 2013 building trust among the visitors from the EU and attracting them with the health services' prices lower than in the EU. 10% of respondents from the report stated the health service price was the main reason for their travel decision.

The tourism sector in Croatia is significantly contributing to the Croatian GDP. In 2019 that share was 24,3%, and its forecast for 2028 is 31,7%. But, in 2020 with the COVID-19 pandemic that share has decreased to 10.2% of the entire economy, causing a severe fall in the total contribution of travel and tourism economy to employment (-15,6%).

This sector improved through the years but still lacks different tourist products such as health tourism, including medical tourism.

Medical tourism could be the correct answer to prolong the short tourist season and go further beyond the limits connected to the regular type of tourism based on the "Sun and Sea" concept. A strategic approach should

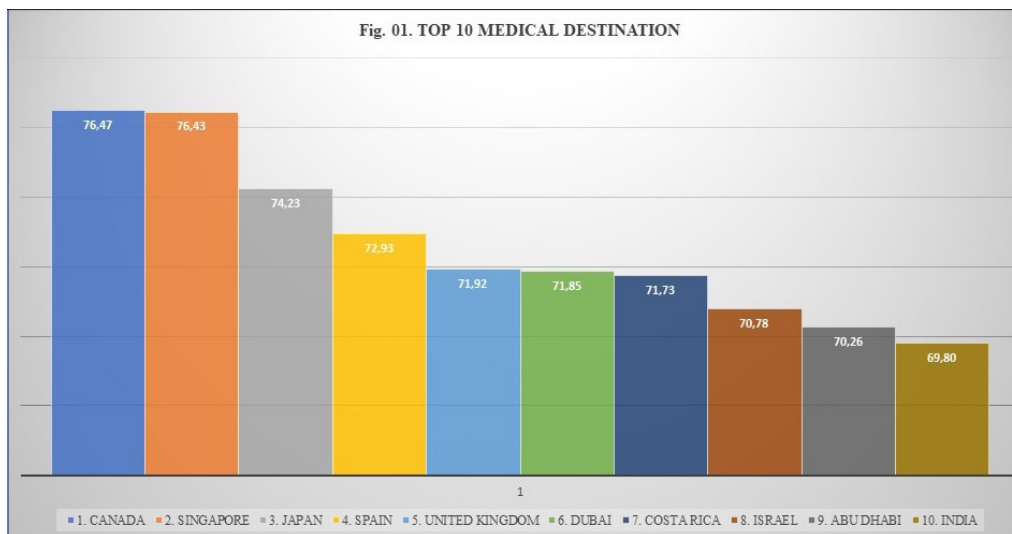


Figure 1. Top 10 medical destination

involve the newest tourism trends such as medical tourism because of the growing awareness of the importance of quality of life and keeping the body in balance, preserving health.(6)

As was already noted, health tourism has become one of the important reasons why people travel abroad and across the borders. Croatia must recognize this immediate need for action when medical tourism is the case.

Even though Croatia has a long tradition of health tourism dating back to Roman times, the 2nd century with thermal water sources, the first proclaimed and documented historical record showed that health tourism started on the island of Hvar in 1868 when the Hygienic Society of Hvar was founded (23). Opatija was the second place where the Austrian government officially recognized Opatija as the first climate seaside resort on the Adriatic Coast. Opatija is still a leader of health tourism in Croatia with a special hospital offer to rehabilitate heart, lung and rheumatism issues. Geić (19) stated that 222 sites in Croatia could be a potential resource for additional medical tourism income.

Ministry of Tourism and Sport and the Ministry of Health are two governmental institutions responsible for planning and implementing strategies for health tourism development in Croatia. National Strategy for Development of Healthcare of the Republic of Croatia 2012-2020, (20) Croatian Tourism Development Strategy until 2020, Action Plan on Health Tourism Development 2014 (21,22), National Recovery And Resistance Plan 2020 (23). Some of these documents cover tourism in general and health tourism as a part of it.

The current situation in Croatia regarding medical tourism is not promising because large public medical institutions, such as clinical hospital centres, clinical and general hospitals or polyclinics, are not showing interest in medical tourism. (21)

This document concluded that health tourism in Croatia is still sporadic, insufficiently diversified, relatively disorganized and poorly recognizable. There is no integration among relevant stakeholders and cluster organizations, and it is evident that the lack of systematic national promotion and support is constant. Croatia is still not an internationally recognized destination for medical tourism.

According to the existing statistical data, medical tourism in Croatia is operated mainly by medium and small private surgeries, primarily specializing in dentistry, plastic surgery and dermatology, IVF, ophthalmology, orthopaedics, physical medicine and rehabilitation. Furthermore, it can be stated that this institution is concentrated primarily in three areas: Zagreb, Istra and Kvarner.

The current market position of medical tourism in Croatia is determined mainly by the individual efforts of private practices and clinics in penetrating the market, affordable prices for internationally acceptable quality in several areas of medical expertise and the credibility of staff and equipment.

In the area of legislation, acts on health services in tourism that would enable health services to be performed as part of tourism and hospitality are lacking. It is necessary to invest in the capacities of the hotel and health

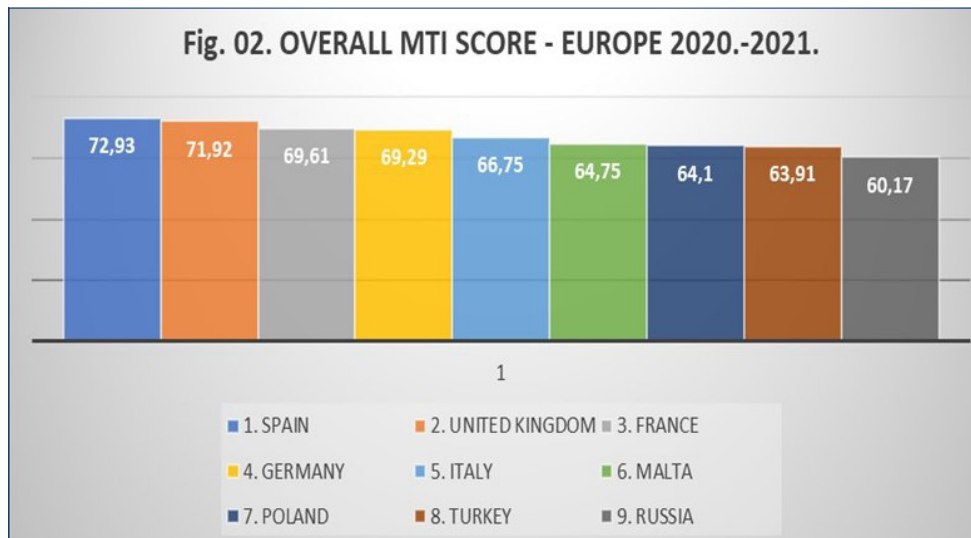


Figure 2. European MTI index list

suprastructure following the requirements of modern world tourism demand, which includes education of the staff and increased competitiveness in the international market. (20)

Croatia is located in one of the most developed regions of health tourism in Europe, where there is intense competition in neighbouring Slovenia, Hungary and Austria. In the context of the EU - Poland, the Czech Republic, Romania, and Bulgaria are also competitors in the healthcare tourism sector (see Fig. 2).

Even though Turkey is not a member of the EU, its vicinity and its competitive advantages with significant investments in facilities and quality of service, made this country one of the leaders in medical tourism in this part of the world. (2) Also, Turkey holds 49 most prestigious Joint Commission International website (JCI) certificates for hospitals in Europe. (24)

BEST PRACTICE EXAMPLES – TOP MEDICAL TOURISM DESTINATION

One of the Medical Tourism Index developers, Renee-Marie Stephano stated that “the MTI is a unique survey tool for healthcare destinations looking for the industry equivalent of performance review,” MTI could be used to measure the effect that sustainable development has on the MTI criteria scores. Then benchmark against other destination.” (25). MTI was created as a helpful tool for destination and facility planning in medical tourism.

MTI is comprised of three fundamental dimensions: country environment (economy, safety, image, culture), medical tourism industry (destination attractiveness and medical tourism costs), and facility and services (quality care, reputation, internationalization and accreditation, and patient experience) (see Fig. 3).

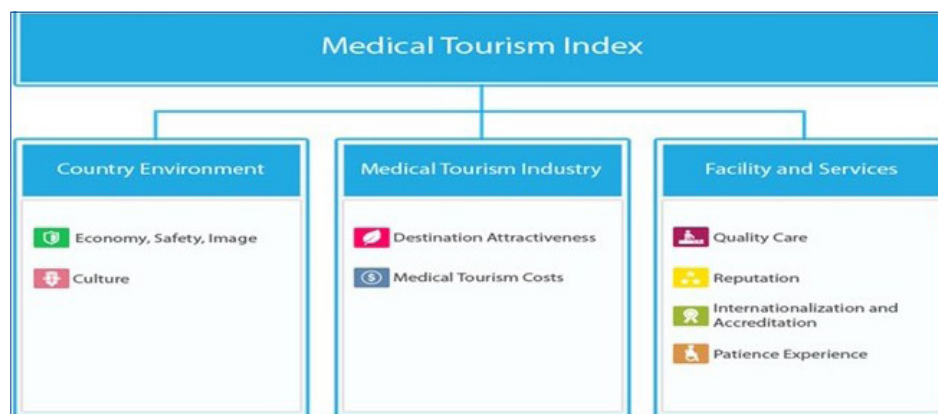


Figure 3. Medical Tourism Index Elements

SINGAPORE

Singapore is one of the three leading countries in the Asian medical tourism sector. Some researchers presume that about 80% of the medical treatments industry will be controlled by three Asian states: Thailand, Singapore and India.(26). Singapore holds second place on the MTI global ranking list, specializes in cosmetic surgeries, cardiology, neurology, orthopaedics, stem cell therapy, and oncology. Patients from neighbouring countries make up the top five nationalities as local demands exceed supply in their home country. Singapore Tourism Board (STB) claims 1 million foreign patients, resulting in 2.36 billion US dollars revenue, with annual growth of 15%.

About 410 000 foreign visitors are travelling to Singapore for treatment. The explanation for rapid growth in the medical tourism industry in Southeast Asia is the significant growth in infrastructure and the high investment of the country. (27). Furthermore, they argued that access through technology and communication to health and logistics activity pushed the medical tourism industry forward as a catalyst for significant Asian economic growth.

A few deciding factors are responsible for choosing Singapore as a medical tourism destination. (26). Service is the first factor on the list, followed by simple procedures and complex surgery (cardiac surgery, dental surgery, joint replacement, and cosmetic surgery). Alternative treatments, various healthcare, even funeral service is available. The governmental strategy determined seven main drivers to stimulate and push the medical tourism sector by increasing tourism locations and supporting infrastructure.

Lianto et al. (28) summarised a large amount of information relating to medical tourism in Singapore in a short conclusion. They reduced 21 factors into five main factors essential for possible medical tourism attractions in Singapore:

The atmosphere and medical accuracy (public transportation, the weather, the medical treatment area, the entertainment places, and the medical treatment accuracy)

Competency and price (high skilful medical workers, the same cultural mannerism, the high-income consumers, the optional payment with insurance, the quality medical treatment reflected in the price, and the wide range of hotel types)

Facilities (highly successful medical treatment, the facilities, the public transportation)

Customer satisfaction (modern and comprehensive medical equipment, professional medical workers, and various food prices)

Entertainment (accessibility to the medical treatment area, many tourist attractions, and several international languages spoken by the locals).

INDIA

India holds tenth place on the MTI list, according to the research conducted by the Confederation of Indian Industry and McKinsey. In 2009 150 000 foreign visitors arrived in India for medical treatments. Puri and Singh (29) estimated that 2.3 billion US dollars were generated in medical tourism revenue by 2012. Institutional tax authorities support medical services to foreigners through tax breaks and other benefits to foster this growing type of tourism. By 2020 those previous estimations of 2.3 US billion dollars reached 9 billion US dollars, with a 20% growth rate yearly. The highest number of tourists visiting India seeking medical services such as cosmetic and plastic surgery are the visitors from Bangladesh. (30) Their research revealed that decision-making reasons are the reputation of medical facilities, state-of-the-art equipment and facilities. Usually, medical tourists combine their visit for medical reasons with a vacation, indicating that they calculate possible additional benefits before deciding where to go. Finally, the same authors conclude that prevailing competition among low-cost medically superior countries is a more complex game. Government involvement through healthcare reform and best practice policy implementation could be the primary driver altogether with other stakeholders designing and promoting medical tourism through websites, professionally developed with specific and customized offers regarding languages and currency consideration.

Krajnović et al. (31) are opening an ethical dilemma that arises from India's spending only 1% of its GDP on public health and that most Indian people do not have access to even the most basic medical services. Less than half of the Indian children are vaccinated, and a million Indians die each year from curable diseases or diseases that are easy to prevent. Healthcare bills drive away forty million Indians into poverty every year. This ethical issue should be considered as one of the questions arising through the medical tourism industry development planning process in any country facing the same situation.

TURKEY

Turkey is one of the popular medical tourism destinations strategically located at the meeting point between Europe and Asia. This unique geographical position contributes to the exciting and vivid mix of Eastern and Western cultures. (32)

Recent health transformation and investments reform combined with low-cost service opened a possibility for Turkey to become one of the leading medical tourism destinations globally. Turkey (33) is recognized as a medical tourism destination for several reasons: educated professionals, modern technology, diversity of climate, natural beauty and rich history.(34) There are highly educated and qualified doctors and top-notch private hospitals. More than ten first-class hospitals have been accredited by the JCI, offering a quality that can compete with incredibly low-cost service on the European medical tourism market. Despite this advantage, there are still some challenges as a lack of strategic marketing, which includes the development of market segmentation. (35,36)

In its report, the Association of Turkish Travel Agencies (TURSAB) declared that in 2013 approximately 500,000 medical tourists receive health care in Turkey annually, generating \$2.5bn from different types of medical treatments as cardiovascular, surgeries and eye diseases. (37)

About 1 million people came to Turkey for health tourism and provided more than \$10bn of foreign currency inflow to Turkey. Mostly they are interested in cosmetic surgery and hair transplantation. Medical tourists visited Turkey from Saudi Arabia, Kuwait, Qatar, United Arab Emirates, Germany, the UK, the Netherlands, Italy, Spain, and France (38)

CROATIAN MEDICAL TOURISM CURRENT STATE

In the previous chapter, with the best practice examples as Singapore, India and Turkey, it was clearly stated that these countries have more or less stable healthcare systems supported by governmental strategies and policy implementation reforming the old healthcare structure, both in administration and infrastructure. Efforts made by essential stakeholders included huge investments and policy changes as lowering high taxes, offering vast opportunities for the medical tourism sector. These countries' medical tourism sectors contribute significantly to the total GDP.

As was previously mentioned, the Croatian Ministry of Health, responsible for healthcare planning at the central level, launched several strategies and action plans on healthcare improvement starting from 1993 with the help of the National Health Council set up under the Health Care Act (1993). National Health Care Strategy as a long-term planning tool was published in 2012 (see table 01.). This document, which determines the context, vision, priorities, goals, and critical healthcare measures, is the base for developing other necessary documents related to healthcare in Croatia. (39)

Table 1. Objectives, goals and priorities of the National Health Care Strategy, 2012-2020

Objectives, goals and priorities of the National Health Care Strategy, 2012 - 2020
Strategic objectives
Prolong life expectancy
Improve the quality of life
Reduce differences in health and healthcare
Strategic goals
Improvement of connectivity and continuity in health care
Assuring equal access and overall improvement of care for all users
Improving efficiency and effectiveness of the health care system
The increasing availability of health care
Improving health indicators
Priorities
Improving health IT and development of e-health
Strengthening and better use of human resources in health care
Strengthening of management capacities in health care
Reorganization of the structure and activities of health care institutions
Encouraging quality in health care
Strengthening preventive activities
Preserving financial stability of health care system
Intersectoral cooperation
Source: adapted by the author from https://zdravlje.gov.hr/dokumenti/

The National Health Plan is the medium-term planning tool published in 2012. It contains objectives for the period until 2015, describing tasks and goals together with the actors responsible for implementation, deadlines and benchmarking criteria.(40)

The Ministry of Health prepares the Plan and Programme of Health Care Measures according to the National Health Plan. The Health Care Measures include a catalogue of health care goods and services that must be delivered to the citizens of Croatia (e.g. activities and measures such as prevention, early detection or control of infectious and chronic diseases). (39)

Croatia spent 6,8% of its GDP on health in 2012. The share of public expenditure as a proportion of total health expenditure has decreased but is still very high, around 82%. Croatian Health Insurance Fund (HZZO) is the leading complementary voluntary health insurance provider covering user charges. (40)

Set of laws and regulations is already done or is in the process of preparation:

- ▶ Health Care Act (41)
- ▶ Act on the Provision of Tourism Services (42,43)
- ▶ Act on mandatory health insurance (44)

Research (45) conducted in special hospitals, private health care institutions, health resorts and spas in the Republic of Croatia has shown that the quality standard, especially of accommodation and accompanying catering and recreational facilities, generally does not meet the expectations of international tourism demand. The already outdated facilities are dominated mainly by the hospital atmosphere, and thus there is a lack of additional facilities intended for users of budget funds and health tourists. Therefore, it can be stated that the offer of health tourism in Croatia is not competitive in today's extremely demanding tourist market.(45)

Furthermore, the same author argued a lack of state support in promoting health tourism globally. As the biggest obstacle to further raising the level of the quality of health tourism the author states changes of law or definition (rulebook) particular types of a business entity who can do everything under the same registration medical and all catering services and which would be registered as a company or as a non-profit institution.

According to the Joint Commission International website, Croatia does not possess any JCI certificate. For example, Turkey holds 31, India 36 and Singapore 5. (46)

Authors Gredičak and Demonja (10) reported, after the evaluation of the implementation process of Strategy for developing tourism of the Republic of Croatia until 2020, as members of the Institute of Development and International Relations (IRMO) the following conclusions:

Insufficient number of expert and competent officers on the implementation of medical programs as part of the implementation of the Action Plan for development of health tourism of the Republic of Croatia,

Insufficient financial resources and dependence on external sources of financing,

There are insufficient conscious stakeholders in individual measures and slow and inefficient inter-ministerial cooperation.

Strategy is relevant on all grounds and stands for itself. However, key stakeholders taken into account as a reliable source of information concluded that most action plans adopted by responsible institutions in the sense of implementation are irrelevant, implemented only partially or not implemented at all.

Dragičević and Paleka (47) examined the potential of the Croatian and Polish health tourism market and concluded that Croatia still does not use its full potential for health tourism development. They admit Croatia's growing positive trends since 2013, arguing that there are still a lot of strategic and development prerequisites that need to be achieved.

Peršić (5) suggests an accounting and segment reporting model framework for the future upgrade of health tourism benchmarking, including the specifics of health/spas/healing resorts and special hospital businesses. The results obtained using the benchmarking method on the relevant sample revealed the non-satisfactory state of the development level of health/spas/healing resorts and special hospitals. A higher level of information for managers, suitable for short- and long-term decision making, should help achieve a better medical tourism market position.

The private sector determines the current market position of health tourism in Croatia with affordable prices for acceptable quality in the medical expertise area and with educated and credible staff and equipment. Healthcare Clusters still need to be organized on a production-specialist base or vertical integration, including a complete destination value chain. There is no systematic national promotion and a strong sales network of specialized agencies and promoters. (48)

Čorluka and Petričko (48) propose further research on the operational quality program of using EU funds until 2027. The main focus is on the catalogue of strategic health projects that can change the game.

The accreditation procedure is solving possible pro-

spective health tourists' decision-made process because it can define, in advance, what kind of service quality they can expect. Lazibat (49) also stated that the quality of medical treatment goes without saying, while specific tourist destinations can build their comparative advantage through the accompanying services.

Conclusion

This review is intended to describe the state of medical tourism in Croatia, while also explaining the concept of medical tourism itself. Also, using the examples of three countries on the top ten destinations rank list, we have tried to underline the most significant changes those countries made and the most critical decisions done by the relevant stakeholders in the destination network.

Furthermore, it was noted that relevant medical tourism issues in these countries are of a marketing nature, such as the development of medical tourism marketing (websites, promotional programmes and materials, use of different languages).

According to these facts, Croatia has a lot more significant issues to resolve. First of all, responsible institutions such as the Ministry of Health as the primary driver and the Government of the Republic of Croatia as the highest authority should push harder toward implementing the already made strategies and actions plans. There is not enough educated staff to withdraw the European Union's money through specialized funds. Infrastructure and outdated facilities, and a lack of state support through the unclear and not precisely defined and written laws and policies are allowing the complete disorganization in the medical tourism arena.

In hospitality, Croatia does not offer the relevant quality standard for accommodation and accompanying services (food, recreational centres, and post-operational help). The dental sector is the most organized and profitable medical tourism sector in Croatia. But the dental industry is private, with the investment potential and intra-organizational structure among more dental players in Croatia.

Maybe, the public sector can learn from them and from their experience. But it is necessary to underline the importance of reforms in health care on a general level in

Croatia which are still in a grey area, half-done but not completed, or even worse, without any desire to make a historical move forward. It is crucial to start immediately because we are already late. Expecting someone else to do our work is not realistic.

Finally, the first steps are implementing all action plans shortly, create a possibility for public-private joint partnership, withdraw the money from EU funds to improve, repair or build the infrastructure needed for development, design a healthy employment environment for all medical workers, from doctors to nurses with benefits and promotion options. There are many possibilities and opportunities, and fresh ideas to move forward from point zero.

Croatia has the excellent opportunity to be one of the most desirable medical tourism destinations globally, contributing significantly to the welfare of all Croatian citizens.

References

1. Medical Tourism Market - Latest Industry Insights, Growth Analysis and Forecast 2020 - 2027 [Internet]. Available from: <https://www.zionmarketresearch.com/report/medical-tourism-market>
2. Medical Tourism Statistics and Facts | Health-Tourism.com [Internet]. Available from: <https://www.health-tourism.com/medical-tourism/statistics/>
3. UNWTO Tourism Dashboard [Internet]. Available from: <https://www.unwto.org/unwto-tourism-dashboard>
4. Snyder J, Crooks V, Johnston R, Kingsbury P. Beyond sun, sand, and stitches: Assigning responsibility for the harms of medical tourism. *Bioethics*. 2013;27(5):233-42.
5. Peršić, M., Vlašić D. Health Tourism Development – Specifics Of Croatian Health / Spas / Healing Resorts And Special Hospitals – State And Possibilities : Health Tourism Development- Specifics Of Croatian Health/Spas/ Healing Resorts And Special. In: Marinov, V., Vodenska, M., Assenova M, editor. *Traditions and Innovations in Contemporary Tourism*. Cambridge Scholars Publishing; 2018. p. 87-113.
6. Ministarstvo turizma RH. Strategija razvoja turizma Republike Hrvatske do 2020. godine [Internet]. Available from: https://narodne-novine.nn.hr/clanci/sluzbeni/2013_05_55_1119.html
7. Lee HK, Fernando Y. The antecedents and outcomes of the medical tourism supply chain. *Tourism Management* [Internet]. 2015;46:148-57. Available from:

- <https://www.sciencedirect.com/science/article/pii/S0261517714001162>
8. Karadayi-Usta S, Serdarasan S. A conceptual model of medical tourism service supply chain. *Journal of Industrial Engineering and Management*. 2020;13(2):246–65.
 9. Connell J. Medical tourism: Sea, Sun, Sand and ... Surgery. *Tourism Management*. 2006;27(6):1093–100.
 10. Gredičak T, Demonja D. Potential directions of strategic development of medical tourism: The case of the Republic of Croatia. *Geographica Pannonica*. 2020;24(1):67–87.
 11. OECD. Health Accounts Experts, Progress Report. Trade in Health Care Goods and Services Under the System of Health Accounts. 2010.
 12. Goodrich, G. Goodrich J. Healthcare Tourism-An exploration study". *Tourism Management*. 1987;9:217–22.
 13. Laws E. Health tourism: A business opportunity approach. In: S.Clift, editor. *Health and the International Tourist*. Routledge: London and New York; 1996. p. 199–214.
 14. Carrera PM, Bridges JF. Globalization and healthcare: understanding health and medical tourism. Expert review of pharmacoeconomics & outcomes research. 2006 Aug;6(4):447–54.
 15. Bookman, M. & Bookman K. "Medical Tourism in Developing Countries". New York : Palgrave Macmillan; 2007.
 16. Harrick DM. Medical Tourism: Global Competition in Health Care , NCPA. Policy report No. 304. 2007.
 17. Mason AM, Spencer E. Health communication: insights for quality hospitality bridging healthcare (H2H) delivery in medical tourism. In: Frederick J. DeMicco, editor. *Medical Tourism and Wellness*. Apple Academic Press, Wertown, USA; 2017. p. 127–45.
 18. Zaninović V. Segmentacija i poticanje selektivnih oblika turizma – spoj izvornoga i modernoga. (Segmentation and encouragement of selective forms of tourism – a combination of original and modern). *Tourism and Hospitality Management*. 2003;9(2):271–88.
 19. Geić S. Menadžment selektivnih oblika turizma [Internet]. Split: Sveučilišni studijski centar za stručne studije; 2011. 575 str. Available from: <http://library.foi.hr/lib/knjiga.php?B=20&sqlx=69983&H=>
 20. Ministarstvo zdravstva Republike Hrvatske. Nacionalna strategija razvoja zdravstva 2012.-2020. [Internet]. Croatia: Ministarstvo zdravstva, RH; 2012. Available from: [https://zdravlje.gov.hr/UserDocsImages//dokumenti/Tekstovi razni//Akcijski Plan_ Zdravstveni turizam_cjelokupni sadržaj.pdf](https://zdravlje.gov.hr/UserDocsImages//dokumenti/Tekstovi%20razni//Akcijski%20Plan_Zdravstveni%20turizam_cjelokupni_sadržaj.pdf)
 21. Institut za turizam Z. Održivi razvoj turizma u Hrvatskoj - Akcijski plan razvoja zdravstvenog turizma [Internet]. 2014. Available from: <http://www.odrzivi.turizam.hr/default.aspx?id=4518>
 22. Ministarstvo turizma RH. Nacionalni plan – Akcijski plan razvoja zdravstvenog turizma. 2014.
 23. Government of the Republic Croatia. Nacionalni plan oporavka i otpornosti. 2021;1–21. Available from: [https://mint.gov.hr/UserDocsImages/2021_dokumenti/Prezentacija](https://mint.gov.hr/UserDocsImages/2021_dokumenti/Prezentacija%20NPOO%20Rovinj%207_5_2021%20FINAL-1.pdf)
 24. NPOO Rovinj 7_5_2021 FINAL-1.pdf
 24. JCI Certification - Hisar Intercontinental Hospital [Internet]. Available from: <https://hisarhospital.com/en/jci-certification/>
 25. Medical Tourism Index Adds New Destinations, Updates Rankings for New Decade [Internet]. Available from: <https://www.prnewswire.com/news-releases/medical-tourism-index-adds-new-destinations-updates-rankings-for-new-decade-301094147.html>
 26. Ganguli S, Ebrahim AH. A qualitative analysis of Singapore's medical tourism competitiveness. *Tourism Management Perspectives* [Internet]. 2017;21:74–84. Available from: <https://www.sciencedirect.com/science/article/pii/S2211973616301155>
 27. Ormond M, Sulianti D. More than medical tourism: lessons from Indonesia and Malaysia on South–South intra-regional medical travel. *Current Issues in Tourism* [Internet]. 2017 Jan 2;20(1):94–110. Available from: <https://doi.org/10.1080/13683500.2014.937324>
 28. Lianto M, Suprpto W, Mel M. The Analysis Factor of Medical Tourism in Singapore. *SHS Web of Conferences*. 2020;76:01028.
 29. Puri S, Singh A, Yashik. Medical tourism-A new arena. *Iranian Journal of Public Health*. 2010;39(3):16–9.
 30. Bagga T, Vishnoi SK. Medical Tourism : Treatment , Therapy and Tourism. *International Journal of Scientific & Technology Research*. 2020;9(3):4447–53.
 31. Krajnović A, Babić R, Bosna J. Medicinski turizam – neki marketinški i etički aspekti. *Oeconomica Jadertina*. 2017;3(1):16–30.
 32. Medical Tourism in Turkey | Istanbul [Internet]. Available from: <https://www.medicaltourismco.com/medical-tourism-in-turkey/>
 33. Gupta K. DHA explores medical tourism opportunities | Health – Gulf News [Internet]. Available from: <https://gulfnews.com/uae/health/dha-explores-medical-tourism-opportunities-1.2134328>
 34. Kilavuz E. Medical Tourism Competition: The case of Turkey. *International Journal of Health Management and Tourism*. 2018;3(1):42–58.
 35. Abubakar AM, Ilkan M. Impact of online WOM on destination trust and intention to travel: A medical tourism perspective. *Journal of Destination Marketing and Management*. 2016;5(3):192–201.
 36. TÜROFED | Türkiye Otelciler Federasyonu Resmi Web Sitesi [Internet]. Available from: <https://www.turofed.org.tr/#>
 37. TÜRSAB. TÜRSAB Sağlık Turizmi Raporu Türkiye. *Journal of Chemical Information and Modeling*. 2014;01(01):1689–99.
 38. Şahbaz Y. Sağlık turizminde hedef 10 milyar dolar [Internet]. 2018. Available from: <https://www.aa.com.tr/tr/ekonomi/saglik-turizminde-hedef-10-milyar-dolar-1213409>
 39. Džakula A, Sagan A, Pavić N, Lončarek K, Sekelj-Kauzlaric K. Croatia: health system review. *Health systems in transition*. 2014;16(3).

40. Online HiT for Croatia - HSPM [Internet]. Available from: <https://www.hspm.org/countries/croatia30062014/lininghit.aspx?Section=6.1> Analysis of recent reforms&Type=Section#42018HealthCareAct
41. Hrvatski Sabor. Zakon o zdravstvenoj zaštiti NN broj (100/18, 125/19, 147/20) [Internet]. 2008. Available from: https://narodne-novine.nn.hr/clanci/sluzbeni/2018_11_100_1929.html
42. Hrvatski Sabor. Zakon o pružanju usluga u turizmu (NN br. 130/17., 25/19., 98/19. i 42/20.). 2007.
43. Hrvatski Sabor. Zakon o ugostiteljskoj djelatnosti - NN, br. 85/15., 121/16., 99/18., 25/19., 98/19. i 32/20. 2015.
44. Hrvatski Sabor. Zakon o obveznom zdravstvenom osiguranju (NN, broj 80/13 i 137/13. 2008;2008.
45. Gregoric M. Marketing zdravstvenog turizma u funkciji produženja turističke sezone. *Scientific Journal–Economics And Other Social Sciences*. 2020;5(9):55–72.
46. Joint Commission International [Internet]. Available from: [https://www.jointcommissioninternational.org/search/#q=cROATIA&t=_Tab_All&sort=relevancy&f:_SitesOrganizations=\[Joint Commission International\]](https://www.jointcommissioninternational.org/search/#q=cROATIA&t=_Tab_All&sort=relevancy&f:_SitesOrganizations=[Joint Commission International])
47. Dragičević D, Paleka H. Health Tourism Market in Poland and Croatia – Financial Effects and Potentials. In: *ToSee 2019: Creating Innovative Tourism Experiences: The Way to Extend the Tourist Season*. 2019. p. 219–32.
48. Ćorluka, G., Petričko I. Health tourism in the Republic of Croatia state of play and opportunities for improvement. In: Kovačević T, editor. *Contemporary Issues in economy and technology*. Split: Sveučilište u Splitu, Sveučilišni odjel za stručne studije; 2020. p. 130–41.
49. Lazibat T. U ZDRAVSTVENOM TURIZMU. *Poslovna izvrsnost, Zagreb*. 2016;1:187–202.

MEDICINSKI TURIZAM U HRVATSKOJ: GDJE SMO SADA?

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Budući razvoj industrije medicinskog turizma uzbudljivo je područje kako u aplikativnim tako i u znanstvenim područjima, koje može potaknuti daljnje znanstvene napore za dublje istraživanje ove teme.

Sažetak

Medicinski turizam jedna je od najbrže rastućih svjetskih industrija s 25 % rasta godišnje u vrijednosti od više od 200 milijardi eura. Sjeverna Amerika, Azija i Europa imaju najznačajniji dio ove vrijednosti. Prema prognozi The Medical Tourism Market – Global Industry Analysis Report, do 2027. dosegnut će vrijednost od 272,7 milijardi američkih dolara.

Hrvatska ima snažan potencijal za razvoj industrije medicinskog turizma kao sastavnog i bitnog dijela cjelokupne turističke industrije u Hrvatskoj. No nedostatak političke volje i naponi javnog sektora smanjuju ove mogućnosti. Potrebna je temeljna reforma zdravstvene skrbi koja zahtijeva poboljšanje zastarjele infrastrukture te podizanje kvalitete usluga, uključujući smještaj i popratne ugostiteljske i rekreacijske sadržaje. Zdravstveni turizam nije konkurentan na ovom iznimno zahtjevnom tržištu.

Singapur, Indija i Turska mogu biti izvrsni primjeri dobre prakse, pokazujući put do uspjeha hrvatskoj industriji medicinskog turizma.

Veliko je pitanje koja je trenutačna pozicija Hrvatske na globalnom tržištu i što se može učiniti da bi se krenulo naprijed. Nekoliko autora nudi moguća rješenja koja mogu dovesti do postizanja ciljeva navedenih u Nacionalnoj strategiji razvoja zdravstva i Akcijskom planu do 2028.

Ključne riječi: medicinski turizam, turistički rast, Hrvatska
