

## ECONOMIC IMPACT OF MEDICAL TOURISM AND HEALTH SERVICES TRADE

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### Abstract

*Medical Tourism, as one of the main components of international trade in health services, has an increasing importance for the developing countries. The fact that trade in services is highly profitable in the world economy, the trade in health services influences the development of national economies and its integration into global flows. The subject of the paper is the analysis of the dynamics of the volume of international tourism health services and the development of medical tourism, as one of its components. The results of the research show that the increase in well-being in society has contributed to the increase in demand for health services and consequently the development of medical tourism.*

**Key Words:** *medical tourism, trade, health, services, economic development, Serbia*

**JEL classification:** *F1, L8, I15, L83*

### Introduction

Many factors influence the formation, behavior and increase of tourist demand, which by its presence in a certain space and time, using various tourist facilities, provokes numerous interdependent relations, either of social or economic importance (Koprivica, 2007). As an economic phenomenon, tourism is essentially a combination of economic and non-economic entities more closely interconnected through social division of labor, which seeks to create an organized supply of all products/services necessary for persons/tourists temporarily residing outside their permanent residence (Hrabovski-Tomić, 2008). However, tourism still does not have a single, universal definition and although there are many definitions of

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tourism, none is comprehensive, because according to the specificity of this phenomenon, there are scientific-tourist, scientific-economic, economic-organizational, geographical and other definitions of tourism (Milenković, 1999).

It is well known that certain medical services, such as dental or plastic surgery, are much cheaper in third world countries. Today, many travel agencies make arrangements that combine surgery and a pleasant vacation. Medical tourism as a major component of international trade in health care attracts the attention of many actors of the medical profession, the agency for the promotion of tourism, health analysts and policy makers. As the services are offered in developing countries, the slogan "first-class treatment at Third World prices" may be emphasized (Čavlin & Ignjatijević, 2014).

The national government agencies and policy initiatives have sought to stimulate and promote medical tourism in their countries. In the Strategy of Tourism Development of the Republic of Serbia for period 2016 – 2025, medical tourism has been outlined as one of the promising strategic tourism products (Strategy of Tourism Development of the Republic of Serbia for period 2016 – 2025, p. 28). In recent EU accession, the Polish and Hungarian governments have tried to capture the potentials of medical tourism positioning as the medical tourism destinations which are cheaper than European medical facilities (Lunt et al., 2011). The role of government in encouraging, developing, structuring and promoting medical tourism in the country of destination varies across nations. Such policies may include (HOPE - European Hospital and Healthcare Federation, p.17): "facilitated visa procedures or new medical visa categories; tax incentives; investment in healthcare infrastructure; special organizations solely for boosting the growth of medical tourism industry (either state-funded or private); and subsidies". On the other hand, Krajnović et al. (2013) have pointed out the importance of establishing a system monitoring and control monitoring quality at national level in all countries that have developed medical tourism, as well as a system of destination management level for tourist destinations on the principles of IQM (Integrated Quality Management).

Therefore, subject of the paper is the analysis of the health tourism services and the development of medical tourism, as one of its components. The authors shall analyze the medical tourism development and dynamics of the volume of international tourism health services as per the data on export and import on health tourism of International Trade Centre and UNWTO.

### **Literature review**

The rapid industrialization and faster pace of life spur different needs, desires and create new trends. In order to meet the new demands of life, especially as a balance to urban life, tourist centers are developing a new approach to health. Health tourism originally meant: balneology, herbal therapy, relaxation, a healthy diet and lifestyle. Today, all this is complemented by the provision and execution of most complex medical interventions. Traveling abroad to perform a particular medical treatment today can be called a "rewarding experience." The term implies two seemingly incompatible notions: intervention-treatment-pain-care, and on the other hand, the experience of new luxury accommodation, recovery in exotic places with an aim of solving a health problem (Cvijanović et al., 2016).

As we can see from the previous research, the majority of respondents, in addition to consuming medical services, came to Serbia to visit a friend or relatives and decided to opt for medical services in Serbia at the recommendation of friends and relatives, while the rest of them decided on using such services on the basis of the Internet updates (Ignjatijević et al., 2017).

From a demand point of view, medical tourism encompassing patient/consumer characteristics and profiles or decision models based on types of information such as hard data (performance and quality) and soft ones (recommendation, information provided by web sites, the Internet) has not been extensively scholarly researched (Lunt & Carrera, 2010; Gan & Frederick, 2013). The study that relates consumers' attitudes toward medical tourism including consumer characteristics (age, education, income, and insurance status) of 289 consumers from the USA resulted in three attitude-related factors: economic, treatment-related, and travel-related. As the major findings reveal, the uninsured and low-income consumers are more sensitive to economic factors than the insured and the middle-income consumers; 51- to 64-year-olds are less motivated by economic factors than young adults; the better one's health, the more one is motivated by treatment-related factors (Gan & Frederick, 2013).

In a subsequent study principal components analysis has outlined three factors – risk, social-related, and vacation as the authors found that the middle-income earners and recipients of the federal health insurance program for the elderly, are more motivated by risk-related factors to travel

for care, but the middle-aged and older, and the married are more motivated by social-related factors to travel for care (Gan & Frederick, 2015). The exploratory study of Guy et al. (2015) has tried to identify characteristics and factors of U.S. citizens willing to participate in medical tourism, including several variables: the nature of the medical condition for which treatment is sought (life threatening, serious but not life threatening, medically optional, or life enhancing); respondents' reasons to consider or rule out medical tourism; (c) demographics (age, gender, marital status, education, income, and health insurance coverage); (d) risk aversion; and countries most and least likely to be considered for healthcare services. In the research on Mexico, Guatemala, and Barbados four common drivers of medical tourism development were identified (Johnston et al., 2016, p. 9):

1. "unused capacity in existing private hospitals,
2. international portability of health insurance, vis-a-vis international hospital accreditation,
3. internationally trained physicians as both marketable assets and industry entrepreneurs, and
4. promotion of medical tourism by public export development corporations.

Three common inhibitors for the development of the sector:

1. the high expense of market entry,
2. poor sector-wide planning, and
3. structural socio-economic issues such as insecurity or relatively high business costs and financial risks".

Using a survey method on a sample of 365 foreign users of medical tourism services in the age group of 41-50 years, equally represented by men and women, of the average income ranging from EUR 2,001-4,000, with secondary school and faculty degree, married, speaking mostly English, Norwegian, Italian and German, Ignjatijević & Vapa-Tankosić (2019) have concluded that foreign users of medical tourism services are not sufficiently informed about Serbia as a medical tourism destination, having mostly negative or insufficiently positive perceptions. On the other hand, their perceptions of the quality of human resources in tourism, such as medical staff politeness, and quality education, good living conditions can positively influence the desirability of Serbia as a medical destination.

The previous research on foreign users of medical tourism services in Serbia (Ignjatijević & Vapa-Tankosić, 2018) has pointed out that the respondents highly valued the institution itself and the quality of medical

service. Their findings show that for the selection of a country or institution for medical services, these are the most important factors: High standard of hospital accommodation (4.30); Accreditation of the institution (4.42); Confidentiality and privacy guaranteed (4.38); Treatment speed abroad (4.52); Doctor's Recommendation (4.55); After-treatment assistance provided (4.59); High quality care (4.6) and Cost savings (4.6). The answers provided indicate that culture, infrastructure, good rest, or non-medical content were not so important to patients. On the other hand, the results of the research show that the respondents have given the lowest rating to the following factors: Non-traditional treatment, Treatment of persons with special needs (disabled), Stable political situation and healthy legal system, Good infrastructure (proximity to major cities, highways, airports, etc.) and Similarity of culture.

One of the key determinants of the modern development of medical tourism globally is to develop an independent Internet platform that provides users with up to date information and easy access to numerous medical information, as well as advertising from different providers. The findings of authors Vapa-Tankosić & Ignjatijević (2017) on the existing international sites on medical tourism show that the majority of them possess the description of treatments (photos or videos), details of the institution establishment, staff qualifications and professional experience, technology (virtual tours of facilities), accreditation, and very often also patient testimonials and recommendation for patients.

The findings of Wagle (2013) point out to the countries of the USA, the UK, India, Canada and Poland as these countries have a largest number of facilitators. The quality of information provided on the portals is self-regulated by the medical tourism facilitators as they play an important role in the patients' choice of provider and information on the health provider is a decisive factor while choosing a hospital. Since the medical treatments abroad are quite expensive the people search for financing options. Crowd funding websites have merged as the common form of solving expenses related to medical care. For example, since the launch of the website from 2008, Give Forward campaigns have raised over US\$ 8.8 million, and about 7600 campaigns for medical and living expenses, caregiver support, funeral costs, pet emergencies, and disaster relief. Go Fund Me has the largest percentage of health-related campaigns and at You Caring in the area of medical expenses, according to their founders (Sisler, 2012).

## Results and discussion

In the Table 1 we can see that Europe was the leading continent in terms of international tourist arrivals, especially if we compare the years 2000 and 2016, when the international tourist arrivals have almost doubled.

Table 1: *International tourist arrivals by region (in millions of international tourists)*

Continent	2000	2005	2010	2016	2016%
Europe	392.2	441.0	471.5	619.7	50.2
North America	91.5	89.9	99.2	132.2	10.7
Central America	4.3	6.3	8.3	10.9	0.9
South America	15.3	18.3	23.5	32.7	2.7
Africa	27.0	36.4	48.7	58.2	8.4
Asia and the Pacific	110.1	153.6	203.8	302.9	24.5
Middle East	24.9	37.9	60.0	53.6	4.3
<b>Total</b>	<b>682</b>	<b>802</b>	<b>935</b>	<b>1,235</b>	<b>100</b>

Source: *World Tourism Barometer*, [http://cf.cdn.unwto.org/sites/all/files/pdf/unwto\\_barom17\\_01\\_january\\_excerpt\\_.pdf](http://cf.cdn.unwto.org/sites/all/files/pdf/unwto_barom17_01_january_excerpt_.pdf)

Table 2 shows the percentage change in international tourist arrivals according to the region for the period 2009-2015. Almost all continents were negatively affected by the 2009 world economic crisis, but from the year 2010 onwards a steady growth in international tourist arrivals was recorded.

Table 2: *Percentage change in international tourist arrivals by region*

Continent	2009	2010	2011	2012	2013	2014	2005-2014%
Europe	-5.10	3.10	6.40	3.90	4.80	2.40	2.80
North America	-4.70	6.20	3.60	4.50	3.10	8.40	3.50
Central America	2.50	9.40	-0.60	4.70	4.70	1.8	5.20
South America	-1.60	13.10	6.30	7	6.90	5.70	6.20
Africa	-5.40	13.10	-9.60	1.7	-2.90	6.20	4.90
Asia and the Pacific	-4	6.50	4.70	<b>4.60</b>	<b>4.60</b>	<b>4.20</b>	<b>3.80</b>
Middle East	-5.10	3.10	6.40	3.90	4.80	2.40	2.80
<b>Total</b>	<b>-4.70</b>	<b>6.20</b>	<b>3.60</b>	<b>4.50</b>	<b>3.10</b>	<b>8.40</b>	<b>3.50</b>

Source: UNWTO, *World Tourism Barometer*, 2015, Volume 13, <https://www.e-unwto.org/toc/wtobarometereng/13/4>

From the Table 3 we can see that in 2016 USA achieved the highest direct contribution to GDP from tourism and travel, which is also estimated for 2027. The growth in USA is not as drastic as in China, whose contribution to GDP will increase from \$275 billion in 2016 and contribute to an impressive \$609 billion to its GDP in 2027.

Table 3: *Tourism and Travel Direct Contribution to GDP Growth in Leading Countries in 2016 and Estimate for 2027 (in \$ billion)*

<b>Countries with the highest direct contribution (in absolute terms) to GDP from tourism and travel</b>			<b>Estimate which countries will achieve the highest direct contribution (in absolute terms) to GDP from tourism and travel</b>		
		<b>2016</b>			<b>2027</b>
<b>1</b>	USA	503.7	<b>1</b>	USA	715.8
<b>2</b>	China	275.2	<b>2</b>	China	608.8
<b>3</b>	Germany	138.1	<b>3</b>	Germany	170.5
<b>4</b>	Japan	110.5	<b>4</b>	India	148.2
<b>5</b>	France	90.0	<b>5</b>	Japan	132.5
<b>6</b>	England	89.8	<b>6</b>	England	114.6
<b>7</b>	Italy	86.2	<b>7</b>	France	112.2
<b>8</b>	Mexico	76.7	<b>8</b>	Mexico	105.9
<b>9</b>	India	71.7	<b>9</b>	Italy	104.7
<b>10</b>	Spain	63.7	<b>10</b>	Spain	80.5

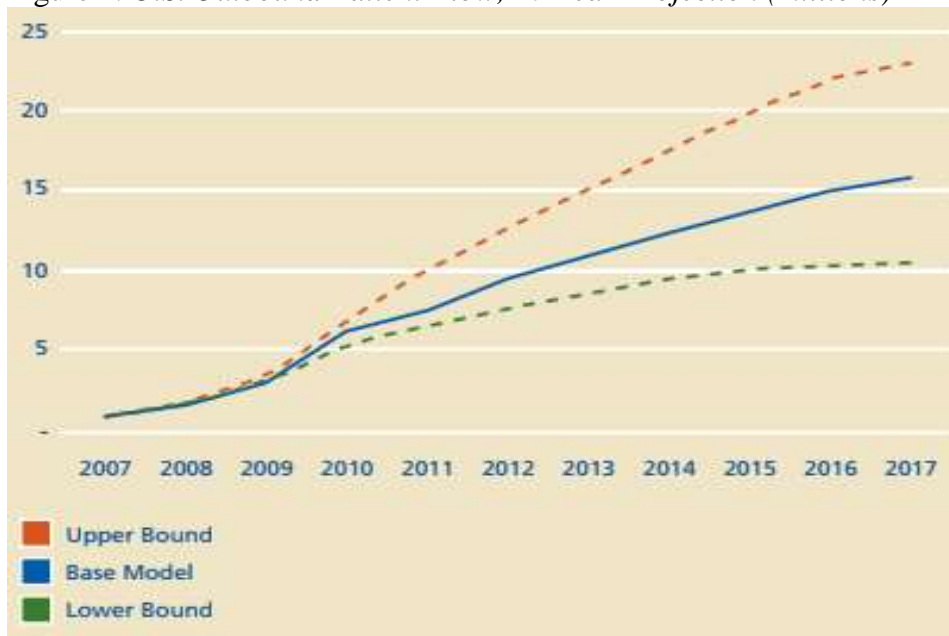
Source: <https://www.wttc.org/-/media/files/reports/economic-impact-research/2017-documents/newleaguetablessummary108.pdf>

According to a US Health Consumer Survey on Medical Tourism, as many as 40% of respondents indicated an interest in overseas treatment if their doctor recommended it, or if treatment costs were lower (to 50%). The high percentage of interest as well as projected growth in medical tourism patient demand is accompanied by high opportunity costs. Opportunity cost represents the missed benefit, income or earnings of the national health care system due to patients leaving overseas. As seen in the Figure 1, the 10 year projections increase overseas visits due to medical treatments to \$15.75 million in 2017 will bring an increase in lost profits. The \$2.1 billion spent in 2008 is estimated to have an opportunity cost of \$15.9 billion (Deloitte, 2009).

As mentioned earlier in the paper, medical tourism has undergone a major development in recent history. People around the world have come to appreciate the benefits of this travel segment and often opt for it. Plastic surgery is becoming more and more popular where the citizens of

developed countries, where the prices of these services are very high, go to less developed countries and receive the desired treatment at a much lower price but not of lower quality. Imported and exported values of health services at the world level are the highest in the USA.

Figure 1: *U.S. Outbound Patient Flow, 10-Year Projection (millions)*



Source: *Deloitte, 2009*

The most important medical tourism centers in Europe are Germany - in the field of surgery, Switzerland, France - in the field of cosmetic surgery, the United Kingdom, Belgium, Hungary, and Serbia - dental and plastic cosmetic surgery services. Treatment at a foreign hospital may often be better than at home hospitals. Contrary to expectation, a high level of nursing care and attention is offered. Most physicians at medical tourism institutions are educated at prestigious universities and hospitals are equipped following the American model. For example, as many as 240 medical colleges have been opened in India, a leading medical tourism country today, which again casts doubt on staff qualifications (Devon, 2007).

Table 4 shows the exported value of health services, the values are expressed in thousands of dollars for the period from 2008 to 2016. The first place is occupied by the USA, second by Turkey and third by Thailand.

Leading countries (after the developed USA) are mostly less developed countries (Ignjatijević & Čavlin, 2016).

Table 4: *Exported value of health services - Travel, Personal, Health-related*

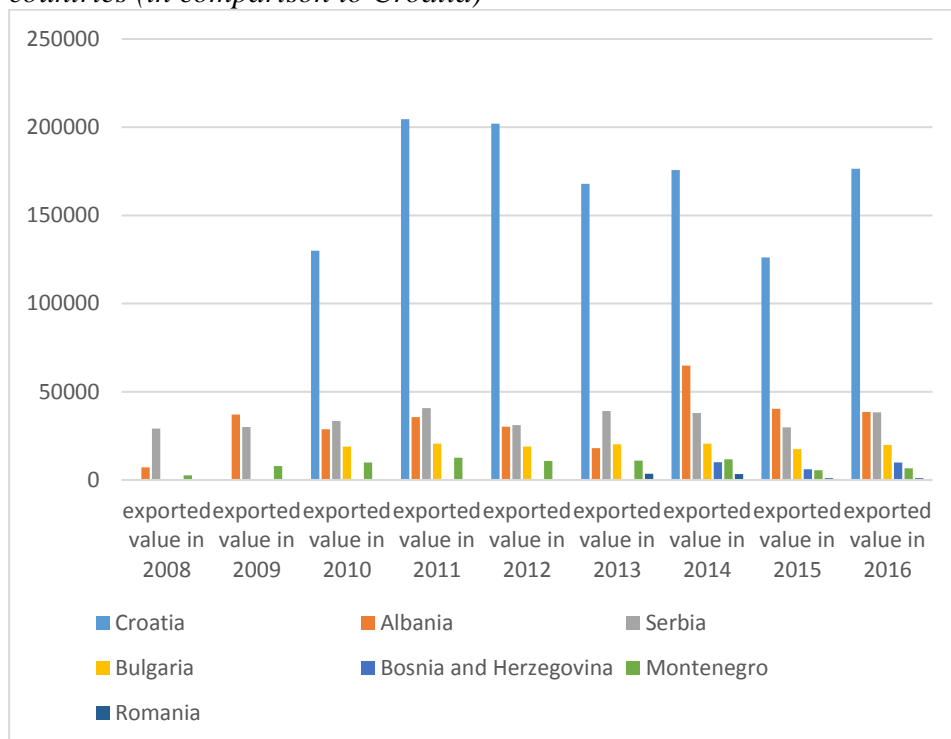
Exporters	exported value in 2008	exported value in 2009	exported value in 2010	exported value in 2011	exported value in 2012	exported value in 2013	exported value in 2014	exported value in 2015	exported value in 2016
USA	2,531,000	2,691,000	2,876,000	3,032,000	3,176,000	3,312,000	3,468,000	3,597,000	3,751,000
Turkey	340,000	327,000	289,000	340,000	513,000	746,000	1,104,000	904,000	637,000
Thailand		230,042	233,222	289,282	389,252	389,446	397,447	467,208	533,140
Costa Rica	148,829	117,825	130,486	140,772	156,086	328,433	327,275	358,070	415,722
Korea	69,800	82,700	89,500	130,700	201,700	372,900	348,600		
Mexico	298,943	261,874	289,513	270,682	271,713	266,613	278,661	279,733	268,540
India					216,724	280,130	225,624	275,691	271,291
Canada	121,800	118,100	136,900	146,500	148,100	145,700	142,800	126,700	123,000
Italy			182,241	175,157	151,100	191,859	160,269	199,188	98,337
Croatia			129,926	204,494	201,983	167,915	175,714	126,112	176,434
Albania	7,225	37,075	28,762	35,702	30,142	18,072	64,838	40,395	38,633
Serbia	29,126	29,974	33,478	40,780	31,191	39,025	38,030	29,908	38,309
Bulgaria			18,931	20,581	19,018	20,174	20,564	17,514	19,912
Moldova	13,600	10,050	10,470	12,880	13,700	15,640	17,320	15,310	16,570
Bosnia and Herzegovina	3	27	1	105	12	368	9,999	6,024	9,867
Montenegro	2,585	7,869	9,897	12,603	10,863	10,929	11,776	5,558	6,596
Romania						3,585	3,317	999	996

Source: *The International Trade Centre (ITC)*, <http://www.intracen.org/>

Exported value of health services had been increasing for years, with some values stagnating in 2015, being slightly lower in 2016. Looking at Serbia and the countries of the region, we can see that Croatia achieved enviable results in relation to Serbia and other countries of the region. Following Croatia, there is Albania. Then there comes Bulgaria, followed by Moldova, Bosnia and Herzegovina, Montenegro, and lastly Romania with significantly lower exported values of health services (Ignjatijević et al., 2017).

Graph 1 shows how dominant Croatia is in relation to other countries in the region. The movement of exported values through the years is very dynamic and does not have a steady upward trend.

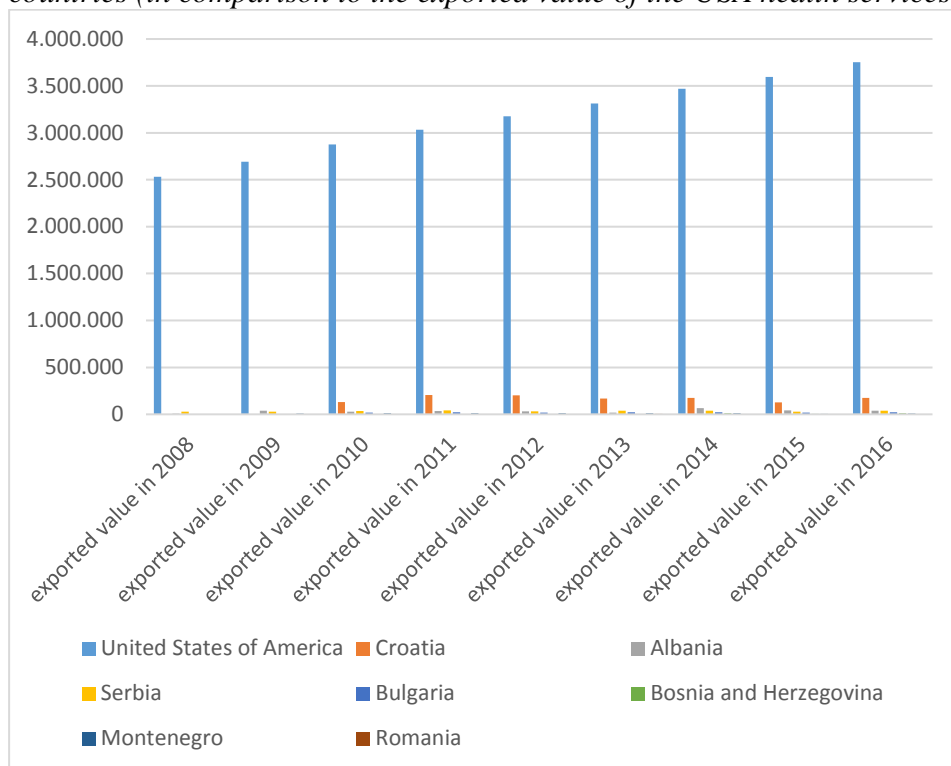
Graph 1: *Exported value of health services of Serbia and surrounding countries (in comparison to Croatia)*



Source: *The International Trade Centre (ITC)*, <http://www.intracen.org/>

In Graph 2 we can see how the USA realized impressive exported value of health services. Serbia and the surrounding countries do not even make up one-tenth of America's exported values of health services. This is a further proof that not only everyone looks for cheaper services, there are also those who need high-level medical care, accompanied by the latest equipment that can only be found in highly developed countries. This fact relates mostly to serious health conditions and illnesses. It has already been discussed earlier in the paper about that people from developed countries such as the USA go to less developed countries to seek medical help at much lower prices. However, we also find that people from those less developed countries travel to developed countries (hence there is the USA again in the first place in the imported values of health services) to seek more professional medical assistance and more up-to-date medical equipment and technology that they cannot obtain in their home country.

Graph 2: *Exported value of health services of Serbia and surrounding countries (in comparison to the exported value of the USA health services)*



Source: *The International Trade Centre (ITC)*, <http://www.intracen.org/>

Table 5: *Imported value of health services - Travel, Personal, Health-related*

	Importer's	imported value in 2008	imported value in 2009	imported value in 2010	imported value in 2011	imported value in 2012	imported value in 2013	imported value in 2014	imported value in 2015	imported value in 2016	imported value in 2017
1	USA	757,000	879,000	1,019,000	1,139,000	1,282,000	1,443,000	1,624,000	1,828,000	2,057,000	
2	Nigeria	1,793,113	882,344	996,953	1,101,720	1,033,970	989,638	828,513	762,046	16,944	782,478
3	Panama	2,200	2,000	2,300	109,100	94,900	159,800	138,200	153,500	131,000	132,800
4	Maldives	67,297	71,629	80,284	69,205	51,452	71,056	87,151	114,575	110,289	120,668
5	Armenia	19,165	22,507	32,002	40,398	51,351	63,977	76,054	81,765	94,568	119,884
6	Albania	180,086	120,937	88,872	112,096	89,312	93,024	112,407	46,469	65,327	85,370
16	Montenegro	14,901	12,260	12,782	12,008	10,280	11,676	13,043	11,901	10,269	12,414
23	Bosnia and Herzegovina	9,604	10,524	9,781	15,591	18,794	14,583	13,715	6,204	7,704	7,950
36	Serbia	6,804	5,913	7,958	11,097	6,664	9,036	8,599	9,275	8,807	
37	Romania						5,046	5,971	4,439	2,434	

Source: *The International Trade Centre (ITC)*, <http://www.intracen.org/>

Table 5 shows the value of imported health services for the period 2008-2016. The values are expressed in thousands of dollars. Just as having the highest exported values, the USA now has the highest imported values of health services. Behind the USA in terms of imported values, though much lower, are Nigeria, Panama and the Maldives. These are the countries that are not economically developed, the so-called Third world countries, which do not have adequately equipped hospitals and sufficiently qualified medical staff for certain areas of expertise, and residents of those countries go to other countries to seek adequate medical assistance.

Table 6: *The exported-imported health services values of Serbia and the surrounding countries*

Exporters	exported value in 2008	exported value in 2009	exported value in 2010	exported value in 2011	exported value in 2012	exported value in 2013	exported value in 2014	exported value in 2015	exported value in 2016
Albania	7,225	37,075	28,762	35,702	30,142	18,072	64,838	40,395	38,633
Serbia	29,126	29,974	33,478	40,780	31,191	39,025	38,030	29,908	38,309
Bosnia and Herzegovina	3	27	1	105	12	368	9,999	6,024	9,867
Romania						3,585	3,317	999	996
Importers	imported value in 2008	imported value in 2009	imported value in 2010	imported value in 2011	imported value in 2012	imported value in 2013	imported value in 2014	imported value in 2015	imported value in 2016
Albania	180,086	120,937	88,872	112,096	89,312	93,024	112,407	46,469	65,327
Bosnia and Herzegovina	9,604	10,524	9,781	15,591	18,794	14,583	13,715	6,204	7,704
Serbia	6,804	5,913	7,958	11,097	6,664	9,036	8,599	9,275	8,807
Romania						5,046	5,971	4,439	2,434

Source: *The International Trade Centre (ITC)*, <http://www.intracen.org/>

Table 6 shows the relationship between the imported and exported values of health services of Serbia and the surrounding countries for the given period. Albania, in the first place, achieved more than double value of exported health services compared to the imported ones, which is an indication that for some areas of medicine it lacks the expertise and modern medical equipment. Serbia drastically increased exported values throughout the years from 2008 to 2016, which means that it also has a surplus in foreign trade in the area of health services.

### Conclusion

In the last two centuries, services have significantly stimulated economic growth. In the economies of developed countries, the importance of

services is of great importance, and for this reason the terms such as "service economy" or "service society" are emerging. The rise in well-being in society leads to a higher demand for services compared to the demand for goods. It is a consequence of the relationship between income and the structure of consumption of goods and services. Consumers are increasingly spending their income on travel, recreation, education, health and similar services compared to cars and clothing.

Medical tourism, as one of the main components of international trade in health, has an increasing importance for the developing countries. Medical tourism attracts the attention of many actors of the medical profession, medical tourism facilitators, medical tourism agencies, health analysts and policy makers. Key criteria in selecting specific destinations for medical tourism are primarily the quality and the price of medical services, the accreditation of the facilities, its equipment as well as the attractiveness of the location in terms of tourism. There is no doubt that medical tourism attracts particular attention in the countries of Eastern Europe as one aspect of additional income in GDP. It is still developing as a separate branch in tourism with a surprising trend of growth and development in the world due to demographic changes and the emergence of an increasingly elderly population in developed countries, which creates the demand for health tourism services. Although health tourism relates exclusively to the elderly, more and more young people are using these services, especially in the area of medical tourism.

Health care and medical services in many national contexts have become a serious problem in recent years. Most importantly, the waiting times for the treatment are long, the prices are high, which has led the patient to act as a savvy market-oriented consumer. Developing countries were the first to realize the importance of medical tourism, and are now their leading centers. Medical tourism has been developing rapidly in recent years, and therefore has a major impact on the development of national health systems. Medical tourism can be viewed from many aspects. One represents patients from highly developed countries that go to third world countries for medical interventions because they wait a long time for intervention in their country and the prices are much higher than in underdeveloped countries. The second category is the case opposite to the first one, where people from underdeveloped countries go to highly developed countries to perform some medical intervention. Their reasons are that in underdeveloped countries there is not enough professional staff that can handle a complicated and rare health case, or yet health care

institutions do not have adequate equipment in addition to professional staff (Ignjatijević & Vapa-Tankosić, 2018). This rapid development brings with it the negative aspects. One of these is that the public health sector suffers great losses due to the departure of many professionals into the private sector, which entails accompanying staff such as caregivers and nurses, who again receive higher salaries in private sector, which can create problems in public sector.

The exported values of health services have been globally increasing from the year 2008. If we analyze Serbia and the countries of the region, we can see that Croatia has achieved enviable results (compared to Serbia and other countries of the region). When it comes to imported values of health services, the USA is on the first place. Behind the USA in terms of value, though much lower, are Nigeria, Panama and the Maldives. These are countries that are not economically developed, the so-called Third world countries that do not have adequately equipped hospitals and insufficiently qualified medical staff in certain areas, and the inhabitants of those countries go elsewhere to seek adequate medical assistance. The improved image of Serbia, the arrival of low-cost airlines and the increasing capacity of high-quality hotels and services attract both visitors and investors. To conclude, we can say that the imported/exported values in Serbia and the surrounding countries are lower, in comparison to the values of developed countries such as the USA, but have shown a gradual growth over the analyzed period. Serbia has good potential for tourism development. In the last couple of years the country has started working on placing tourist offers abroad and the results are seen in the increase in the number of foreign tourists year after year.

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