
PROMOTING ROMANIA AS A MEDICAL TOURISM DESTINATION – FACTS AND CHALLENGES

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Abstract

This study shows both Romania's balneotherapeutic potential and its competitive advantages, as a medical tourism destination. Given its high potential of balneological and medical tourism, as well as the growing trend of spa and wellness tourism, Romania needs a new strategy to develop and promote medical tourism. At present, diaspora represents the largest part of the medical tourism demand, but we consider that Romania could attract more tourist segments by: more investments in healthcare infrastructure and latest medical technologies, highly educated medical personnel, a fair balance between service costs and quality, a better promotion, but especially adding more value to the medical tourism with supplementary balneological services (for both prevention and treatment). Moreover, Romania has a tradition in anti-aging treatments (that could be considered a form of medical tourism) and this experience should not be ignored, but capitalized within the new strategy.

Keywords:

Romania, medical tourism, tourist destination, tourism potential, promoting

JEL Classification:

Z320, Z300, O140

Introduction

Europe is the main market for health tourism. Health tourism has a long tradition in Europe for those seeking "food for the soul and strength for the body" (Carrera and Bridges, 2006).

One third of Europe's reserves of mineral springs are located in Romania. There are over 160 localities with natural therapeutic resources (mineral and thermal waters, therapeutic lakes, therapeutic salt caves, therapeutic muds, mofette), but only 36 of them are certified as spas or balneo-climatic resorts (of which 26 resorts of national interest).

Romania is promoted on the Medical Tourism Association website as a provider of various natural therapies (mineral and thermal water baths, asthma therapy in natural salt caves, mud therapy) and an excellent location to consider for affordable plastic surgery, dental, wellness and spa treatments (Aluculesei & Nistoreanu, 2016).

This paper aims at identifying the indicators, particularities, trends and traditions of medical and health tourism in Romania.

Scientific literature review

Carrera and Bridges (2006) consider that the health systems are governed by the principle of territoriality and define the health tourism as „the organized travel outside one’s local environment for the maintenance, enhancement or restoration of the individual’s wellbeing in mind and body” and the medical tourism as „the organized travel outside one’s natural healthcare jurisdiction for the enhancement or restoration of the individual’s health through medical intervention”. Both definitions show that the traveler leaves his residence and travels to obtain health or medical services in another region from his country or abroad. Medical tourism can be defined as a sub-unit of health tourism (Carrera and Bridges, 2006). Medical tourism refers to the act of travelling to another country to seek specialized or economical medical care, wellbeing and recuperation of acceptable quality, with the help of a support system (Deloitte, 2008).

The medical tourism industry has emerged and developed in reply to the demand for medical services of those patients whose needs could not be met by the national health system in their region of residence. Medical tourists are considered patients seeking ”affordable, timely, or simple available” medical services (Horowitz, Resensweig and Jones, 2007). The term ”medical tourism” is often used as an umbrella term for the invasive medical procedures, while wellness tourism (Connell, 2015) involves non-invasive medical services of health maintenance and prevention. Medical tourism influences the balance of health systems, since patients leave certain health systems in favour of others (Barros, 2015).

Research Methodology

The research methodology is based on the study of the scientific literature and on the comparative analysis of the statistical data in the field of medical tourism. The data were synthesized (also using Microsoft Excel application) and further processed into pertinent conclusions.

The research in the field of medical tourism has developed recently (during the last 20 years). There are papers and books dealing with the notion of medical tourism, the influencing factors, classifications, but there is still no consensus on this concept. Since the definition of medical tourism is not yet accepted nationally and internationally and no official statistics are collected, we used for our analysis the statistical data published by the National Institute of Statistics on its website (www.insse.ro).

Some of the statistical data used in this paper were collected by the National Institute of Statistics for its publication "The tourist demand of the Romanian residents in 2017", using the "face-to-face interview" method. A sample of 8,728 dwellings was used for this research, with 95% probability of guarantee results, a representative error of $\pm 5\%$, ensuring the national representativeness for the key variables of the survey (people aged 15 years and over, by gender and residence area - urban, rural). The resulted information quantifies the Romanian residents’ travels by motivation, destination, type of accommodation, and length of stay. The information used in this paper refers only to those travels motivated by medical treatment, overnighing at different types of accommodation in Romania.

The data are limited to domestic travels for medical treatment, because there is no information on the foreigners travelling in Romania for medical tourism. However, in case of foreign tourists, we used the information provided by the Romanian Association for Medical Tourism, collected from its members and those published by the National Institute of Statistics (in "Tourism Activity in 2017"), regarding the arrivals of foreign tourists by tourist areas and types of accommodation.

Results and discussions

Romania's potential for medical tourism

The history of the Romanian balneology demonstrates the tradition of using thermal and mineral springs for curative purposes since the period of the Roman Empire, developing later during the Austrian Empire. Moreover, Romania has a remarkable tradition in anti-aging treatments and geriatrics.

Bucharest was promoted in the period 1970-1980 as a medical city focused on innovative geriatric treatments and original therapies based on mud extracts. The former Flora Hotel hosted a medical section of the Institute of Geriatrics and Gerontology, a luxury clinic where foreign personalities used to come for treatment. The geriatric therapy was based on Gerovital H3, an innovation of the Romanian physician and researcher, Ana Aslan. The former Parc Hotel also housed a medical centre, managed by dr. Ionescu-Călinești, the Romanian inventor of mud extract named Pell-Amar.

At present, Romanian medical tourism focuses on the medical services offered in private and modern hospitals and clinics located in the main cities, but also on balneology, based on natural healing resources (mineral and thermal waters, therapeutic lakes, therapeutic salt caves, therapeutic muds, mofette, thalassotherapy, air therapy). According to Smith and Puczkó' (2009) classification, the Romanian balneological services cover two main health aspects: medical wellness (for healthy people, wishing to maintain their health or to prevent diseases) and medical therapy (rehabilitation, recuperation, anti-aging medicine).

The Romanian Organization of Spas' Owners recommends the Romanian spa resorts in therapies for: occupational, hepatic, dermatological, respiratory, endocrine, kidney, digestive, nutritional and metabolic diseases, gynecological, neurological, cardiovascular, allergic, rheumatic and peripheral nervous system disorders. According to the Medical Tourism Association, the most attractive Romanian medical services for international patients are: dentistry, cosmetic surgery, ophthalmology and LASIK eye surgery, elective surgery, interventional cardiology, orthopedics surgery, CT and MRI scans, rehabilitation, and spa treatments. The most frequented destinations for medical tourism are Bucharest and other major cities in the country, served by functional airports such as Cluj Napoca, Timișoara, Târgu Mureș, Iași, Sibiu and Constanța (Ilias, 2016).

Measuring medical tourism in Romania

In the classification of inbound travelers described in the United Nations "International Recommendations for Tourism Statistics 2008", the „health and medical care” is one of the main groups considered to be a difficult to measure category for the reason that this group may require more information than the declaration of the main purpose of the trip. Trying to estimate the number of medical tourists may be a challenge since many national governments do not keep or wish to public their statistics and even more, tourists do not have the willingness to reveal the real reason of their visit (Calnan and Calovski, 2015). Health could be considered a strictly personal matter that cannot be the subject of official travel statements. Data collection for medical tourism is still a problem due to the lack of a comprehensive definition, recognized and adopted by international tourism and health organizations. As Carrera and Bridges (2006) mention, the lack of data on the number of people practicing medical and health tourism is also generated by the absence of a classification that correctly associates statistical indicators with the specific categories of medical tourism. Even if there is no official statistics regarding the size of medical tourism, the existing information suggests an average market size of 60 billion USD and an expected increase of 20-25% (Patients Beyond Borders, 2017; Medical Tourism Association, 2018; Deloitte, 2008).

There are also differences concerning of what should be included in the category of medical tourists: counting or not the spa and wellness tourists, domestic medical tourists, near

borders or long haul medical trips, diasporas, regular tourists with medical emergencies, medical tourists' companions, embassy employees, residences with other citizenship, etc. As Lunt, Smith, Exworthy, Green, Horsfall and Mannion (2011) affirm, clarification is necessary around the sources and surveys used to provide statistics of medical tourists.

In Romania, approximately 25,000 international patients benefit from medical services annually, most in dentistry and plastic surgery (Flymedi Guide, 2016). According to the Medical Tourism Association, 8,200 foreigners were treated in its member private clinics and hospitals in Romania, 2014.

According to the National Institute of Statistics ("Tourism activity in 2017"), the number of tourists increased by 10.4% in 2017 compared to 2016 (10.2% for Romanian tourists and 11.2% for foreign tourists), and the number of overnight stays increased with 6.5% (5.8% for Romanian tourists and 9.5% for foreign tourists).

The data on domestic medical tourism are more accurate, since they are collected by the National Institute of Statistics. The Romanian medical travels increased in 2017 as compared to 2016. The total of 505,216 medical travels in 2016 was divided in 500,704 domestic and 4,512 abroad. There was an average increase of 25% in 2017 (24% for domestic travels and 87% for outbound travels).

Table no. 1 on domestic medical travels, shows that the number of travels differs by length of stay and destination. The most popular domestic destinations for medical tourism are the cities and mountain areas, followed by the rural area, seaside and others. The most frequent length of stay in medical tourism is 4-7 nights, followed by 8-14 nights, and finally the extremes, 1-3 nights and 15-28 nights.

Table no. 1. Domestic medical travels by length of stay and destination (2017)

Medical travels	Total travels	Domestic travels	Outbound travels	Domestic medical travels by destination				
				cities	seaside	rural area	mountain area	others
	634,222	625,758	8,464	311,494	42,210	59,868	201,385	10,801
Length of stay								
1-3 overnights	143,432	141,335	2097	112,794	-	12,628	14,763	1,150
4-7 overnights	225,852	221,814	4038	125,450	13,279	15,039	67,483	563
8-14 overnights	201,622	201,622	-	59,988	18,231	26,748	88,791	7,864
15-8 overnights	60,766	58,437	2329	11,976	9,436	5,453	30,348	1,224
>29 overnights	2,550	2,550	-	1,286	1,264	-	-	-

Source: adapted from National Institute of Statistics, 2018

Travel organizers have a significant influence on medical tourism, since some of them can be considered facilitators or payers. In Romania, the situation of facilitators is not yet regulated, so we consider travel agencies to play a facilitating role in medical tourism, while the unions and the retirees (through the National Social Insurance Fund) are payers and co-payers for unionists and retirees (table no. 2).

Table no. 2. Domestic medical travels by travel organizer and destination (2017)

Travel organizer	Total	Type of domestic destination				
		cities	seaside	rural area	mountain area	others
Travel agencies	10,590	989	2,662	1,674	5,265	-
Unions	27,171	15,764	-	-	11,407	-
Retirees	247,162	62,069	31,087	31,184	113,734	9,088
Independent travellers	325,203	218,092	8,461	27,010	69,927	1,713
Others	15,632	14,580	-	-	1,052	-

Source: adapted from National Institute of Statistics, 2018

Independent travelers and retirees (through the National Social Insurance Fund) are the most important domestic medical tourism market segments (fig.no.1). Considering the international trends in medical tourism, Romania should adjust this segmentation by

reducing the dependence of the National Social Insurance Fund and by trying to draw the attention of private insurance funds that work closely with national and international companies. The number of independent travelers demonstrates a high interest in medical tourism from internationally identified tourists as "from pocket payers".

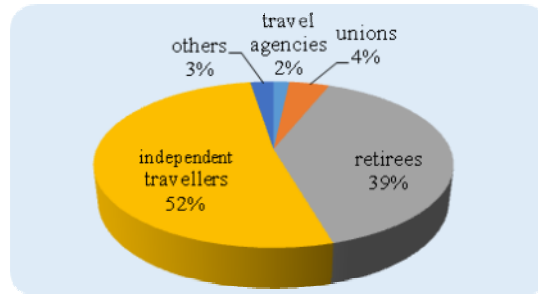


Fig. no. 1. Domestic medical travels by travel organizer (2017)

Source: adapted from National Institute of Statistics, 2018

The preferred destinations for medical tourism during the last three years are the cities and the mountain areas, although they recorded a decrease in demand in 2016 (fig. no.2). Both destinations (mountain area and cities) are related to medical tourism and could also be interpreted as medical tourism destinations attended by foreign tourists. The existing statistics show only the number of foreign arrivals and overnights, by destination and type of accommodation, and do not report the travel motivation.

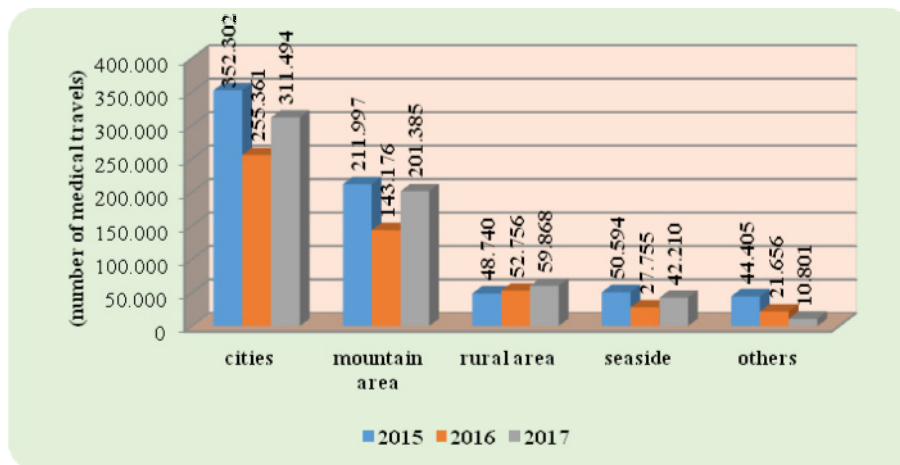


Fig. no. 2. The evolution of domestic medical travels by destination, during the last 3 years (2015-2017)

Source: adapted from National Institute of Statistics, 2018

We may analyze the medical tourism segment taking into account the spa statistics in 2017, since these resorts provide medical treatments. Foreign tourists' arrivals in spa resorts represent 1.76% of total foreign arrivals in Romania, and 3.26% in case of overnights. Foreign tourists' length of stay of 3.5 days in spa resorts is higher compared to the average of 1.9 days for other tourist destinations (data processed from "Tourism Activity in 2017").

Conclusions

This paper deals not only with Romania's balneotherapeutic potential, but also with its competitive advantages as a medical tourism destination. The characteristics of Romanian medical tourism compared to other European countries are: significant balneotherapeutic resources, tradition in natural healing procedures and some curative, innovative and anti-aging products (the original products invented by the Romanian physicians, Ana Aslan and Ionescu-Călinești: Gerovital, Aslavital and Pell Amar).

Romania has to improve the statistics on foreign tourists following the model of domestic medical tourism. In addition, these data should be detailed by the type of medical treatment (invasive, diagnostic, balneology, medical wellness) and by the type of medical specialty (dental, bariatric, orthopedic, ophthalmology, etc).

Romania is one of the countries providing medical tourism services internationally; much of the accommodation capacity is located in the cities (35%), where there are modern clinics equipped with state-of-the-art technology, with first-class professionals and affordable prices.

To attract more tourist segments, the Romanian government should facilitate investments in the healthcare infrastructure, promote and support medical education and scientific research, and implement the latest medical technologies.

This paper may be a starting point for the Romanian medical tourism stakeholders, to develop coherent strategies of promoting medical tourism. The research could continue with new studies on the foreign tourists' travel motivation. This paper is limited to the research of statistical data and could be continued with some field research on the medical tourism offer of the major cities in Romania.

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