

BELARUS AS A SUSTAINABLE MEDICAL TOURIST DESTINATION

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BELARUS AS A SUSTAINABLE MEDICAL TOURIST DESTINATION

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DECLARATION OF ORIGINALITY

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ABSTRACT

Belarus as a Sustainable Medical Tourist Destination

In recent decades, there has been a rapid growth in the medical tourism market in a number of countries. In this regard, the importance of studying the experience of the development of this phenomenon in various contexts increases. This research aims to investigate the medical tourism system in Belarus, a country where this industry is developing in the context of a universal healthcare system with a dominant public sector that accounts for a large part of medical tourists. Covering the experience of a destination with such a particular context contributes to the literature that has previously looked primarily at countries where in contrast the private sector plays an important role in providing medical services to tourists. This research presents the supply stakeholders' vision of the current situation in the field of medical tourism in Belarus and highlights some features and differences adherent to the system and development scenario. The study is carried out within a sustainability perspective and showcases the areas of medical tourism in Belarus that meet or contradict the principles of sustainable development. The data was collected through in-depth semi-structured interviews with main supply-side stakeholders of medical tourism in Belarus that were selected by using judgmental and snowball sampling methods. Descriptive qualitative approaches such as thematic analysis and content analysis were applied for the examination of the interview data. Several unique aspects in the development and structure of medical tourism in Belarus are highlighted, leading to theoretical and practical implications.

ÖZET

Sürdürülebilir Bir Medikal Turizm Destinasyonu Olarak Belarus

Son yıllarda, birçok ülkede medikal turizm pazarında hızlı bir büyüme olmuştur. Bu bakımdan, bu sektörün gelişimini farklı bağlamlarda incelemek önem kazanmaktadır. Bu araştırma, evrensel bir sağlık sistemi bağlamında bu endüstrinin geliştiği bir ülke olan ve medikal turistlerin büyük bir bölümüne hizmet veren baskın bir kamu sektörüne sahip Belarus'taki medikal turizm sistemini araştırmayı amaçlamaktadır. Destinasyon deneyiminin böyle özel bir bağlamla ele alınması, daha önce öncelikle özel sektörün turistlere tıbbi hizmet sağlamada önemli bir rol oynadığı ülkelere bakan literatüre katkıda bulunmaktadır. Bu araştırma, tedarik paydaşlarının Belarus'taki medikal turizm alanındaki mevcut duruma ilişkin vizyonunu ortaya koyup, sisteme ve gelişim senaryosuna dair bazı özellikleri ve farklılıkları vurgulamaktadır. Çalışma, sürdürülebilirlik perspektifi içinde yürütülmekte ve Belarus'ta sürdürülebilir kalkınma ilkelerini karşılayan veya bunlarla çelişen medikal turizm alanlarını sergilemektedir. Veriler, yargısal ve kartopu örnekleme yöntemleri kullanılarak seçilen Belarus'taki medikal turizmin arz yönlü ana paydaşları ile derinlemesine yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. Görüşme verilerinin incelenmesinde tematik analiz ve içerik analizi gibi tanımsal nitelikli yaklaşımlar uygulanmıştır. Belarus'ta medikal turizmin gelişimi ve yapısındaki bazı benzersiz yönler değerlendirilip, bu değerlendirmenin sonuçları teorik ve pratik çıkarımlar ve tavsiyeler için temel olarak kullanılmıştır.

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CHAPTER 1

INTRODUCTION

1.1 Research background

Medical tourism has become a recent phenomenon in the literature. There are numerous definitions of this concept, with one of the most popular and simple ones stating that medical tourism entails “travelling across international borders to obtain a range of medical services” (Heung, Kucukusta & Song, 2010, p. 236).

Traveling for health purposes is not something new, as people have been making trips to thermal waters and famous healers since ancient times. However, in the 21st century, medical tourism has been developing at a larger scale than ever before. Some governments have used the advantages of favorable exchange rates to serve foreigners, while having a developed network of airline flights and a relative proximity to source markets are considered as boosting this type of tourism (Connell, 2006b; Turner, 2007). The globalization of the world has created opportunities for medical tourists to travel with the purpose of getting treatment (Hanefeld & Smith, 2015). As a result, nowadays we witness a growing flow of patients from developed to developing countries (Khan, Chelliah & Haron, 2016). Even though estimates vary widely, Patients Beyond Borders (2021) values the size of the medical tourism market at US\$74-92 billion, with 21-26 million medical tourists worldwide. It is considered that the market is growing at a rate of 15-25% (Patients Beyond Borders, 2021).

The motivation of medical tourists who travel abroad for medical services can help understand why this sector of tourism has faced such a rapid growth. Several studies have explored these motivations of patients who got services abroad, and

scholars have revealed reasons such as lower price, better quality of medical services, advanced technologies, short waiting lists, unavailability of services in the domestic healthcare system, anonymity, vacation and others (Pan & Moreira, 2018, Singh, 2013). While medical tourists have the opportunity to get better service and, in some cases, save up to 90% of the cost (Adams, 2006, as cited in Heung, Kucukusta & Song, 2011), medical tourism destinations are also able to prosper due to earnings in this sector. National governments generally perceive medical tourism as an economic development strategy, as the investments in this sector might bring foreign currency to the country, increase gross domestic product (GDP), improve services, etc. (Connell, 2013). Though a great number of benefits are assigned to this type of tourism, the development of this sector might worsen inequalities between foreign and local patients in terms of access to medical services, which are finite (Chen & Flood, 2013; Tattara, 2010).

Interest in medical tourism is growing all over the world, including countries where it is not yet developed (Johnston, Crooks & Ormond, 2015). There are a number of studies that examine the main barriers to the development of this sector in countries with different levels of development (Heung et al., 2011; Momeni, Janati, Imani & Khodayari-Zarnaq, 2018). However, most of these studies were conducted in countries where the private sector is dominant and where there is a health insurance system. Moreover, given that the main destinations for medical tourism are the countries in Asia (especially the Asia-Pacific region), Europe and Latin America, most of the studies are devoted to these regions, while there is a lack of literature that explores the situation in the countries of the Commonwealth of Independent States (CIS) and post-Soviet countries. In this study, we plan to make a contribution to the field, filling the gap regarding the knowledge concerning the development of medical

tourism in countries with a universal healthcare system, where the public sector is prevailing. For this purpose, this research will use the example of the Republic of Belarus – one of the popular medical destinations among post-Soviet countries. For example, in universal healthcare systems that guarantee the access to healthcare services to all its citizens, the potential issue of inequality in terms of access may not be manifested in as large extent as in other types of healthcare systems. Moreover, amid the development of medical tourism, the nature of the problem of brain-drain of medical staff can differ in the healthcare system dominated by the public sector. Owing to the fact that most hospitals are public, including those providing services to medical tourists, the outflow of doctors from public to the private sector may not be as pronounced. This is an area where the current research provides a contribution.

In addition, the main directions of research in the medical tourism field can be identified as including studies dedicated to the exploration of medical tourists' behavior and their decision-making process, stakeholder analysis, medical tourism destinations and marketing, policies with regard to this sector, different types of treatment within medical tourism, ethical issues and impacts created by this industry (De La Hoz-Correa, Munoz-Leiva & Bakucz, 2018). The emergence and increasing importance given to the concept of sustainable development in recent years has influenced all areas of science, including medical tourism (Bristow, Yang & Lu, 2011). Despite the fact that this is a fairly new notion, there is already some research on the topic of the sustainability of medical tourism. Basically, the main covered topics are related to the analysis of government policies supporting sustainable development (Medhekar, 2014), presence of sustainable practices in the healthcare establishments (Aydın, Kotbas, Ulus & Inelmen, 2014; Heuwinkel, 2016) and its importance to medical tourists (Bristow et al., 2011), barriers that hinder the

sustainable development of medical tourism in destinations (Lubowiecki-Vikuk & Machnik, 2020) and research concerning the relations between stakeholders that also identify elements of sustainable development, such as collaboration, partnerships, etc. (Jackson & Barber, 2015; Perkumiene, Vienazindiene & Svagzdiene, 2019). Nevertheless, there are still many questions concerning the sustainability of medical tourism, and this research aims to look at this issue more closely.

1.2 Aims and objectives

The aim of the study is to investigate the medical tourism system in Belarus, a country with a very particular public health context of universal healthcare dominated by the public sector. For this purpose, the medical tourism structure will be examined from various stakeholders' point of view. This analysis is carried out within a sustainability perspective, so that the study also aims to determine whether medical tourism in Belarus is being developed within the principles of sustainable development according to the information provided by stakeholders. The objective of the research is to describe and identify the differences in the medical tourism system in a destination with a universal healthcare system dominated by the public sector, and to identify aspects of the system that correspond and vice versa diverge from the sustainability principles.

CHAPTER 2

LITERATURE REVIEW

2.1 The concept of medical tourism

Medical tourism is not a new phenomenon, as its history can be dated back to ancient times. Ancient civilizations discovered the positive effect of thermal waters and were travelling to them for treatment purposes. One of the most prominent examples of health centers was the Asclepia Temple in Ancient Greece, which was built in the honor of the god of medicine – Asclepius (Health-tourism, n.d.). India was another medical destination at that time, where Ayurvedic medicine and yoga became more and more popular (Health-tourism, n.d.). It is worth noting that until the end of the 20th and the beginning of the 21st century medical tourism was mainly available to the elite and rich people, who could afford travelling long distances. However, now we witness the reverse trend (Cohen, 2008), where people travel from developed to developing countries in search for “first world health care at third world prices” (Turner, 2007, p. 303).

In order to define the concept of medical tourism, it is necessary to reveal the differences and interrelationships between health tourism, wellness tourism and medical tourism. According to Heung et al. (2010), health tourism has a broader meaning and includes both medical and wellness tourism. Connell (2006a) states that medical tourism implies travelling abroad for some medical interventions, with or without a holiday or the consumption of tourism services. Bookman and Bookman (2007, p. 1) define health tourism even more broadly as international “travel with the aim of improving one’s health”. Generally, in the literature the terms “medical tourism” and “medical travel” are used interchangeably; however, Heuwinkel (2016)

argues that unlike medical tourism, medical travel involves more serious medical interventions. It is worth noting that medical tourism covers both sick and healthy tourists who can search for esthetic surgeries that are as long as high-tech medical procedures (Cooper, 2015; Veselova, 2017).

On the other hand, wellness tourism is defined as “travel associated with the pursuit of maintaining or enhancing one’s personal well-being” (Global Wellness Institute and SRI International, 2014, p. 10). It is difficult to draw a clear line between medical and wellness tourism, as some aspects can coincide according to different interpretations. However, it is generally accepted that the main difference between these concepts is that medical tourism implies the provision of services in specialized establishments, such as hospitals and medical centers, while wellness tourism is more about the “general pursuit of well-being in a spa or resort environment” (Veselova, 2017, p. 481), where the procedures do not require the presence of medical staff (Krishnan & Chelliah, 2013). Fuchs and Reichel (2010, p. 207) also argue that medical tourism implies “direct medical intervention with expected substantial and long-term outcomes”, which is not the case in wellness tourism. Further, Hall (2011) elaborates a model that shows the interrelatedness of medical and wellness tourism domains within the greater health tourism context (see Figure 1). This model represents a map of different types of health tourism along the continuum “curative-preventive-promotive” or “illness-health-wellness” respectively. Based on the model we can arrive at the conclusion that most types of medical tourism are curative in nature, while wellness tourism can be characterized as “promotive” in its focus.

In addition, medical tourism may be targeted towards addressing different medical conditions, of which the most significant are dental, reproductive, transplant,

stem-cell tourism, cosmetic surgery (Connell, 2013; Cooper, 2015; Lunt & Carrera, 2010). Furthermore, researchers use different wordings describing travelling for the treatment of various medical conditions (Connell, 2013; Stolley & Watson, 2012). For instance, a trip for dental treatment can be called in the literature as dental tourism, dental service, dental procedure, dental intervention or dental category of procedures. To avoid uncertainties, in this study, for the description of medical conditions wordings like dental tourism, orthopedics tourism, transplant tourism, etc., will be used.

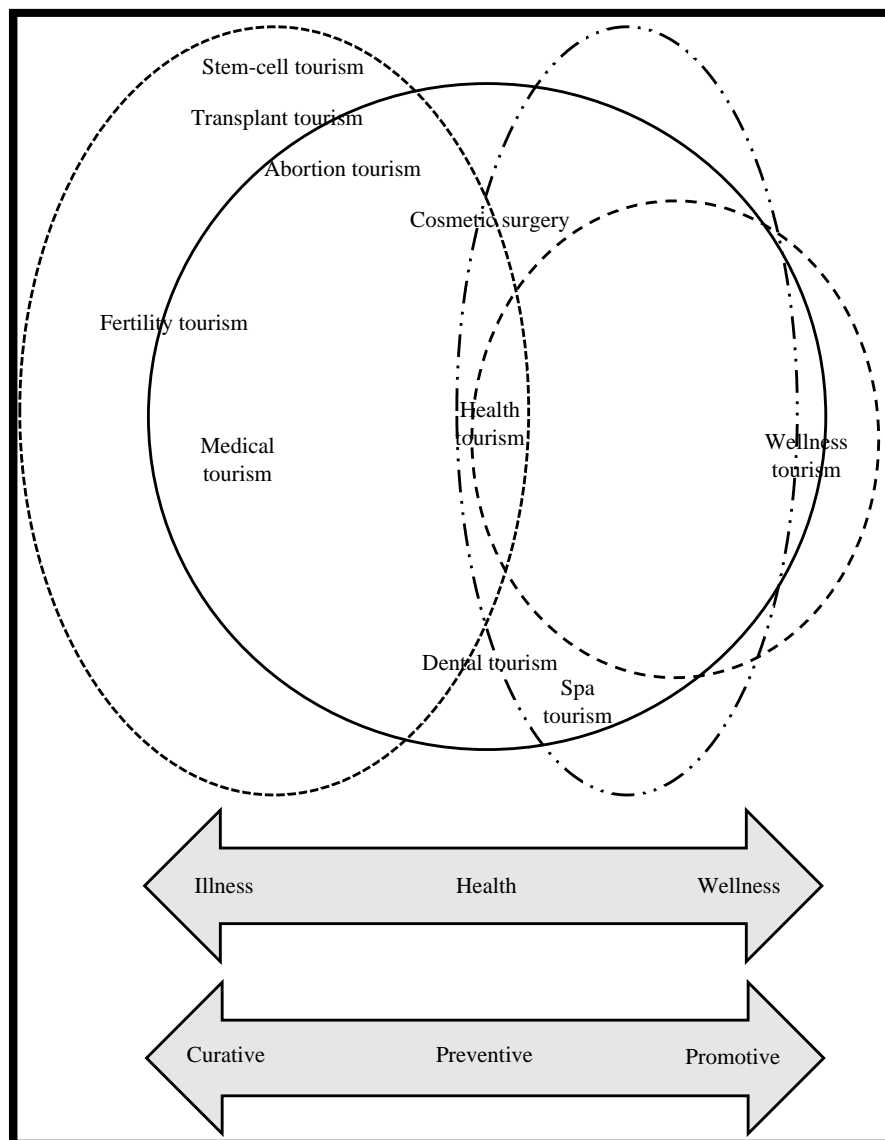


Figure 1. Interrelatedness of health and medical tourism domains
Source: Hall (2011)

In spite of a general growth of this sector, it is difficult to specifically determine the number of medical tourists. For instance, in Indian hospitals the number of visits is counted rather than the number of patients, despite the fact that some medical tourists might ask for medical services a couple of times. Proper statistics are important to better understand who a medical tourist is. One of the recognized classifications of medical tourists is the one that is proposed by Cohen (2008), which can be seen in Figure 2. He suggests four types of medical tourists: “medicated tourists” (who get medical treatment in case of accident or health problem during a holiday), “medical tourists proper” (who travel in order to get treatment or might decide about a medical procedure upon arrival to the destination), “vacationing patient” (who travel mainly for medical treatment, but occasionally might use holiday opportunities, mostly in the recovery period), “mere patients” (who travel only for medical treatment without using holiday opportunities). In addition to it, “mere tourist” category can be identified as including those who do not use medical services during their trips abroad (Cohen, 2008).

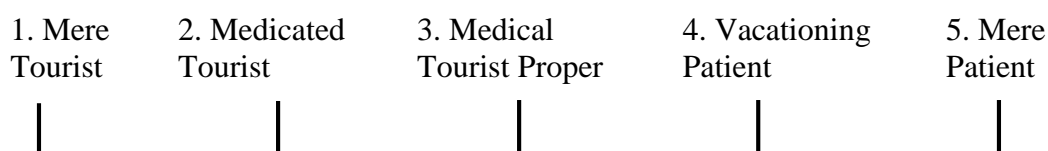


Figure 2. A typology of medical tourists
Source: Cohen (2008)

2.2 Factors affecting medical tourism

There are two groups of factors influencing medical tourism. The first group consists of factors that drive the expansion of the sector, and the second one is comprised of factors that influence the decision of medical tourists to travel (Aydin & Karamehmet, 2017). With regard to the first group, factors such as cost, availability,

quality, demand, higher standard of living, ease of travel, anonymity and opportunity to combine treatment with vacation are mentioned in the literature (Bookman & Bookman, 2007; Horowitz & Rosensweig, 2007; Singh, 2013; Pan & Moreira, 2018; Stolley & Watson, 2012).

Some medical services in the home healthcare system can be out of reach because of price, availability or quality, an issue that triggers patients to search for them abroad. For example, according to some research, the expenses on medical services in India are one tenth of the cost in the US or the UK (Kaushik & Rustagi, 2020). So even after spending on flights and accommodation, the final cost can still be lower than in the domestic health care system (Bristow et al., 2011). With regards to availability, some healthcare systems fail to deliver medical services within a necessary period of time for patients and put them on a long waiting list (Chuang, Liu, Lu & Lee, 2014). In order to shorten waiting period that can be vital in some cases, patients consider travelling abroad to get necessary treatment. In addition to this, some medical procedures may not be carried out at all in the domestic health care system, so the option of traveling abroad for an unavailable complex operation or another type of intervention may be a sound alternative (Horowitz & Rosensweig, 2007). Despite the availability of needed treatment in the homeland, other patients can seek a better quality abroad (Connell, 2013).

Another reason behind the development of certain types of medical tourism lays partly in the particular features of some healthcare systems. For example, some services like dental treatment, cosmetic surgery or fertility treatments for couples are not covered by the medical insurance in some countries. As these procedures must be paid out of pocket, patients consider the treatment abroad, which can be cheaper depending on the destination. In addition, the legislation of some countries may

forbid certain procedures, such as euthanasia, abortion, stem-cell operations. These treatments may not be approved in these countries, but they can sometimes be vital for patients, so that they have to search for them abroad. In some cases, anonymity of treatment is a factor that prompts medical tourists to travel abroad. Thus, individuals may try to hide the procedure from relatives and friends, or to avoid legal repercussions when those types of medical interventions are not legal in the domestic healthcare system (Hanefeld, Lunt, Smith, & Horsfall, 2015; Peters & Sauer, 2011).

As for the demand related factors, the aging generation aims to stay active and look young as long as possible, so procedures for health improvement, cosmetic surgeries, etc., are gaining popularity (Hudson & Li, 2012). Moreover, higher standards of living with larger amounts of disposable income have also boosted the demand for better healthcare. Furthermore, the appearance of the Internet, booking systems, low-cost airlines, tourism intermediaries (facilitators) and the increased importance of foreign languages, especially English, have made travelling much easier (Connell, 2006a).

As for the second group, they include those factors that influence the patients' decisions concerning medical tourism services at the different stages. The decision-making process for medical tourism can be divided into two stages - the choice of the country and that of the medical facility (Perkumiene et al., 2019). These decisions are shown in Smith and Forgione's (2007) two-stage model (refer to Figure 3), which explains factors affecting the medical tourist's choice of facility and country.

According to this model, country specific characteristics, like economic conditions, political climate and regulatory standards, have an impact on the choice of medical tourism destination, while costs, including physician training, quality of care and accreditation, influence the choice of medical facility (Smith & Forgione, 2007). As

for the choice of medical tourism destination, medical tourists prefer travelling to safe countries, where the risks of terrorist attacks, revolutions and other types of threats to personal safety are minimal (Lee, Han & Lockyer, 2012; Singh, 2013; Tang & Lau, 2017). Moreover, during the destination selection process medical tourists pay attention to the low level of corruption, the existence of laws related to medical malpractice and protection of patients' rights and privacy (Smith & Forgione, 2007). The recent outbreak of the COVID-19 pandemic has affected the decision-making process of medical tourists as well (Miao, Im, Fu, Kim & Zhang, 2021). Nowadays the statistics on the number of people infected in the country, the necessity to provide negative PCR-test and to self-isolate upon arrival, comply with curfews and mask mode come to the fore among factors affecting the choice of the destination (Yu, Li, Yu, He & Zhou, 2021).

As per Figure 3, generally, once the destination is chosen, the medical tourist moves to the next stage in the decision-making process – the choice of a medical facility. Some factors affecting this particular decision include costs, accreditation, etc. Obtaining certificates from international accreditation organizations, such as Joint Commission International (JCI), the Trent International Accreditation Scheme, the Australian Council on Healthcare Standards (ACHS), increases the confidence of medical tourists in the quality of the facilities carrying medical procedures abroad (Bristow et al., 2011; Tattara, 2010). However, it is worth noting that in some cases, medical tourists, in addition to having accreditation, pay attention to the measures taken by the facility to prevent patients from contracting endemic infectious diseases like malaria, typhoid and others (Smith & Forgione, 2007). The physician training appears among other factors influencing the choice of the facility, so the ability of doctors to communicate with patients in their own language or in English, and the

availability of certificates of continuous professional development also increase the likelihood of choice by medical tourists (Peters & Sauer, 2011). In some cases, the expertise of a specialist in performing a certain procedure can be the main reason for choosing a destination and facility (Heung et al., 2010). Smith and Forgione (2007, p.19) suggest that “no one factor is dominant in the decision, but all play a crucial role in choosing healthcare on an international basis”.

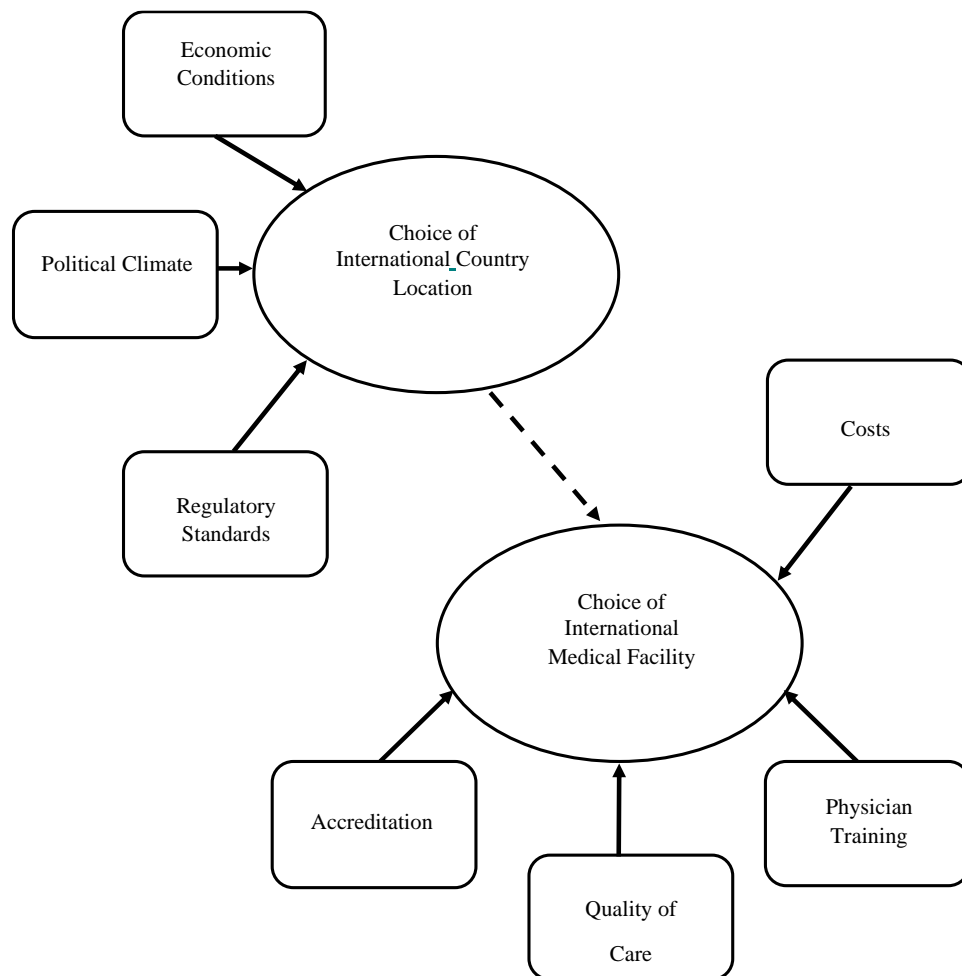


Figure 3. Medical tourism factors affecting choice of facility and country
Source: Smith and Forgione (2007)

Heung et al. (2010) take a more comprehensive approach and discuss factors that are instrumental in the development of medical tourism, both from the demand and the supply side. These authors propose a model (refer to Figure 4) that describes the phenomenon in a more comprehensive way (Heung et al., 2010). The demand

factors in the integrated model imply expectations of a patient, who may have specific needs that drive the decision to travel (Heung et al., 2010). Advertising and distribution channels facilitate the transition from the medical tourist's realization of the need for treatment to the beginning of the selection process of destination, facility and doctor.

Having developed further the demand side of the model, the authors (Heung et al., 2010) show how and what a medical tourist takes into account in the decision-making process. One of the peculiarities of this model is that it can be applied for medical tourists with different requirements. Indeed, the importance of these factors can differ from one medical tourist to another based on their personal needs. For example, for dental or cosmetic procedures the main factor in making a decision can be the cost, while medical tourists who are planning to undergo more serious medical interventions, like organ transplant, can prioritize the expertise of the operating doctor as a main factor (Heung et al., 2010).

As Heung et al. (2010)'s model shows, it is possible to identify the group of factors that determine the state of medical tourism at the destination and describe the supply side. These factors represent the current situation of medical tourism in the destination regarding infrastructure/superstructure, promotion, quality and communication. The supply part of the integrated model explains us how the requirements of international patients “interact with the activities of private, public, and governmental sectors of medical tourism destinations during the selection procedure” (Heung et al., 2010, p. 246). If the supply side of the medical tourism system - everything that is offered by the medical tourism destination - meets the needs and criteria of the medical tourist, then the person may decide to go to that destination. It is worth noting that the decision-making process of medical tourists is

also affected by the factors from the supply and demand domains that in turn interact with each other as well. In addition, there are functions other than those proposed in the model (as per Figure 4) that are performed by supply-side stakeholders. For instance, it is possible to define the roles of resources mobilization and policy setting carried out within the healthcare system as part of medical tourism (AMREF Better Health for Africa, n.d.; Donev, Kovacic & Laaser, 2013; Johnston et al., 2015; Medhekar, 2014). As for resources mobilization, it is important to understand how and by whom the medical tourism sector is funded and whether health insurance companies take part in this process.

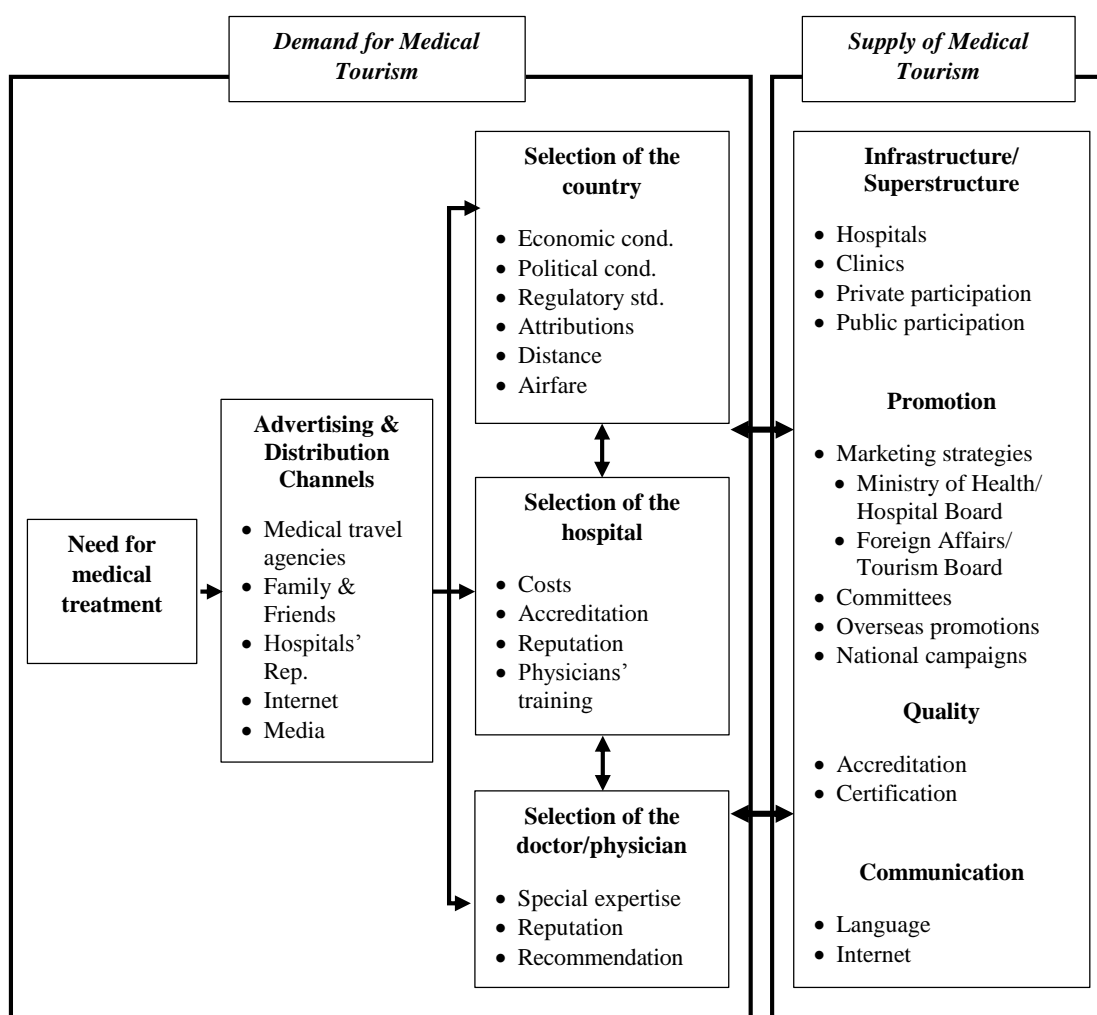


Figure 4. Supply and demand model of medical tourism
Source: Heung et al. (2010)

2.3 Impacts of medical tourism

Having turned into a separate industry, the impact of medical tourism on the country's economy, on the society and on the environment is becoming more evident. The positive impacts on the economic dimension are boiling down to the attraction of hard currency and the generation of revenue in the economy, along with increased employment opportunities (Tang & Nathan Abdullah, 2018). Generally, the development of medical tourism is also accompanied by an increase in investment in healthcare and improvement of infrastructure benefiting the local population as well (Johnston, Crooks, Snyder, & Kingsbury, 2010). At the same time, medical tourism may escalate prices of medical services making it less affordable for the local population (Chen & Flood, 2013; Turner, 2007). Another concern in this dimension is related to the allocation of public funds by some governments to the development and promotion of the medical tourism sector, which mainly benefits foreigners rather than citizens of a country (Johnston et al., 2010).

With regard to the social domain, there is a range of studies that demonstrate the positive contribution of medical tourism to the well-being of locals, through innovation, improvements in healthcare services and national standards aimed at meeting global requirements (Snyder, Crooks, Turner & Johnston, 2013; Suess, Baloglu & Busser, 2018). However, medical tourism is also not without disadvantages, as in many instances it also reduces the access of citizens to healthcare services, which leads in turn to social inequalities (Chen & Flood, 2013; Tattara, 2010). For example, it was revealed that some obligations from certain medical centers in India in terms of public-private partnerships were violated and that the necessary amount of services were not provided to low-income patients (Chen & Flood, 2013). However, it was not the only case where the promises

towards the locals were not kept by hospitals (Tattara, 2010). The issue of the “brain-drain” of medical workers is also relevant, as, on the one hand, medical tourism can reverse the migration trend and provide better jobs for doctors in their own countries (Jagyasi, 2010). But, conversely, it also encourages the outflow of specialists within a country from the public to the private sector, from rural to urban areas, altering the structure of the healthcare system (Wibulpolprasert, Pachanee, Pitayarangsarit & Hempisut, 2004).

As for the environment, generally the negative effects of medical tourism seem to prevail over the positive ones and are present mostly in terms of pressure on the local natural resources. For instance, among the main negative impacts are the consequences related to the development of the necessary infrastructure, which is associated with deforestation and biodiversity loss, and the hosting of medical tourists that contributes to increased waste, sewage and air pollution (Lubowiecki-Vikuk & Machnik, 2020). In addition, the destination can face an increased generation of medical waste (Lubowiecki-Vikuk & Machnik, 2020). Positive impact on the environment, in turn, mainly consists of measures aimed at minimizing the impact or combating the consequences of tourism activities via financing of environmental conservation and preservation, or through awareness-raising of existing problems (Sunlu, 2003). Whereas traveling for medical purposes is sometimes combined with tourism, medical tourism also has characteristics associated with the negative environmental impact of tourism activities. For example, the development of the industry is going side by side with the increase in traffic, which is considered the main source of greenhouse gas (GHG) emissions for tourism products (Hall & Lew, 2009). According to some estimates, approximately 5% of global GHG is assigned to tourism, of which 90% is accounted for by

transport (The World Counts, n.d.). Other environmental impacts of tourism can be noise and depletion of natural resources, such as water, food, energy, soil, forests, wildlife (Sunlu, 2003).

It is worth noting that medical tourism may also impact source countries. Indeed, there are some ethical concerns associated with medical tourism in relation to patients and source countries. For instance, patients might face discontinuity of care (Lovelock, Lovelock & Lyons, 2018; Morrow, 2010, as cited in Snyder, Crooks, Johnston & Kingsbury, 2013), while the source country will need to deal with the consequences of an unsuccessful operation. What is more, a two-tier medical system can be created in the source country (Turner, 2007), where the basic medical services are provided by the government, but better quality, shorter waiting times must be paid out of pocket.

2.4 Stakeholders in medical tourism

Byrd (2007) argues that stakeholder engagement is the key to sustainable tourism development. According to Freeman's definition (1984, p. 46), stakeholders are considered to refer to "any group or individual who can affect or is affected by the achievement of the organization's objective". Amid globalization, the interdependence between different stakeholders has increased and led to more complex relationships (Ferrer & Medhekar, 2012). Depending on the power and importance of stakeholders, they can be classified as primary and secondary, and should be taken into account during the planning process, including that of medical tourism (Jabbari, Ferdosi, Keyvanara & Agharahimi, 2013). In order to enable the development of medical tourism, the relationships between stakeholders should be based upon "collaboration, coordination, information sharing and integration"

(Fernando & Khei, 2015, p. 39). To date various stakeholder models have been created in the literature stating that interested parties in medical tourism consist of medical tourists, healthcare and tourism providers, hotels, travel agents, transportation, government agencies, accreditation authorities, marketing companies and others (Jabbari et al., 2013; Kamassi, Manaf & Omar, 2020; Tham, 2018; Thayarnsin & Douglas, 2016). Some models partially coincide with the stakeholder grouping approach from other areas of tourism, which assort stakeholders under five categories, such as demand, supply, facilitators, enablers and government (Global Steering Group for Impact Investment, 2018).

The demand side is represented by medical tourists, who are travelling abroad for medical treatment purposes. Their main types, motivations are discussed in the sections 2.1 and 2.2 of this study respectively. Understanding the needs, expectations of the medical tourists and the factors influencing the decision-making process is necessary to assess future tourist flows and the readiness of the destination to host them.

The supply domain consists of primary providers of healthcare and other services, such as hospitals, clinics, medical hotels (Han, 2013). In recent decades, some hospitals have converted into luxury hotels in order to improve the experience of their patients (Bennie, 2014, as cited in Kamassi, Manaf & Omar, 2020). To date hospital chains serving medical tourists have appeared like Apollo, The Thumbay and others. Apart from the provision of healthcare services, hospitals are contributing to the promotion of medical tourism through their websites (Moghavvemi et al., 2017).

Facilitators imply stakeholders that assist the connection between the supply and demand side (Yusof & Rosnan, 2020). It is worth noting that some authors name

facilitators as intermediaries in the literature (Medhekar, 2019, as cited in Yusof & Rosnan, 2020). One of the crucial roles is played by medical travel agencies, who provide medical tourists with the necessary information for a trip, such as suitable destinations, hospitals, doctors that are available for a certain treatment, costs, risks, potential problems, etc. (Weis, Sirard & Palmieri, 2017). The spectrum of services may differ, but among the main ones are considered to be the arrangements with regard to accommodation, tickets, visa, insurance, visiting tourist sights, follow-up appointments with specialists in the source country, transfer and translation of medical records (Cormany & Baloglu, 2011). Nonetheless given that some medical tourists are visiting hospitals a couple of times, they may prefer to do arrangements by themselves without the help of agents (Yusof & Rosnan, 2020). The facilitator stakeholder group can also include hotels, transportation, translation and insurance companies, legal services offices and tourist attractions providers that are part of the core supply chain and contribute to the provision of a medical tourism product (Karadayi-Usta & Serdar Asan, 2020).

As for enablers, their main role is to support the medical tourism ecosystem. The support can be provided through the provision of education (medical universities and colleges), finance (investors), necessary equipment and medicine (vendors), promotion (marketing agencies) (Chakraborty & Poddar, 2020; Johnston, Crooks, Snyder & Whitmore, 2015). In addition to it, accreditation and certification authorities contribute to the fostering of the medical tourism ecosystem by assuring that a medical facility meets established quality and safety standards, which in turn helps healthcare providers to differentiate themselves from others in a competitive market and attract more medical tourists (Bookman & Bookman, 2007; Kamassi et al., 2020). This group of stakeholders is also comprised of health tourism

associations, unions that facilitate communication between different stakeholders, etc. (Johnston et al., 2015).

And last but not least is the government's domain. The government may affect all other stakeholders through the adoption of relevant policies and the establishment of organizations in the area of promotion and development of the medical tourism sector (Johnston et al., 2015). Among the main policies that can be introduced are simplified visa regimes, exemptions from certain taxes and import duties, subsidies, introduction of requirements for obtaining accreditation certificates, etc. (Johnston et al., 2015).

2.5 Medical tourism in Belarus

Belarus is situated in Eastern Europe and borders countries such as Russia, Ukraine, Poland, Lithuania and Latvia. The population of the country is about 9.4 million and has been declining in recent years due to low birth rates and migration. Belarus is a former country of the Union of Soviet Socialist Republics (USSR) and currently cooperates closely with the Commonwealth of Independent States (CIS) countries and China.

Belarus belongs to the group of countries with socialized medicine, which is included within the universal healthcare system type (MasterClass, 2020). In the Belarusian context, the universal healthcare system implies that medical services are available and provided for free for each citizen of the country whenever they appeal to the public medical facility at their place of residence (Richardson, Malakhova, Novik & Famenka, 2013). The healthcare system is also characterized by the fact that medical services are mainly provided at state-owned facilities and the system is mostly funded through taxes from companies. It is worth noting that there is no

compulsory health insurance in the country and voluntary health insurance is not a widespread phenomenon (Richardson et al., 2013).

With regard to medical tourism, its development in Belarus began relatively recently. The interest from CIS countries for recreational resources at Belarusian sanatoriums at the beginning of 21st century also spread to medical services approximately in 2007-2008 (National Council of Medical Tourism, 2019). The pioneers in the export of medical services were dental centers that successfully started to attract patients from Russia offering them quality services at more affordable prices (Nedveckij, 2015). Later on, other stakeholders appeared in the ecosystem of medical tourism in Belarus, such as the first non-governmental medical tourism tour operator, MedTravelBelarus, that was established in 2010 and has already provided services to more than 5000 foreign patients (MedTravelBelarus, 2021). Afterwards, the governmental tour operator, Clinics of Belarus, was created to provide an information database of available services in the country (Clinics of Belarus, 2021). Also, for some period, the International Medical Tourism Coordination Center promoting Belarusian medical services in the international market and the medical services export department functioned at the Belarusian Medical Academy of Postgraduate Education, which were later disbanded (Gerasimenko, Shpakovskaya, Romanova & Shchhaveleva, 2017).

Nowadays the country's competitive advantages in the world market of medical services include its convenient geographical location and proximity to the European market, a temperate climate that does not require an acclimatization period, reasonable prices and professionalism of doctors (Dovnar & Kovrei, 2018b; Milashevich, 2018a). At the moment, the main types of interventions within medical tourism in Belarus are considered to be as follows: “oncology, dentistry, plastic

surgery, in vitro fertilization, rehabilitation, speleotherapy, cardiology, radiation medicine” (Milashevich, 2018b p. 435). More than 90% of medical tourism services are delivered to CIS countries, such as Russia, which accounts for more than half of the volume, Ukraine and Kazakhstan (Milashevich, 2018a; President of the Republic of Belarus, 2021). In addition to patients from the CIS countries, Belarusian medical services are also offered to individuals from other regions. Thus, for example, in 2019 alone, medical services were provided to more than “160 thousand foreigners from 130 countries, including Israel, Libya, China, Armenia, the USA, Japan, Germany, and other ones” (President of the Republic of Belarus, 2021). Table 1 below demonstrates that the export of medical services is constantly growing in Belarus, peaking in 2019 at US\$47.6 million with its following drop down to US\$33.4 amid the coronavirus pandemic.

Table 1. Export of Medical Services in Belarus in Million Dollars

Year	2015	2016	2017	2018	2019	2020
Export of medical services	33.2	35.2	37.4	43.1	47.6	33.4

Source: National Statistical Committee of the Republic of Belarus (2021)

It is important to note the peculiarities of the healthcare system that can be also significant for the medical tourists. For instance, Belarus stands out in the CIS and the EU regions for its huge infrastructure capacity. In particular, the country is ahead of others in terms of the indicator “beds per capita” (Richardson et al., 2013). Nowadays there are more than 150 medical centers just in Minsk, where the largest activity in the field of medical tourism is concentrated (Mechkovskaya, 2012). Moreover, Belarus occupies high positions in the international medical rankings. For example, it is 8th in the world according to the results of treatment of acute lymphoblastic leukemia in children and it is included in the top-50 in the world on

pregnancy support and organization of childbirth (Kalistratov, Kulpanovich & Schaveleva, 2018). In addition, Belarus is among the top-10 most developed transplant countries in the world with 52 operations per 1 million people, which is 5 times more than in Russia and even more than in Poland and Germany (Minsk news, 2019). In 2018, a Presidential Decree came into force declaring visa-free regime for 74 countries up to 30 days for those tourists coming through the National airport, a move that is supposed to foster the tourism industry in Belarus (Ministry of Foreign Affairs of the Republic of Belarus, 2018). However, some specialists claim that this period may not be enough for complex procedures and that it makes sense to introduce medical visas that would solve this issue and contribute to the patients' statistics (Khmelnitskaya & Padera, 2020). In view of the outbreak of the pandemic and travel difficulties, many governments all around the world have put an effort to digitalize the healthcare system and to increase the number of telehealth consultations, which with regard to Belarus is still at the nascent stage (Medical Tourism Magazine, 2020).

However, it is worth noting that in Belarus there is no hospital liability insurance that would cover medical errors or omissions caused for patients, nor any independent organization that would protect the rights of patients (Richardson et al., 2013.). As of the end of 2021 none of the Belarusian healthcare facilities has international accreditation, an issue that in turn hinders the conclusion of agreements with international insurance companies (Kulpanovich & Kalistratov, 2017). Among other factors that may impede the development of this sector in Belarus is the lack of bonuses and motivation for doctors to learn foreign languages, which may also limit the access to other markets (Dovnar & Kovrei, 2018c). Hence, there is no database that includes doctors who speak foreign languages.

Thus, this study is of high importance since the Belarusian government plans to increase the export of medical services in the nearest future (Council of Ministers of the Republic of Belarus, 2021; Interdepartmental Expert and Coordinating Council for Tourism under the Council of Ministers of the Republic of Belarus, 2020). To develop medical tourism sustainably, an assessment of the medical tourism ecosystem and its compliance with the principles of sustainability is necessary, which are the topics that will be investigated in this study. Thereby, this research will provide timely information and recommendations for the sustainable development of this sector in Belarus.

CHAPTER 3

RESEARCH QUESTIONS AND CONCEPTUAL MODEL

3.1 Research questions

The research questions can be formulated as follows:

- 1) What are the characteristics of medical tourism in the universal healthcare system, in the particular case of Belarus from the point of view of supplier stakeholders?
- 2) According to the information received from the stakeholders, is medical tourism developing in Belarus in a sustainable way?

3.2 Conceptual model

The conceptual model to guide the data collection was derived from the literature and can be seen in Figure 5 below. This model has two parts: supply of medical tourism and sustainable medical tourism destination. The model's left part is based on the literature on factors affecting medical tourism and aims to describe the current state of the industry. The right part in its turn is retrieved from the literature dedicated to the impacts of medical tourism on a destination and outlines the characteristics of a sustainable medical tourist destination along three dimensions – economic, social and environmental.

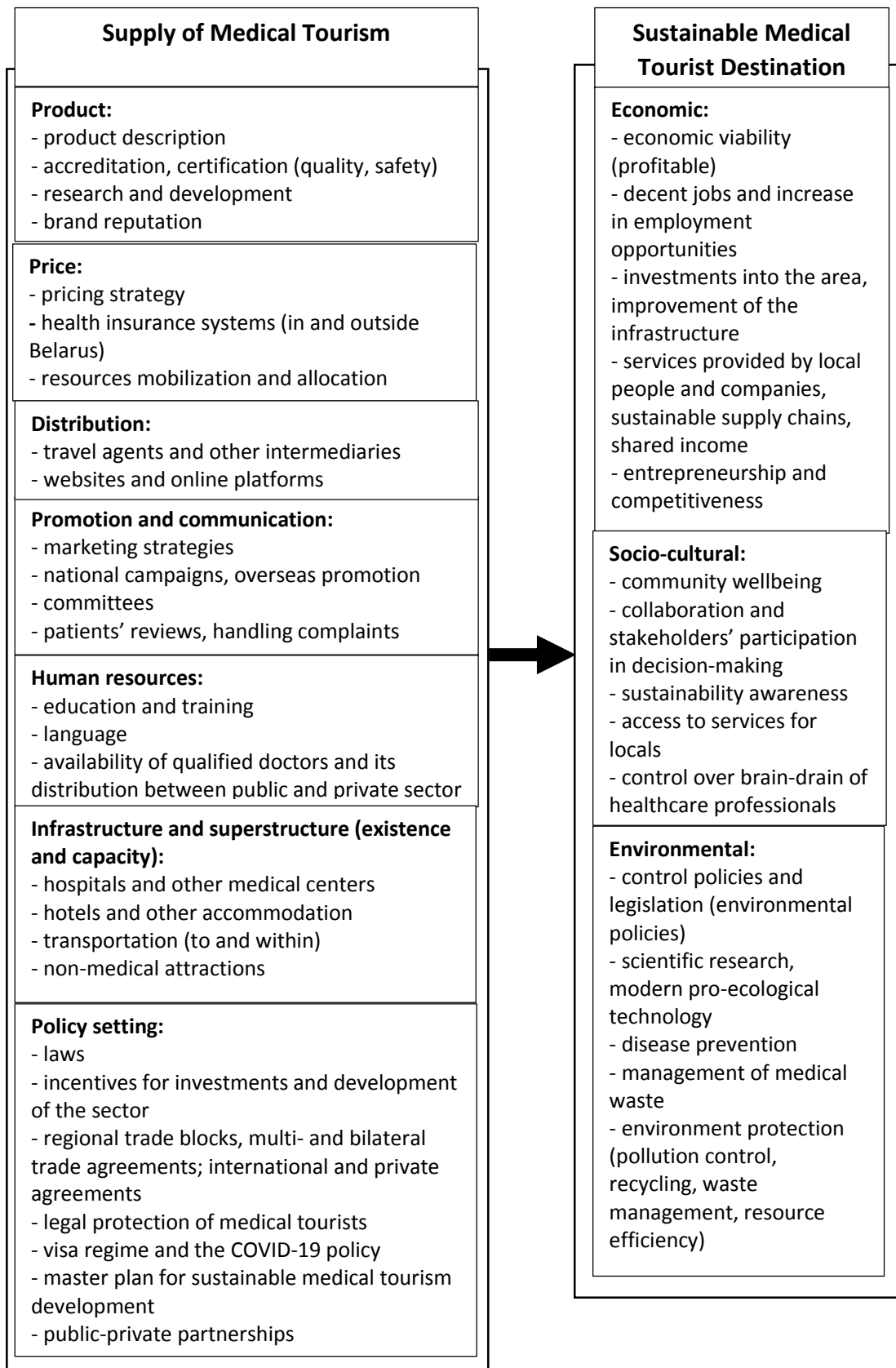


Figure 5. Conceptual model of sustainable medical tourism destination

CHAPTER 4

METHODOLOGY

4.1 Research design, sampling methodology and data collection

For the purposes of the study the qualitative research method is applied. This research method strives to increase the understanding of the topic at hand, generally relies on non-numerical data and results are not obtained by quantification (Strauss & Corbin, 1990, as cited in Heung et al., 2011). Taking into account that research questions are designed to describe and explain some issues within medical tourism, the qualitative approach is the one that is thought most appropriate for these purposes. The rationale for using exploratory qualitative research is that the topic of sustainable medical tourism destinations is not fully investigated and requires a better understanding of the main aspects of this phenomenon, especially as related to the specific context of Belarus.

The data was collected through in-depth semi-structured interviews with main stakeholders that were selected by using expert or judgmental sampling within the non-probability sampling method. In addition to it, snowball sampling method for candidates' selection was applied by asking each interviewee to suggest stakeholders that in their opinion are involved in medical tourism activities. As a result, the most frequently mentioned stakeholders were contacted for further interviews. The interview guideline can be found in the Appendix A. Based on the literature review, the main stakeholders of medical tourism are identified and shown in Figure 6. This categorization of stakeholders was used to determine the choice of candidates for the interviews. The list of interviewees is summarized in the Table 2. However, the study only addresses the supply side of medical tourism, so medical tourists were not

included in the research and they were not interviewed. Moreover, since the scale of medical tourism is limited in Belarus, the interviews with local community were not carried out because of the difficulties to identify individuals affected by this sector. Among other limitations worth mentioning is the specificity of each field in medicine. For example, when speaking with an interviewee, it is necessary to understand that a person can explain what is happening in his/her field, and it would not be correct to extrapolate this data to the entire industry. Due to the large number of different areas of medicine, it was not possible to communicate with all the specialists in order to get a complete picture. So interviews were conducted with institutions that provide medical services most in demand among medical tourists.

Before proceeding with the interview schedule, the available information from secondary sources was thoroughly studied to identify interviewees and to get a better understanding of the organization he/she represents. Such information includes the organization's websites and social media, articles in local newspapers and magazines, previous video and print interviews, scientific publications of interviewees. This stage of preparation for the interview allowed for a better knowledge of future interlocutors, while necessary adjustments to the list of questions for the interview were also made. Potential interviewees were contacted via phone or email and were offered options to meet in person during the researcher's stay in Belarus (3 weeks) or by phone/video call at the most convenient time. Due to the fact that some participants were on holiday during the researcher's stay in Belarus, some interviews were conducted online. All organizations represented by the interviewees are located in Minsk.

A total of 20 interviews were conducted in two stages between June 2021 and January 2022. Among them, 9 interviews were conducted face-to-face, 4 via video

call, 6 via phone call and 1 interview was received via email with written responses. During the first round of interviews from June to August 2021, 16 interviews were conducted. After the completion of the first stage and the beginning of the analysis of the interview data, some areas were identified that could enrich the study. Thus, in the period December 2021-January 2022, the second stage of interviews took place, as a result of which 4 interviews were held. All interviews at both stages were conducted in Russian by the researcher, a native Russian speaker.

The interviewees were asked to fill a consent form prior to the interview, where the description of the study was provided along with a question related to the recording of the interview. If consent was obtained from the interviewee, the interview was recorded; otherwise, written notes were taken. Subsequently, all information obtained during the interview was transcribed. The total time spent on interviews is 851 minutes, with the average time per interview being 45 minutes.

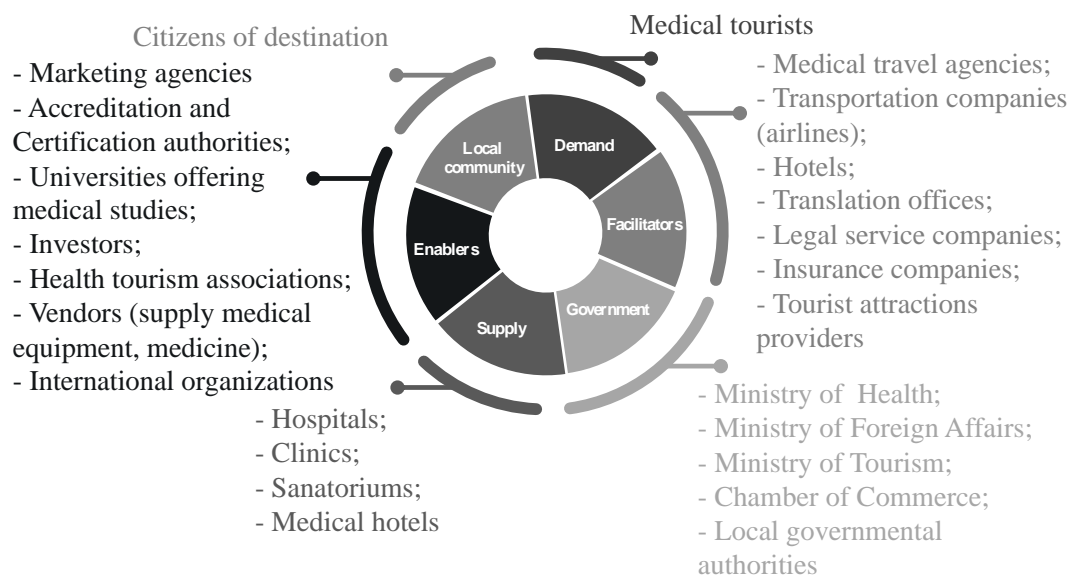


Figure 6. The conceptual model of stakeholders in medical tourism
Source: Own elaboration

Table 2. List of Interviewees

Participant number	Description of organization
1	Medical tour operator A – Private company, Director
2	Medical tour operator B – Private company, Head of Medical Tourism Department
3	Medical tour operator C – Private company, Director
4	Governmental body A – Health related, Deputy Head of Department
5	Governmental body B – Health related, Vice-chairman
6	Governmental body C – Tourism related, Deputy Director - Head of Marketing Department
7	Governmental body D – Marketing related, Marketing Specialist
8	Public hospital A – Doctor, Head of Department
9	Public hospital B – Doctor, Head of Department
10	Public hospital C - Specialist accompanying medical tourists
11	Public hospital D – Doctor, Head of Department
12	Public-private hospital – Head of Information and Communication Department
13	Private hospital A – Doctor, Deputy Director
14	Private hospital B – Doctor, Director
15	Private hospital C – Deputy Director of Medical Center
16	Private hospital D – Doctor, Director
17	Insurance company A – Head of Department
18	Insurance company B - Specialist
19	Insurance assistance company - Specialist
20	Public university – Ph. D. Candidate in Economic Sciences and expert in medical tourism

4.2 Analysis of the data

Descriptive qualitative approaches such as thematic analysis and content analysis were applied for the examination of the interview data. Despite the fact that these two approaches have much in common, at the same time there are some differences that should be noted (Vaismoradi, Turunen & Bondas, 2013). To start with, one of the widely accepted and simple definitions of content analysis is as follows: “a research technique for the objective, systematic, and quantitative description of the manifest content of communication” (Berelson, 1952, p. 18, as cited in Neuendorf, 2002). Content analysis is a method to derive conclusions from the data that uses a

set of procedures like information coding, themes identification and quantification of its occurrence, categories establishment with further distribution of themes among them and reporting (Joffe & Yardley, 2004; Vaismoradi et al., 2013; Weber, 1990, p. 9). By counting the frequency of themes significant and important issues can be identified across the data (Morgan, 1993). However, it is worth noting that one of the limitations of this approach is that it misses the context and may neglect some themes that may be of significant importance despite low frequency (Joffe & Yardley, 2004). Therefore, it is necessary during the analysis to take into account not only the quantitative component, but also to understand and describe the meaning of themes in context using thematic analysis. Thematic analysis in its turn implies “identifying, analyzing, and interpreting” themes from qualitative data (Clarke & Braun, 2017, p. 297). Both content and thematic analysis are considered to be the most widely used approaches for studies exploring phenomena in little or no research areas (Vaismoradi et al., 2013). So thematic analysis lets to complement the list of issues encountered in the research through content analysis with more detailed and descriptive data (Braun & Clarke, 2006). It is also worth mentioning the peculiarities of data that have manifest and latent aspects. So while just explicit and obvious information is taken into account when the researcher analyzes manifest content, in the case of latent content the researcher is required to explain the underlying meaning (Joffe & Yardley, 2004).

During the first step of the analysis, the interview data was transcribed and coded using first deductive coding and then inductive coding. Once coding was completed irrelevant information was eliminated. Further, the list of thematic codes was prepared and further grouped into themes and subthemes. Before the final list of themes was compiled, they went through a series of modifications. At the next stage

of the analysis, a list of categories was created with the subsequent assignment of themes to the relevant categories. During the assignment process some of the categories were merged, split or renamed to make the themes fit in it logically. As a result of the content analysis, the list of 225 themes with their frequencies was prepared, which can be found in Appendix B. The five most frequently mentioned themes by interviewees were as follows: prices are lower for medical interventions; medical tourists come because of the professionalism of doctors; medical tourism will not limit the access to medical services for Belarusians; country of origin of medical tourists; medical interventions for which medical tourists come to Belarus.

Themes derived from the analysis can be grouped into the following categories ordered by the sum of theme frequency in each category: (1) competitiveness factors for medical tourism in Belarus; (2) strategy, marketing and promotion; (3) the situation and context in Belarus; (4) collaboration and stakeholders; (5) sustainability and sustainable development; (6) medical tourism processes and stages; (7) accreditation, certification and licensing; (8) financial, budgetary and investment related issues; (9) human resources: supply, education and incentives; (10) rules and legal framework for medical tourism; (11) distribution channels and intermediaries; (12) public versus private medical tourism in Belarus; (13) impacts of medical tourism; (14) the development of healthcare system and medical tourism in Belarus over time; (15) infrastructure and superstructure; (16) insurance related issues; (17) language and communication; (18) impact of the pandemic on medical tourism; (19) branding, image and reputation; (20) tourism activities and leisure; (21) quality, level of service and satisfaction/dissatisfaction (Appendix C).

Once the researcher and thesis advisor came to an agreement on the themes' categorization, two independent judges were asked to assign 225 themes to 21 categories. Judges didn't go through any training prior to the assignment of the themes, but they were provided with brief description of the categories. The list of themes in English was offered to a Turkish citizen working in the financial sector and a Belarusian citizen with a background in tourism. Both judges are not experts in the field of medical tourism and were not previously involved in the study.

According to the results received from the judges, 147 themes out of 225 coincided with the categorization proposed by the author. In order to assert that the proposed categorization is significant and reliable two statistical tests were conducted. The purpose of the first test is to verify that the categorization results obtained from judges are not a coincidence. To do this, the z-score is calculated using the formula proposed by Zimmer and Golden (1988).

$$z = \frac{k - E}{\sqrt{np(1 - p)}}$$

n: total number of themes

k: number of matching themes

E: total number of themes / number of categories

p: 1 / number of categories

$$z = \frac{147 - \frac{225}{21}}{\sqrt{225 \frac{1}{21} (1 - \frac{1}{21})}} = 42.66$$

According to the formula, the z-score is equal to 42.66. For the purposes of this study, an alpha (significance level) of 0.01 is used, which is considered one of the common levels in the literature and implies a probability of error of 1% when the null hypothesis is true (Riffenburgh, 2012). The critical z-value for the alpha of 0.01

is equal to 2.33. Since the z-score of 42.66 exceeds the critical z-value of 2.33, the result is considered to be significant, and not due to chance.

With regard to the reliability of the proposed categorization, the formula offered by Perreault and Leigh (1989) was applied. The formula is suitable for measuring reliability of the results in the studies involving independent judges and provides with the opportunity to compare judges' results with an established standard. This formula has also the advantage of taking into consideration the number of categories and themes, since it is more difficult to obtain agreement when this number is higher. This interjudge reliability formula is determined by calculating the level of agreement between the judges.

$$R = \sqrt{\left[\left(\frac{F}{N}\right) - \left(\frac{1}{k}\right)\right] \left[\frac{k}{(k-1)}\right]}$$

R: Reliability

F: number of agreed themes

N: total number of themes

k: number of categories

$$R = \sqrt{\left[\left(\frac{147}{225}\right) - \left(\frac{1}{21}\right)\right] \left[\frac{21}{(21-1)}\right]} = 0.8$$

The issue of an acceptable level of reliability is controversial in the literature, however, many scientists agree on a value greater than 0.8 to consider the analysis reliable (Neuendorf, 2002). For some type of studies, such as exploratory, the threshold value may even be 0.7 (Perreault & Leigh, 1989). Given that this research has exploratory character and the interjudge reliability value equals 0.8 the analysis is found to be reliable. This means that the judges mostly agree on the categorization of the different themes, reducing the level of subjectivity of the analysis.

CHAPTER 5

FINDINGS AND DISCUSSION

5.1 General context and development of medical tourism in Belarus

Many stakeholders during the interviews noted the influence of the past in the USSR on the current situation in different areas; however, opinions are divided as to the nature of the influence. For example, one of the interviewees spoke positively about the preservation of the foundations of Soviet medicine, thanks to which medical care for the citizens of the country is provided nowadays in a timely manner and free of charge (P13). Others, on the contrary, noted some negative aspects, the roots of which go back to the past in the USSR, such as the poorly changed systems of healthcare organization and personnel training (P11), peculiarities in marketing and level of service (P2). Having inherited and preserved the foundations of a socially-oriented healthcare system, Belarus also carried out a number of reforms in this area, which gave a good impetus to the development of medical tourism.

Many interviewees noted that the healthcare system in Belarus was modernized since the collapse of the USSR by saying: “Modernization of the healthcare system after the collapse of the Soviet Union” (P1), “development of the healthcare system” (P8), “healthcare is evolving” (P13). Belarus has chosen its own path in the development of medical tourism and the healthcare system, which is somewhat different from the countries of the former USSR. As for medical tourism, there are several stages of its development that differ from each other. The starting point for medical tourism in Belarus can be traced back to the year 2008, when the state saw the potential in this area and began supporting its development more actively. It was during this period that the order of the Ministry of Health dated July

16, 2010 (No. 752 "On organizing the export of medical services") was issued. In it a number of measures were written to promote the development of medical tourism. However, before 2008 foreign citizens also came to Belarus for medical services, although medical tourism as an established industry can be seen only after 2008. Thus, the first stage in the development of medical tourism lasted until 2014, which also coincides with the flourishing of dental tourism. The economic crisis in Russia in 2014 weakened the Russian ruble and reduced the solvency of Russian citizens, who made up the majority of foreign patients in Belarus. Naturally, these events have reduced the flow of medical tourists from Russia, for whom Belarusian prices were no longer considered cheap. As P14 states: "The flow for dental services has decreased dramatically, unimaginably. Now, probably, 10-15% of what was before 2014 is left."

The second stage covers the period from 2014 to 2020. This stage is characterized by an annual increase in the volume of medical tourism. In general, many stakeholders agree that Belarus made a big leap during this period, despite the fact that very little time had passed since the beginning of development of medical tourism. As P4 states: "We have examples of medical facilities where medical tourism is already yielding positive results, and this despite the fact that our export potential has begun to develop recently. What is five years? It's nothing." Another respondent, P12, also suggests that "Belarus has made a big leap forward, a colossal step for seven years." Such a fast pace can be noted as a feature of the Belarusian path, in contrast to other countries that took much longer to establish this sector and increase the export of medical services to equivalent volumes. The third stage continues to this day and can be counted from the beginning of the pandemic that broke out in 2020. Many interviewees have shared their observations regarding the

decreased flow of medical tourists due to the pandemic and highlighted the trend of medical tourism recovery since the summer of 2021. It was pointed out by P9, P10 and P12 that in Belarus, the demand for life-saving medical interventions among foreign patients has remained approximately the same as before the pandemic, while non-essential types of medical interventions have become less in demand. From the very beginning of the pandemic, Belarus did not take strict restrictive measures both within the country and regarding travel, for which it was first strongly criticized. However, while some countries were almost impossible to get to due to restrictions, Belarus remained open, which was also an advantage in becoming a country of choice for medical travel. As P10 says: “Many patients could come to us during a pandemic. For example, they could not get to Europe, but they could get to us.”

The year 2020 is connected not only with the pandemic for Belarus, but also with the outbreak of the political crisis, which affected the opportunities to travel. One of the important events related to the tourism sector was the introduction by the European Union (EU) of a ban on the use of airspace and airports for Belarusian airlines and the termination of the flight program to Belarus. While previous land border crossing restrictions introduced by Belarusian authorities could be circumvented by air travel, the 2020 EU ban on air travel has led to a significant lengthening of the route and an increase in travel costs for travelers. The aforementioned restrictions on crossing the land border were lifted in April 2022. For instance, P9 and P11 attributed these restrictions to a decrease in the flow from Ukraine, a country that is one of the main suppliers of medical tourists to Belarus. Despite the difficulties with traveling from certain countries, some medical tourists from there still preferred to be treated in Belarus. The state, in turn, fixed at the

legislative level the norms that facilitate the movement of medical tourists; for example, self-isolation requirements did not apply to this category of tourists.

In order to better understand the phenomenon of medical tourism in Belarus, it is also necessary to pay attention to the conditions in which it develops. Belarus is a country dominated by the public sector, which in turn is manifested in medical tourism as well. According to the unpublished raw data provided by the Ministry of Health that is presented in Table 2, it can be seen that a large share of the export of medical services is accounted for by state organizations. Such a large gap can also be explained by the fact that public medical facilities provide types of medical interventions with higher profit margins compared to private ones. For example, a quarter of the export of medical services in 2021 - \$10 million - falls on the state hospital Minsk Scientific and Practical Center (MSPC) for Surgery, Transplantology and Hematology. The export of medical services in 2021 increased by 20% compared to 2020 and amounted to more than \$40 million (Primepress, 2022). Given that we are seeing an annual increase in the export of medical services, it should be understood that by and large this is due to the aforementioned center, while the general situation in medical tourism may even worsen. It is worth noting that in recent years the number of private medical centers has begun to grow. However, most private clinics are small businesses, while there are no large chain medical centers on the market. One of the features of the healthcare system in Belarus is that private clinics are unevenly distributed throughout the country, and most of them are in the capital of the country – Minsk (BIK Ratings, 2021). In addition, all advanced medicine is concentrated in this city, which makes Minsk an attractive destination for medical tourists. In particular, such type of hospitals that are named as Republican Scientific and Practical Centers (RSPC), which are the most advanced in the field of

medicine in the country, are in demand among medical tourists. As for other destinations, there is a flow of foreigners for medical services to border cities like Brest, Grodno.

Table 3. Export of Medical Services by State and Non-state Organizations in Belarus in Million Dollars (excluding educational and other business services)

Year	2016	2017	2018	2019	2020	2021 (January-September)
State organizations	31.5	32.6	36.3	39.6	29.4	26.9
Non-state organizations	3.8	4.9	6.8	8.0	4.0	4.0
Total	35.2	37.5	43.1	47.6	33.4	30.9

Source: Ministry of Health (2021)

Among the most mentioned characteristics during the interviews that are inherent in the management system in Belarus is planning. So, for example, many state institutions receive plans from higher authorities for the export of medical services, profits, the implementation of which is strictly controlled. Planning also consists in calculating future demand and determining the required number of beds. With regard to control and monitoring, as per P4's remarks, "government officials can also carry out inspections in hospitals under the guise of a foreign patient by phone call or personal visit to check the organization's performance against established requirements and standards.

P2, P14 and P16 mentioned the bureaucracy, which slows down many processes, especially in state structures. In Belarus, there is also a problem of corruption in the healthcare system, which the state is actively trying to combat.

5.2 Competitiveness factors for medical tourism in Belarus

The emergence of medical tourism as a phenomenon that, in its essence, occurred due to the presence of greater competitive advantages in some countries as compared

to others. Therefore, it is highly important to understand the reasons that drive medical tourists to visit Belarus.

To start with, the vast majority of stakeholders agree that medical tourism in Belarus is competitive. Among the most frequently cited reasons for visiting Belarus by medical tourists are lower prices and the professionalism of doctors. Continuing the topic of human resources as an attracting factor, interviewees mention the good attitude of doctors towards patients and high quality of medical care. Many medical tourists seek treatment abroad due to a lack of trust in doctors in their healthcare system. Partially, the origins of this problem lie in the information asymmetry between the doctor and the patients, which puts the latter in a vulnerable position due to their inability to assess his state of health and the amount of treatment needed (Ziganshina & Voskolovich, 2018). Feeling that “no one is interested in their health, but only in their wallet” (P13), medical tourists satisfy their need by encountering a human approach from doctors in Belarus. In the literature on medical tourism, the patient’s desire to be treated by a doctor who does not strive to fulfill the profit plan, thereby prescribing unnecessary expensive medical tests, is not mentioned among the reasons for seeking treatment abroad.

Among medical tourists, there are also those who travel for high-tech medical interventions, equipment or advanced unique techniques in the field of transplantation, oncology, surgery and others. P3 and P4 mention that Belarusian authorities are developing these aspects of medical tourism actively in recent years. The superiority in many parameters over the CIS countries, and the fact that unavailable operations in some post-Soviet countries are performed in Belarus, contribute to the formation of certain flows from such countries. So, for example, on the territory of Belarus, there is a leading oncological center in the post-Soviet space

that hosts one of the unique devices for diagnostics, gamma knife and laboratory capable of determining the treatment that will be most effective for a particular person with an oncology-related disease. Moreover, according to P3, at the moment Belarus is at the stage of introducing a method for diagnosing 60 types of cancer via one blood test. In the event of a positive test result, indicating the presence of a tumor in the body, the patient is sent for further diagnostics for its localization. According to some estimates, the cost of this test may be about \$40-50, while according to preliminary data, the accuracy of the test is 99.7% (Belta, 2022). The merits of this center are recognized not only by the CIS countries, but also by the world community, as evidenced by the flow of many patients from far abroad. Another such leader in high-tech medicine is the center for transplantation, which is among the largest in Eastern Europe and which performs unique world-class operations. Also, one of the reasons why medical tourists come to Belarus is the relatively shorter waiting lists, which in some cases is vital.

In general, the quality of materials and equipment in hospitals across the country meets international standards. However, P9 admits that even more modern equipment exists in other parts of the world, saying that “as for equipment, we are not ahead of everyone, unfortunately.”

When considering medical tourism in Belarus, it is important to be aware of the country’s international reputation in this field. At the moment, according to P1, there is no identical competitor in the field of medical tourism for Belarus. There are countries that compete in certain areas, such as Ukraine in dentistry, Turkey and Slovakia.

As part of the topic of competitiveness, it is necessary to highlight which areas of medicine and procedures are in demand among medical tourists in Belarus.

Among the interviewed stakeholders, transplantology, dentistry and oncology were most frequently mentioned. When it comes to transplantation, in Belarus doctors specialize and most often perform kidney transplants. In addition, Belarusian specialists are considered experts in other transplant procedures and often teach their foreign colleagues these high-tech medical interventions. As for dentistry, the most frequently requested are implantation, prosthetics or aesthetic, which are very competitive in terms of price-quality. While in recent years the prices for dental services have become more or less similar to those in Russia, where the main flow comes from, still medical tourists may come to Belarus for quality.

In Russia, patients may encounter dental offices without a license, which open for a couple of months, set prices half the market price, use cheap equipment, materials, place thousands of implants and disappear after a while. Many Russians come for treatment, knowing that this kind of thing is impossible in Belarus. (P14)

With regard to oncology, the RSPC N. N. Alexandrov National Cancer Centre of Belarus and the MSPC for Surgery, Transplantology and Hematology were frequently mentioned in the interviews when it came to the discussion of centers that most interact with medical tourists. Belarus demonstrates good results in terms of quality of treatment and survival in the field of oncology. According to P3, unlike European countries, diagnosis and treatment of cancer is possible in one place, which is an advantage for medical tourists. The experts draw attention to the fact that some foreign patients come to Belarus just for the sake of diagnostics (P3, P15).

In Belarus, there is also a demand for various types of surgical interventions, such as plastic, cardiac, bariatric, neuro-, hip and knee joint replacement surgeries. There are also those who come for assisted reproductive technologies. Check-up programs, the cost of which is relatively lower, should also be mentioned. Foreigners who are coming for dental treatment, plastic surgery or just holiday in a sanatorium,

often resort to the proposed check-up programs. Recently, various clinics and sanatoriums have also begun to offer programs for rehabilitation after a Covid-19 infection. Another new segment in the field of medical tourism is travel for the purpose of vaccination. Belarus did not stand aside and in July 2021 provided such an opportunity to foreign citizens.

5.3 Public versus private medical tourism in Belarus

The case of Belarus in the development of medical tourism is of interest since in most countries the main recipient of foreign patients are private medical centers, while in Belarus the opposite is true. In this regard, medical tourism has acquired its own characteristics, which need to be considered in more detail.

To start with, it may be noted that the public and private sectors specialize in different areas of medicine. This may also be due to some restrictions that apply to certain medical interventions in the private sector. Within the existing legal framework, companies of various forms of ownership are trying to occupy a niche in which they are more competitive. In fact, we can say that in Belarus all complex medical interventions are carried out only in the public sector. All the best practices and modern equipment is concentrated in the leading state medical facilities. This can be explained by the fact that only the state is able to finance such branches of medicine that require expensive equipment. For example, there is no oncology, transplantation or neurosurgery in the private sector in Belarus. One of the barriers is the need to equip operating rooms, which are very costly (P14 and P15). Private medical centers, on the other hand, perform mostly low-traumatic operations, where there is no need to use full-fledged operating rooms and inpatient facilities. In most private medical centers there are no inpatient facilities or only short-term stays are

available. At the moment, private clinics in Belarus are strong in aesthetic medicine, cosmetology, dentistry and gynecology. All types of eye surgeries, as well as almost all types of diagnostics, are presented in these medical facilities. Some laboratory tests are available only in the private sector.

We observe that most of the areas of medicine, which are considered to be expensive and generate relatively higher income, are concentrated in the public sector. Furthermore, medical assistance in state clinics to Belarusians, including high-tech, is provided free of charge. During the interview, the stakeholders expressed several opinions about the current situation. Some, as in the case of P5, explain the complete dominance of the public sector in serious medical interventions from a safety perspective, citing the example of “how public hospitals sometimes have to correct the mistakes of private clinics.” In the words of another interviewee, P9, the vision of the situation is different, supported by the argument of “competition behind the cover of patient safety and the state’s attempt to inhibit the development of the private sector artificially.” At the same time, there is an increase in demand among the local population for paid inpatient care. According to P4, “the state, taking into account the request from the population, plans to consider expanding the list of paid services” that may have an impact on the activities of the private sector.

During the interviews, a number of participants (P1, P2 and P14) note that it is easier to work with private structures. For the patient, this can manifest itself in the speed of service delivery and a better level of service. For the medical tour operators, this will mean more prompt transfers of the commission. At the same time, P8 and P16 agree that public medical facilities are limited in decision-making, which is not so pronounced in the private sector. According to P2, “in public medical centers, decision-making often requires approval from superiors”, and in some cases the

organization itself does not have the authority to make decisions. In this regard, some participants spoke about “the need to provide more freedom in this area” (P8), which would allow decisions to be made based on the interests and capabilities of a particular medical facility, and not based only on the vision and plans sent from the center.

5.4 Overview of aspects related to the quality of medical tourism services

For many in the field of medical tourism, quality issues are associated with the well-known Joint Commission International (JCI) Accreditation. The fact that there is not a single medical institution in Belarus with this accreditation or another widely-accepted one, while hospitals around the world are striving for it (Turner, 2007), is significant.

Before moving on to a discussion of specific issues regarding accreditation, the researcher tried to assess the level of awareness among the interviewees in this area. For example, some participants report that they have never heard about JCI accreditation and its benefits before. Nevertheless, most of the participants have heard or have at least some idea concerning this accreditation. There are also those who have more in-depth knowledge and share their opinion regarding the factors influencing the state of affairs.

As mentioned above, there is not a single JCI accredited medical institution in Belarus. However, during the interview it was revealed that one of the medical tour operators had this accreditation in the past. As P1 states: “We did not feel any advantages of having accreditation and decided not to renew it.” At the moment, we can only talk about foreign accreditation in the field of medicine for specific departments in the hospital. For example, an accreditation certificate was obtained

from the European Society of Gynecological Oncology by a department of gynecologic oncology in the RSPC N. N. Alexandrov National Cancer Centre of Belarus. It should be noted that obtaining certification from International Organization for Standardization (ISO) is quite common in Belarus.

When discussing the reasons for the absence of international accreditation in Belarus, the participants give the following arguments. Some of the interviewees, as in the case of P1 and P15, refer to “the high cost of accreditation and the absence of any guarantees of cost recovery after having obtained it.” P9 expressed an opinion about “the expediency of international accreditation just for areas of medicine generating higher income like transplantology or oncology, where the profit from one extra patient attracted through accreditation would be significant.”

Possible losses due to the absence of accreditation in areas with lower profit margins did not seem substantial. According to P5 and P9’s estimates, “a couple of hospitals in Belarus could be accredited”. As for the majority of medical institutions, they could potentially meet the requirements for equipment and qualifications of specialists. However, the non-compliance of buildings and utility rooms with accreditation standards is seen as one of the main obstacles (P1, P3). This is due to other norms in the construction of hospitals in Belarus, which are rooted in the past. Although it is worth noting that the new medical buildings are being built according to recent international standards. Among the benefits of the accreditation the prestige and opportunity to attract medical tourists through foreign insurance companies were mentioned by P1.

As for local accreditation, it was absent until the summer of 2021. On July 23, 2021, the updated law "On Health Care" came into force, introducing medical accreditation for state clinics. This accreditation is aimed at improving the quality

and safety of the services provided, protection of patients' interests, as well as more efficient budgetary financing. This accreditation is expected to become fully operational in 2023. As for private clinics, the accreditation is still on a voluntary basis. However, they were and continue to be subject to licensing, which does not apply to public medical facilities. A feature and at the same time a big drawback of the procedure for obtaining a license by a private clinic in Belarus is a relatively long process. Sometimes this process drags on for years, which in turn hinders the development of the private sector. As P9 states: "I have friends from a private medical center who have been waiting for a license for two years. They are waiting for two years, despite the fact that the clinic is already fully equipped."

According to another respondent,

In most developed countries, the clinic does not require a license as such for cardiology, transplantology or any other field. In such countries, a sanitary permit is required to use the premises, and it does not matter what kind of property it is in and for what purpose it is built. In our country it is important. Abroad, you can build a clinic with the speed of repair. How long can repairs take? Let's say you can open in four months. In Belarus, this is impossible a priori. In Belarus, this will take years. It is correct when a doctor has a license. He receives it and is responsible for what he does. This is a personal responsibility. (P14)

In this regard, some experts speak about the unfairness of setting requirements for obtaining licenses only for private clinics. At the moment, the picture that is emerging is that of mandatory accreditation for public medical facilities and mandatory licensing for private ones. There are also some differences in the field of licensing of medical activities in Belarus. For example, there are no licenses for doctors in Belarus, which is a common practice in Europe. Instead, a license is issued to a clinic to provide certain types of medical services. In such a situation, the clinic is primarily responsible for the medical services provided. In case of failure to reach agreement on some issues, the medical center, in turn, may sue the

doctor. According to P10, educational centers that provide advanced training programs, internships and educational courses for both Belarusian and foreign doctors have been undergoing recently local accreditation at some public medical facilities.

When it comes to the level of service, most agree that there is still work to be done in this area in Belarus. According to the P2 and P13's observations, private clinics in this regard look much better than public ones, thereby encouraging public hospitals to improve their service. It was mentioned by P5 that “most medical facilities care about their reputation” and do their best for patient’s fulfillment. So, in the words of another interviewee, P9, “in case of any complications or poor-quality care, there is an unspoken rule about free treatment, rework or refunding.” Naturally, there are those who charge a fee in such cases. Most clinics provide the opportunity to complete a questionnaire about the quality of the services provided. There is no special organization in Belarus that would deal with the complaints of Belarusian or foreign patients. In the event that an agreement has not been reached between the medical center and the patient, the complaint is considered by the Ministry of Health.

5.5 Marketing

The development of medical tourism is promoted by a good image of the country in the field of medicine, as well as in other areas.

The country as a whole should have a positive image. This is what influenced the citizens of Russia’s interest and demand for Belarusian products and services that seem to them to be of better quality. For example, holiday in Belarusian rural houses, dairy and meat products, and clothing are in demand. Medicine has also joined this list. (P1)

Belarus positions itself in the field of tourism as an environmentally friendly destination. Despite the good image and positioning, some medical tourists perceive

Belarus as a third-world country. Over the years, many medical centers and doctors have managed to gain a good reputation. So, these days, the names of specific doctors and centers have become a brand in the field of medical tourism. Many medical tourists come to Belarus just because of a well-known doctor or medical facility. The state, in its policy for the development of medical tourism, has determined the need to promote the brand "Treatment in Belarus" (Interdepartmental Expert and Coordinating Council for Tourism under the Council of Ministers of the Republic of Belarus, 2020). This brand is promoted to a greater extent by one of the state projects called Clinics of Belarus. Also among the goals of this project is information support in the field of medical tourism. The website of this project represents a database about various public medical facilities that provide services to foreigners. The website presents mainly public hospitals, although it is possible to place private ones at their request. It is worth mentioning that this project went through internal organizational changes. For example, in the past, the project Clinics of Belarus acted as a state medical tour operator. However, at the moment they are engaged just in information support, some consulting and organizational services that are provided free of charge. P4 and P7 claim that a number of events are planned for 2022 to rebrand this project.

When it comes to marketing in medical centers, most have a very limited budget for these purposes, especially in public ones, which limits the ability to fully advertise themselves. The situation is aggravated by the fact that public hospitals must provide justification for using the money for promotional purposes. In private clinics, this is easier since they carry out promotional activities at their own expense. Thus, in some medical facilities there is no marketing aimed at medical tourists abroad. In some situations, it turns out that some medical centers are advertised

abroad only by medical tour operators. Medical tour operator, P2, has expressed “the need to transfer the responsibility for marketing to private organizations that would handle it more effectively.” Medical tour operators are highly motivated in attracting more foreign patients, as this directly affects their earnings. Some experts, as in the case of P7 and P8, share their opinion that there is no need for advertising in some areas of medicine, since there is no shortage of patients.

As for the methods used to promote medical tourism in Belarus, the most frequently mentioned by the interviewees is "word of mouth". It is noted that a large number of medical tourists come for treatment on the recommendations of their friends and acquaintances. The importance of word of mouth in medical tourism has been highlighted by a number of studies (Hyder, Rydback, Borg & Osarenkhoe, 2019). The next most mentioned method is social media and advertising campaigns on the Internet. The creation of websites with an English version is also seen as a promotion tool. Some medical centers and medical tour operators post commercials and patient testimonials on their websites to endear medical tourists. Other methods of promotion include participation in international exhibitions and conferences. State organizations are engaged in the production of booklets on medical tourism in Belarus, which are distributed in hotels and the airport. Also, promotional products are sent to embassies abroad, which in turn contribute to the promotion of medical tourism.

Belarus mainly focuses on the post-Soviet countries in terms of a potential market for the export of medical services. Although, in addition to Russian-speaking countries, there is interest in the countries of the East and West. So, for instance, in recent years, P6 notes “the orientation towards the Arab countries”, the share of which is increasing in the total volume. When it comes to the origin of medical

tourists, the vast majority is accounted for by Russia and Ukraine. The next most frequently mentioned are such countries as Kazakhstan, Uzbekistan, Georgia, Armenia, Azerbaijan, Kyrgyzstan, Turkmenistan. Some experts attribute the demand from these countries to the lower level of medicine or the impossibility of carrying out certain medical interventions (P1, P8, P10 and P11). Part of the medical tourists belong to European and Arab countries, as well as far away countries. One of the experts, P1, notes an interesting trend in the field of medical tourism, which is that individuals from some European countries prefer to travel to Hungary, Slovakia, Poland, the Baltic States, while those from the Baltic countries travel to Belarus for medical services. Belarusians who migrated abroad in the past and now come with their relatives for some types of medical interventions form a significant market as well.

Within this topic, it is also necessary to consider such an important aspect as pricing. To start with, prices for medical services in Belarus are strictly regulated by the state. The law establishes the maximum price level for medical interventions, which can be set by medical facilities for Belarusians. However, there is no such limit for pricing in relation to foreign patients, and prices are set based on market conditions. The law also allows quoting higher prices to foreign citizens. As for prices in state medical centers, these are set by the government at the same level, so that there is no price gap when comparing different state organizations. The literature notes how, in some medical tourist destinations, the lack of price transparency and its discrepancy undermines the level of confidence on the part of medical tourists (Hyder et al., 2019). All provided services are chargeable to foreigners and price change is possible in case of additional services. In some public hospitals, the price may differ depending on the nationality of the patient. So, for example, for residents

of faraway countries the price may be slightly higher than for citizens of neighboring countries. Concerning prices in private clinics, pricing strategies differ from one clinic to another. Generally, prices for Belarusians are cheaper than for foreigners; however, some private clinics charge everyone the same price.

5.6 Intermediaries

One of the important roles in medical tourism is assigned to intermediaries, mainly medical tour operators. After a more detailed study of the activities of medical tour operators in Belarus, some features of their work are identified, which need to be considered in more detail.

To start with, there are medical tour operators in Belarus that are engaged in sending Belarusians abroad and organizing the reception of foreign patients. The most prominent and often mentioned are MedTravelBelarus, Svyatovest, MedServiceBelarus, Triostayl, BelMedTurizm, among others. Besides this, there are also travel agencies that, in addition to their main activities, post information about services in the field of medical tourism on their websites. However, during the interview, P15 states: “There is no significant flow of medical tourists from such firms.” This seems to imply that the work of medical tour operators has its own specifics, which require certain knowledge and experience somewhat different from what is needed to work in conventional travel agencies. Medical tour operators with many years of experience believe that there is a sufficient number of players in the medical tourism market. P1 draws attention to the fact that “some firms go out of business soon after their appearance”, so that it is difficult to estimate the number of active medical tour operators. Belarusian medical tour operator, P2, states that due to the wide range of services they do not have a sense of competition in the market.

Instead of competition, specialization in a particular niche is mentioned (P1, P2 and P3). Examples include the specialization in dentistry, plastic surgery, and oncology. In addition, some medical tour operators combine their work with other businesses in the medical field, such as running a chain of dental clinics or selling dental implants.

Perhaps we do not feel competition, as our website is higher in the search feed on the Internet for certain queries. Thus, we have more requests in some areas of medicine, while other medical tour operators are likely to have more requests in other areas. (P2)

As for the services provided to medical tourists by intermediaries, the latter see the correct planning of all stages of treatment as their main task. It is extremely important for a medical tour operator to convey all the information to the patient and make sure that (s)he understands the entire process ahead. Medical tour operators deal with requests, connect the patient with the doctor, help with visa issues, accommodation, transportation, remind the patient about the next stages of the treatment, etc. Thus, the medical tour operator supervises and keeps in touch with the medical tourist at various stages. It is necessary to pay attention to the processing of requests by medical tour operators, which is carried out free of charge. In some situations, medical tour operators are aware of the impossibility of getting a commission, as in the case of requests for transplantation, but help such patients to contact the necessary specialists. It seems interesting that medical tour operators in Belarus do not provide tourist services on their own, in contrast to other countries, according to the information provided in the literature (Medhekar, 2019). So, for example, in the case of a request for an excursion by a medical tourist, they turn to their partners in travel agencies. When discussing problems with medical tour operators, difficulties are noted in terms of tracking patients in their follow-up visits, which is also being observed in other destinations (Yusof & Rosnan, 2020). Also, medical tour operators have reported missing out on potential earnings when friends

and acquaintances of their clients, reached by word of mouth, decide to contact the medical facility directly.

In 2010, the Ministry of Health issued an order (No. 752 "On organizing the export of medical services"), which allowed the signing of commission agreements between medical facilities and tourism organizations. Until 2010, there was no legislative framework and no model agreement to regulate relations in the field of medical tourism between healthcare facilities and a medical tour operator. Starting from that year, it is possible to observe the emergence of medical tour operators in Belarus. This legislation establishes and defines the mechanism for the payment of remuneration to medical tour operators by medical facilities.

Belarusian legislation does not provide for the conclusion of an agreement between a medical tour operator and patients, so the medical tour operator *de jure* has no legal relationship with the patient. Evidence from the medical tourism literature suggests that other forms of contractual relationship are practiced in some destinations, which involve the signing of a contract between the medical tourist and the medical tour operator (Turner, 2007). In Belarus, the medical tourist, upon arrival, enters into an agreement and pays the required amount for treatment directly at the hospital. For medical tourists the cost is the same whether they contact the medical center directly or through medical tour operators. Due to the absence of an agreement between a medical tourist and a medical tour operator, the basis for receiving a commission by the latter one is a written request sent to a medical facility. Medical tour operators are entitled to receive a commission only upon completion of the patient's treatment. One of the medical tour operators, P2, reports "a long commission calculation, which sometimes reaches up to 3 months." In particular, a longer calculation is noted among public healthcare facilities. According

to P2, there are also some differences in the approach to calculating the commission between public and private medical centers. So, for example, in private clinics, the commission is paid out of the money left by the patient, minus consumables, and in public medical facilities, the commission is paid out of net profit. The amount of the commission varies from one place to another, although 10% is considered to be standard.

Concerning commissions, the interviewees also mention that the state has a ban on cooperation with commercial organizations for clinics that carry out organ transplant operations (P2, P9, P10 and P11). Thus, medical tour operators may not receive a commission from such operations. According to the literature, a similar model can also be found in Iran (Akoh, 2012). However, the state does not prohibit making a profit from the provision of escort and translation services for this group of medical tourists. These restrictions are explained by the high cost of operations and the intention to prevent possible fraud and corruption. One of the interviewees said that “there are people who perceive medical tour operators negatively” because of their prejudices (P3). In such cases, medical tour operators are seen as intermediaries that lengthen the supply chain, thereby increasing the final cost for the consumer of the service. However, this is not the case in Belarus, since medical tour operators do not have the right to change the prices for medical interventions, and they receive payment in the form of a commission from the healthcare facility, and not directly from the medical tourist. Against this background, some hospital managers prefer to remain conservative and avoid cooperation with commercial organizations, so that they are not accused of corruption in paying large commissions to medical tour operators.

5.7 Human resources: supply, education, language and incentives

The cornerstone of the development of medical tourism in Belarus, according to most experts, is human resources. As we mentioned earlier, it is qualified personnel that sometimes come to the fore as the main factor for coming to Belarus for treatment. Therefore, it is necessary to examine more carefully the issues within the framework of human resources' potential to contribute to or hinder the development of the sector.

First of all, Belarus is among the countries with a fairly high supply of doctors and paramedical personnel per capita. So, for example, in 2021, the number of medical personnel and paramedical personnel per 10 thousand people was 55.2 and 120.7, respectively, which is higher than in many neighboring countries (EU – 33.4 and 86.8; CIS – 38.1 and 62.0) (Ministry of Health, 2022). Despite relatively higher per capita numbers the Belarusian healthcare sector is experiencing a significant outflow of medical personnel abroad. The lack of medical personnel is more noticeable in small towns. The trend of outflow of medical personnel abroad is one of the risk factors for the sustainable development of both the Belarusian healthcare system and medical tourism. It is rather difficult to assess whether this issue is reaching a critical scope due to the lack of statistics for recent years and the inability to looking at the situation from a dynamic perspective. The Belarusian media are approaching the problem of the lack of medical personnel by studying the number of vacancies, which have been growing in recent years. So, for example, as of March 10, 2021, 2835 vacancies for medical specialists were posted; this number increased to 3163 at the end of November 2021, and rose to 3754 on May 29, 2022 (Belta, 2021; Zerkalo, 2022). The pandemic may be considered as the main reason for the increase in the shortage of medical personnel, since this medical crisis

resulted in the retirement of many doctors, while others left the profession and moved to other sectors, or migrated abroad. The opinions of the experts during the interviews were divided, but the majority held that there is a shortage of medical personnel. The variety of opinions can be justified by the different stakeholders' backgrounds. Some of the interviewees, as in the case of P1, P3 and P10, were not very concerned about migration due to the fact that some doctors return after a while, and there is also an influx of foreign doctors.

In Belarus, as in some other countries, in order to solve the problem of migration of medical personnel, the government requires doctors studying at the expense of the state budget to work from 2 to 5 years in the public sector (AbuKhakifeh & Faller, 2015). In some circumstances, the state is also free to send such doctors to understaffed regions, which are often rural areas. Otherwise, the doctors are obliged to reimburse the state funds spent on their education. This is not to say that this completely solves the problem of the migration of medical personnel from rural to urban areas, but to some extent it hinders it. These measures have disadvantages such as making many doctors unhappy with the regulations, which on the other hand can alleviate the needs of rural areas (Pennings, 2007). The case of Belarus illustrates the situation of a country that experiences a shortage of staff in rural areas and where government led measures are introduced to limit the outflow trend. The case of Belarus confirms the assumptions from the literature that such migration is not always a consequence of the development of medical tourism, and in some situations the problem already exists, although it may indeed be exacerbated by the dynamic development of the sector (Connell, 2011; Pennings, 2007).

Contrary to current trends reported in the medical tourism literature, there is no mass migration from the public health sector to the private sector in Belarus

(Beladi, Chao, Ee & Hollas, 2015). None of the interviewees noted the trend of transfer of medical personnel to the private sector against the backdrop of an increase in the export of medical services in the country. It can be assumed that in the Belarusian context this phenomenon may not manifest itself due to the fact that a large proportion of medical tourists are in the public sector. Also, the public sector looks quite promising for career growth, since it is where all the advanced techniques and high-tech equipment are concentrated. However, it is worth paying attention to the nuance that quite a lot of doctors work simultaneously in several healthcare facilities. Often the main place of work is the state medical center, and a private clinic is taken as a part-time job. P13 states: “In private clinics, a large number of doctors are not full-time employees.”

The combination of several jobs is also explained by the relatively low salaries of medical workers in the public sector. The topic of salaries of medical workers has been on the agenda of the state for several years and attempts are periodically made to increase it. As for financial incentives for the provision of services to medical tourists, the principles and number of payments differ in different hospitals and departments. Medical workers, as in the case of P8, argue that “this type of financial incentive exists, but is not sufficient.” Also, the same respondent remarks that

The amount of financial incentives may differ from one specialty to another and have their own characteristics of accrual. In some cases, the number of staff involved may affect the amount of the payment. For example, in some medical interventions, care is provided to one patient by 10-15 health workers. The dentist can provide medical care just with an assistant. Accordingly, when distributing bonuses to a large number of people, they may be less noticeable. (P8)

There are also departments in healthcare facilities, whose services are more popular among medical tourists. These departments fulfill plans for the export of

medical services more successfully, which, in turn leads to material incentives at a satisfactory level. With regard to problems in this area, it was noted that in some cases the decisions regarding financial incentives are not in the hands of the medical center itself.

As for the level of education, Belarusian doctors are highly valued abroad. As noted by many participants, this is also facilitated by the fact that doctors throughout their careers are constantly studying, attending conferences and exhibitions on medical topics, going on internships abroad and exchanging experience with foreign doctors. The requirements for education are quite strict in the country; so, for example, even in sanatoriums that are popular among tourists, “employees must have a medical education” (P13). However, in the words of another interviewee:

After the collapse of the Soviet Union principles, methods and approaches changed. But the organization of the healthcare system has remained the same. I don't know how it should be. But it seems to me that it shouldn't be like this. For example, the system of training medical personnel didn't change (...) at this moment it is outdated (...) insufficient (...). It needs to be changed. (P11)

A more important issue to focus on is the absence of education for medical tourism professionals in Belarus. At the moment, there are no general standards for the training of specialists in the departments of healthcare facilities that work with medical tourists. And the employees who work in such departments and interact with foreign patients are often economists by education.

As for the knowledge of foreign languages by medical personnel, according to the interviewees' observations (P9, P10), most of the doctors speak a foreign language, in particular English, while “poor foreign language proficiency is more common among nurses and paramedical staff” (P10). In general, there are no problems in terms of the language barrier. Most clinics that work closely with medical tourists have specialists who speak foreign languages. If possible, the patient

is also referred to those doctors who speak English. An accompanying employee at the hospital also acts as an interpreter if necessary. In some situations, patients resort to the help of translators from outside. For example, there are cases when embassy employees assist medical tourists in translation. Nevertheless, the use of a foreign language is seen more as an exception, as the majority of visiting medical tourists are Russian speakers. A trend is observed that Russian speakers are more likely to go to the medical center directly without the involvement of intermediaries, while non-Russian speakers prefer to use the services of medical tour operators, hoping to receive language support.

5.8 Infrastructure and tourism activities

Infrastructure is one of the crucial factors in the development of any tourist destination. Medical tourism destinations are not exceptions and depend as well on the type and capacity of available infrastructure. Infrastructure in tourism most often refers to accommodation and catering facilities, transport, shopping facilities, places for entertainment, travel agencies and so on. According to the majority of experts' estimates, at the moment there is a sufficient amount of infrastructure and entertainment in Belarus for the current flow of medical tourists. The medical tourism sector of the country constantly adjusts to meet the infrastructure requirements of the increasing flow of patients. Considering that the majority of medical tourists are in the capital Minsk, which is the most developed in terms of infrastructure, there is every reason to believe that incoming tourists do not experience any difficulties in meeting their needs. It is widely known that in some regional centers there is a lack of infrastructure such as hotels, restaurants and so on.

However, as P6 states: “Due to the low popularity of tourism in such regions, the state does not have much incentive to develop tourism infrastructure there.”

Firstly, Belarus, due to its favorable geographical location, has a fairly developed transport network to many post-Soviet and European countries. Nevertheless, the pandemic and the political crisis have complicated travel with European countries, which now require additional transfers. In contrast, Eastern neighbors, in particular Russian medical tourists, could travel freely to Belarus according to P13. Given this accessibility, the total costs of treatment and transportation to Belarus often costs patients less or as much as in their own country. However, this information refers to the period before the conflict in Ukraine, and may have changed since, as will be discussed in the limitations of the study.

With regard to accommodation, “medical tourists most often prefer renting apartments” (P1). The demand for apartments is primarily due to lower prices and the opportunity to choose an option in close proximity to the medical facility. Despite the variety of hotels, there is a shortage in the category of aparthotels, which most suits the needs of medical tourists and their companions. In recent years, additional facilities have been built in some leading medical centers to accommodate accompanying persons on the hospital’s grounds. For example, this kind of facility was opened in 2019 at the RSPC for Oncology, which is located outside the city of Minsk. Despite the good transport links between the capital and the hospital, many accompanying persons had to stay in the city and travel daily to this medical facility to visit the patient. Now, this facility allows accommodation on site not only for patients who come for examination, but also their accompanying persons, as well as foreign oncologists arriving for training. Another facility of this kind was opened at the RSPC for Transplantation. It is worth recognizing that the conditions of stay in

the wards differ from one hospital to another. Typically, better quality wards are found in healthcare facilities that provide more popular types of medical interventions. However, every year the number of hospitals in which it is possible to choose a superior comfort ward is increasing. In some cases, this category implies a double room with the possibility of accommodation together with an accompanying person, as well as with additionally installed household equipment. As P4 states: “At the moment, the state is at the stage of developing uniform criteria for superior comfort wards.”

As far as catering facilities are concerned, there are restaurants of various categories in Minsk with different budget, format and menu. European cuisine is the most common in the restaurants, while there are many catering facilities serving other well-known international cuisines. There are also restaurants catering to segments with special dietary preferences such as halal, kosher, vegan or vegetarian. If desired, medical tourists can use food delivery services.

Health care is one of the priority areas in the investment programs of Belarus, which in turn affects the provision of services to medical tourists. During the interviews, the construction of new hospital buildings, the repair and modernization of existing ones were repeatedly mentioned (P5, P7, P10, P11, P12 and P13). Thus, the most significant projects in the field of medical tourism include the construction of a new modern surgical building at the RSPC for Transplantology, an intensive care building at the RSPC Mother and Child in 2021, and a genetic biotechnology laboratory at the RSPC for Pediatric Oncology in 2019. In 2022, a new building at the RSPC Cardiology is planned, together with the reconstruction of the RSPC for Pediatric Oncology. All of the above projects, together with others, bring medicine to a new level, thereby improving the quality of medical care for patients.

When discussing the tourist component in the trips of medical tourists to Belarus, the respondent P12 argues: “Tourists come primarily for treatment, and not for entertainment.” If we apply Cohen's typology of medical tourists to the Belarusian context, then the majority will fall into the category of "mere patient" (Cohen, 2008). Medical tour operators, as in the case of P1 and P2, also report that excursions and entertainment activities are not particularly in demand among medical tourists. Most of them do not want to make their trips more expensive by adding entertainment to the program. Medical tourists often prefer to organize their leisure time on their own. Among those who come to Belarus, there are those for whom treatment is not the main purpose of the trip. So, for example, quite often tourists “who come to visit relatives or for work combine their trips with medical interventions” (P15), such as dental treatment or check-up programs. There are also those who resort to medical services when they come for recreation, as in the case of a tour to a sanatorium.

Trips for the purpose of health improvement on the basis of the sanatorium is one of the main directions of tourism in Belarus. A well-developed network of sanatoriums throughout the country is in great demand among foreign visitors. On the underground of most sanatoriums there are sources of mineral water, including therapeutic radon ones. In addition, some types of medical interventions in areas such as dentistry and cosmetology are also provided in sanatoriums. The literature indicates that medical interventions are also carried out in Russian sanatoriums, which can be provided for an additional fee (Sedova, Minasyan, Shchekin, Tabatadze & Kostenko, 2021). Both healthy people and those who have some health problems come to Belarusian sanatoriums. Belarus hosts one of the leading clinics in the CIS for speleotherapy. This type of therapy implies the usage of salt caves for the

treatment of patients with respiratory diseases. Medical tourists who come for the purpose of treatment can also combine their trip with a holiday in a Belarusian village in specialized accommodation places for this purpose. This direction of tourism, called agro-ecotourism in Belarus, has received huge support from the state, which has made it one of the most popular and developed types of tourism in the country.

5.9 Medical tourism processes and stages

The medical tourist's path in Belarus consists of several stages. As a rule, the whole process begins with a future patient searching the Internet for information on a problem that concerns him or her. As soon as a medical tourist finds a website that inspires confidence, s/he may get in contact through the website, e-mail, social networks. Depending on the situation, the medical tourist continues to communicate about the upcoming treatment with the medical tour operator or directly with the healthcare facility. It is important to note that in recent years "Belarusian hospitals have begun to establish departments" (P9 and P12) dealing with medical tourists often referred to as "extrabudgetary departments". A distinctive feature of such departments in Belarus in comparison with other countries is that they are mostly engaged in economic, accounting activities. In fact, people with management or "economy education work in such departments" (P1), and "not specialists with education in medical tourism" (P9). It is to the extrabudgetary department that all requests from medical tourists are sent, where they are further processed. As P15 states: "Russian-speaking medical tourists often prefer to write to healthcare facility directly, while non-Russian speakers are more likely to contact medical tour operators."

“The processing of a patient's request by a medical center or medical tour operator is free of charge, in contrast to a country such as Germany”, which the interviewee P12 cited as an example. In some areas of medicine, processing requests by specialists are seen as a waste of time.

Some medical tourists are looking for the cheapest options. They write one standard letter and send it to 20 clinics. It can take a long time to process a request and draw up a treatment plan. And then when sending an offer, it turns out that the medical tourist forgot that he sent you a request. We even started to use a special program to facilitate the work of processing requests, because we were tired of it. (P14)

All medical documents and information received in the request are forwarded from the extrabudgetary department to the appropriate doctor who examines them. After evaluating the documents, a treatment plan for the patient is prepared. If necessary, an online consultation is organized, where the treatment plan and other patient issues are discussed. After agreeing on all issues regarding the treatment plan with medical tourists, appointments to the relevant doctors are scheduled. Medical tour operator, P1, note that “preliminary communication with the medical tourist is the key to success”, as it allows to establish trust. The main purpose of online consultations in Belarus is to provide basic information and resolve organizational issues with the patient. Interview participants repeat many times that online consultations that are held before visiting the clinic are “informational in nature” (P10, P13 and P15). For instance, during such consultations, the medical tourist is informed whether the clinic will be able to take on the treatment of the patient, based on the medical reports provided to them, as well as other organizational issues arising from the treatment plan. That is, a distinctive feature of online consultations is that they are free of charge and are not used to make a diagnosis or prescribe treatment. If necessary, online consultations are carried out at various stages of treatment. For example, as P9 states: “There were cases when I consulted via Skype

on how to make a bandage or other manipulation in the postoperative period.”

Among the doctors interviewed some note “the misuse of online consultations by some medical tourists” (P8). Some foreign patients, taking advantage of the free of charge nature of such consultations, sometimes turn to get a second opinion of an expert without further intention of treatment in the healthcare facility.

In the event that it is necessary to issue a visa for the arrival of a medical tourist to Belarus, the medical center sends an invitation document. To receive such an invitation, advance payment for medical interventions is not required. On the basis of such invitation from the healthcare facility, visas are issued without any problems to both the patient and accompanying persons. It is important to clarify that there are no medical visas in Belarus, and if necessary, a regular type of visa is issued. At the moment, there is a 30-day visa-free regime in Belarus for a number of countries whose citizens come to Belarus through the Minsk airport. Interview participants (P1, P2 and P9) express that there is no particular need for the introduction of medical visas, since in practice there is a visa-free regime. Such data diverge from the information in the literature on medical tourism in Belarus, where academicians recommend their introduction (Dovnar & Kovrei, 2018a; Milashevich, 2017; Khmelnitskaya & Padera, 2020).

Upon arrival to Belarus, an agreement is concluded between medical tourists and the healthcare facility, regardless of who they communicated with earlier - a medical tour operator or a medical center. The agreement indicates the cost of the medical intervention to be paid to the healthcare facility's cash desk before the start of treatment. In the event that a medical tourist plans to stay on the territory of Belarus for more than 10 days, with the exception of a few countries whose citizens do not need it for up to 30 or 90 days, visitors are required to go through the

registration procedure. If a foreigner is accommodated in hotels, sanatoriums or tourist rural houses, the necessary information for registration is sent to the relevant authorities by the employees of the accommodation facility and does not require the visitor to pass it on their own. When staying in a rented apartment, which are popular among medical tourists, registration is the responsibility of the tourist. This procedure can be completed online. One of the respondents from a hospital reports that “the procedure for registering medical tourists is carried out by the legal department of the medical center” (P10).

It should be understood that when medical tourists decide to come to Belarus for treatment, during their first visit they not only get face-to-face consultations, but also examinations. However, depending on the field of medicine, medical intervention can be carried out on the first visit to the healthcare facility. There are medical tourists who come already fully examined, as well as those who have not been assessed, or only partially. For some types of medical interventions, medical centers accept the results of examinations obtained by foreigners in their healthcare system. In the case of more serious medical interventions, a medical tourist undergoes all assessments in a Belarusian medical facility, regardless of whether some examinations have already been done or not before. Upon completion of all necessary examinations, the treatment phase begins, which can take place in some cases in several stages. After completion of treatment and discharge from the hospital, communication with the medical tourist is maintained. In some cases, foreigners come for check-up a few months after treatment.

5.10 Rules and legal framework for medical tourism

The development of medical tourism is supported at the state level through various programs, legislative documents, both of a general nature and specifically for the field of medical tourism. The Decree of the President of the Republic of Belarus dated November 14, 2019 (No. 412 "On export support") can be attributed to a document of a general nature. This decree creates additional conditions for increasing the volume of exports of goods and services. For example, according to this decree, it is possible to compensate up to 50% of the expenses of participants in international exhibitions abroad, which also applies to stakeholders in the field of medical tourism.

Separately, it is necessary to highlight the topic of transplantation in Belarus, which was often raised by various interviewees. Firstly, Belarus is one of those few countries where, in addition to organ transplantation from living donors, transplantation of post-mortem organs for foreigners is also carried out. However, the use of post-mortem organs for foreigners is possible only if it does not suit any Belarusian. As P11 states: "This area of medicine has received such a rapid development partially due to the lack of competitors." Also, the development of this field of medicine is due to the existence of developed legislation in the field of transplantation. For example, in Belarus there is a presumption of consent to organ harvesting after the death of a person for transplantation, which means that everyone who has not declared their refusal is a donor. This presumption of consent contributes to the development of transplantology. At the same time, transplantation from a living donor is allowed if there are family ties. Moreover, in Belarus, the number of transplant operations performed on foreigners cannot exceed 10% of the total number of operations performed. At the same time, in many highly developed

countries this restriction is absent. In Belarus all medical interventions in this area are performed through a government program. Transplantology is strictly regulated and supervised at a very high level by the state. As P1 points to the fact: “Everything is clear and transparent due to strict legislation.” Strict regulation is typical for the entire field of medicine in Belarus. Some experts used the term "overregulation" during the interview, thereby showing that some accepted norms and standards only complicate the work and do not allow for more dynamic development.

Despite the highly regulated medical market, there are less stringent restrictions on some medical interventions in Belarus than in other countries.

For example, a woman has the first degree of obesity. In Western countries - America, Europe, the Baltic states, it is believed that such people should be treated by a psychologist and nutritionist, and not solve the problem through medical intervention. In the Baltic States, for instance, only obesity of the third degree is operated on, which means that the body mass index is over 40. If a patient comes with an index of 35, (s)he will be refused. Then patients come to us and are indignant, saying: "Are we supposed to gain even more weight so that we can be operated on?" Due to the fact that we do not have protocols prohibiting from operating on them, individuals with smaller weight come to us, as they are refused abroad. Foreign laws are structured to prohibit and refuse, as there is a market for insurance medicine. If everyone with any type of obesity will be operated on, then no budget will withstand. (P9)

Medical tourists also come to Belarus due to the impossibility of carrying out some medical interventions in their homeland. For example, due to the ban on abortion in Poland, “many women come to healthcare facilities located in the border towns of Belarus for this medical intervention” (P9). Another direction in the field of medical tourism is “surrogate motherhood, which is legalized in the country and does not have a large number of competitors on the world stage” (P2).

Within the framework of this topic, it is necessary to highlight some aspects of the legislation in the field of online consultations. This area is regulated by the Decree of the Ministry of Health of the Republic of Belarus dated May 28, 2021 (No. 65 "On approval of the Regulations on the specifics of the provision of medical care

using telemedicine technologies"). This document establishes a list of information that can be provided to the patient during an online consultation. Legislation allows for adjustment of treatment using an online consultation only if a diagnosis has been made and treatment has been prescribed during a face-to-face appointment. So online consulting in its purest form as a service is not legally allowed in the country. However, some interview participants, as in the case of P15, stated their technical readiness to conduct online consultations in the event of changes in the legislation. Online consulting in Belarus is mostly used by doctors to share experiences with colleagues and consult on complex cases.

5.11 Insurance related issues

In the medical tourism literature, the insurance market is given particular attention. Often, it is thanks to the proposed programs of insurance companies that medical tourists are considering the possibility of treatment abroad. In this regard, the study of this aspect is also necessary in order to assess at what stage the insurance services market is in Belarus at the moment.

To start with, Belarus has introduced compulsory health insurance for foreign citizens temporarily staying or provisionally residing in the Republic of Belarus. However, this type of insurance covers only the costs of emergency medical care, while planned medical care does not fall into this category. With the advent of the medical assistance company Your Assistance in 2014, the first of its kind in Belarus, work with foreign insurance companies began to develop. Starting from that year, Belarus began to accept travel health insurance issued by foreign insurance companies. Until 2014, foreign citizens could only purchase such type of insurance from certain Belarusian insurance companies. The medical assistance company Your

Assistance plays the role of intermediary between foreign insurance companies and Belarusian healthcare facilities. The assisting company works with the requests of foreign citizens and provides a letter of guarantee for payment of medical services to partner medical centers in Belarus. As for the healthcare facilities, they do not worry about who will act as the payer - the patient or the insurance company. Medical centers provide all the necessary medical documentation to patients for submission to foreign insurance companies for reimbursement. During the interview, P9 recalled precedents for providing documentation for medical tourists; that is, those who received planned rather than emergency care. This suggests that the possibility of compensating the costs of medical tourists exists. However, in this situation it is extremely important to be well informed about the insurance program. In the event that a foreign insurance company has partners in the territory of the Republic of Belarus providing medical care, and that the insurance covers the planned medical care, medical tourists have every chance of receiving compensation for treatment in Belarus.

As mentioned before, there is no compulsory medical insurance for citizens of Belarus. Belarusians receive medical care free of charge at the expense of the public budget. Voluntary insurance of medical expenses or voluntary health insurance among the local population is not particularly common. However, in recent years there has been an increase in cooperation between healthcare facilities and various insurance organizations.

On the other hand, insurance of medical personnel or so-called professional liability insurance is not widely developed in Belarus. This type of insurance implies the coverage of the medical center's costs associated with payments to compensate for the harm caused to the patient's health in the event of an unintentional

professional error of the doctor. As P17 states: “Medical malpractice insurance appeared sometime in 2005 in Belarus, but its share in the total is extremely small to this day - less than 1%.” It is believed that in Belarus there is a weak legal protection of doctors. Even if the head of the organization insures medical personnel, “the amount of insurance is usually much less than in other countries” (P8). It was noticed that this type of insurance is more often resorted to by private clinics that insure dentists, plastic surgeons, gynecologists, etc. During an interview with a representative of one of the medical centers, which is a client of an insurance company, a lack of experience in professional liability insurance when working with an insurance company was noted.

Some insurance companies claim to have professional liability insurance for medical personnel. However, when you start to contact and discuss the nuances, they cannot provide answers, referring to the fact that they have not had such cases before and they do not have the information. And once when we had an insured event and we asked for help, we faced a lack of professionalism from the insurance company’s side. They even did more harm in some sense, turning to the Ministry of Health to consult on some issues. (P15)

5.12 Financial, budgetary and investment related issues

Medical tourism is seen as an additional source of income by public and private healthcare facilities in Belarus as in other destinations (Turner, 2007). Given that many hospitals experience lack of finance, the profits generated from medical tourism provide greater economic freedom and address the needs of an organization. When conducting interviews, respondents most often indicate that the profit from medical tourism goes to the purchase of new equipment, its repairing and financial incentives for medical personnel. Among other things, hospitals also spend profits on improving their own infrastructure, living conditions and education of their employees.

As for public healthcare facilities, their activities are financed from the budget. According to Belarusian legislation, in the event that consumables, medicines and other items purchased at the expense of budgetary funds were used for the treatment of a medical tourist, then the corresponding amount must be recovered from the patient's payment (Ministry of Finance & Ministry of Health, 2016). There is legislation that also applies to the remuneration of doctors in state medical facilities, who receive salaries from the budget (Council of Ministers of the Republic of Belarus, 2016). In accordance with it, such doctors can provide paid medical care only outside working hours, since during working hours they receive a salary from the budget and provide medical care free of charge.

Here I am a doctor. I work six hours a day providing free medical care. If a paid patient appears and the management of the organization wants to pay for my work out of the money left by the patient, then such work is considered additional. Such additional work must be performed outside working hours, for example, after 16:00, in the morning before work starts, or on weekends. Legally so. Otherwise, it will be difficult to pay for such work, because the state pays me a salary during my working hours. In practice, doctors try to plan their work with paid patients during their free time. But to be honest, sometimes it can be framed as "non-working hours", even if it is done during working hours. These rules constrain and make it difficult to work. This does not apply to private clinics, only public ones have such a problem. (P9)

Public healthcare facilities are considered to be financially inflexible and sometimes have difficulty in distributing finances across different budgetary items. In their activities, public medical centers are not dependent on the export of medical services. Private clinics, on the contrary, have a greater interest in exporting medical services, as they have to self-finance their own activities.

With regard to investment in health care and the development of the private sector of medicine, the interviewees identified some hindering factors. They primarily attribute the problems in investment to “not having a large enough market for return on investment” (P1) and “the difficulty of calculating it” (P5). However,

another interviewee, P14, suggests that "this kind of investment would pay off", arguing that "nowadays there is a certain demand from the population for the services of private clinics." Moreover, investing in health projects is less attractive compared to other sectors due to the longer payback period.

The fastest payback project in Minsk is considered to be shopping malls, which have already been built throughout the city. Hotels are next on the list, with an average payback of 5 to 7 years. As for healthcare, it is quite difficult to calculate the payback and there are big risks of investing in this sector. (P5)

There are also no big investors in Belarus that could finance large-scale projects. In this regard, only the state is capable of providing a satisfactory level of medicine and equipment. In situations like this, a public-private partnership is seen as a good solution. However, as P20 notes: "Despite some attempts to apply this mechanism for project finance in Belarus, it is still found to be poorly developed and not particularly used."

5.13 Collaboration and stakeholders

Various forms of partnership are one of the effective factors enhancing the development of companies and the sector as a whole. Collaboration among stakeholders increases competitive position through information exchange, knowledge acquisition and leveraging of resources. Partnership is handy in terms of solving complicated issues that cannot be tackled alone. In this regard, it is important to assess the recent state of cooperation between stakeholders in the field of medical tourism.

One of the key players in this field is the clinic or hospital. According to the information collected during the interview, the degree of development of the partner network for each healthcare facility is different. Collaboration was noted between

medical centers whose services complement each other, such as in the case of clinics that work with certain laboratories to perform different analyses. Also, if during the examination a specialized medical center finds that the treatment of a patient is more appropriate in another place, then after discussion with another healthcare facility, the patient may be redirected. There is also cooperation with foreign medical centers and specialists, within the framework of which an exchange of experiences is carried out. However, there were those among the interviewees who did “not observe cooperation between healthcare facilities” (P5) and noted “some competition” (P13), citing private medical centers as an example. In recent years, cooperation between healthcare organizations and insurance companies has begun to gain momentum, thereby providing hospitals and clinics with an additional flow of patients. It is worth noting partnerships between medical centers and sanatoriums. As P2 states: “In the presence of such agreements, guests of sanatoriums are provided with various bonuses and discounts when contacting partner medical centers.”

One of the most important collaborations in the field of medical tourism is the partnership between healthcare facilities and medical tour operators. Larger medical centers have announced such relationships with both Belarusian and foreign medical tour operators. It should be understood that not all collaborations for medical centers turn into an additional flow of medical tourists, since “sometimes requests from some medical tour operators are not observed” (P15). When it comes to relationships with foreign medical tour operators, Belarusian hospitals and clinics, especially state-owned ones, face difficulties in paying their commissions abroad. The fact is that the payment of a commission to a foreign partner implies the purchase of foreign currency. To carry out this operation, the healthcare facility needs to prepare a list of documents presenting the justification, which is a rather complicated process. In such

situations, the way out can be the inclusion of a third party in the partnership - a Belarusian medical tour operator. In Belarus, medical tour operators tried to work out this kind of trilateral agreements but faced the following nuance. Due to the fact that the prices for medical interventions and the commission for partners are relatively low, foreign partners, when calculating their benefits, are more willing to send their medical tourists to more profitable destinations.

Why are partnership programs not being developed in Belarus, as, for example, in Germany, Israel, Turkey? The fact is that we have low prices and not such high commissions. Commission at the level of 10% is considered standard, 15% is the maximum. In our country, a joint replacement surgery costs about \$6,000, while in Turkey it is about \$9,000, and in Israel, \$18,000. If in Belarus a foreign partner is offered \$600 for such an operation with a commission of 10%, while in other countries there is an opportunity to earn more than \$1000 for a similar operation, then in such situations the partner is inclined to choose other countries. (P1)

As for the other partners of the medical tour operator, they have to cooperate in their work with travel agencies and the Belavia airline. It is also worth noting here that medical tour operators do not receive any commission from accommodation of medical tourists. With regard to cooperation between medical tour operators in Belarus, P1 and P2 stated that they know about the existence of others, but have no relationship with them.

Another important aspect is the interaction of various stakeholders with the government. As P2 states: “We do not have a sense of a barrier with the government, and civil servants are open to initiatives and proposals.” In general, there is an opportunity to participate in decision-making at a higher level. For example, there is a Commission for the Development of Medical Tourism under the Ministry of Health, to whose meetings the most significant market players are invited.

With regard to the various forms of unions whose purpose is to bring together different stakeholders, at the moment this does not exist in the field of medical

tourism in Belarus. However, Belarus has experience in creating clusters, which means a group of organizations cooperating with each other within the same geographical area. In Belarus, there are cluster initiatives in various sectors, including agro-ecotourism and pharmaceuticals. When asking interviewees about the necessity of creating a medical tourism association, most of the experts were positive or neutral. In addition, as P1 suggests: “The right moment for the establishment of a medical tourism association is coming.” The idea that “the appearance of an association should be at the right time” (P1 and P7) and “be the result of some achievements” (P1, P5 and P12) was mentioned several times during the interviews. Some preparations related to the establishment of an association called the Medical Services Export Association were reported. According to the interviewees P1 and P5, the future head of the association has already received approval from the Ministry of Health for the establishment of this associating and is preparing the necessary documents. The stated goals of the association will include bringing together various market players, their training, the creation of development and promotion strategies, as well as lobbying for the necessary initiatives.

5.14 Impacts and sustainable development of medical tourism

As part of the interviews with experts, the possible consequences of the development of medical tourism in Belarus were discussed. In the conversation, only the positive impacts of medical tourism for the country at the moment and in the future were noted. First of all, attention was paid to the positive impact on the economy due to foreign currency earnings from medical tourism. Also the fact that “foreign citizens coming to Belarus for treatment contribute to strengthening the prestige of the country” was pointed at by P9.

One of the most significant positive aspects of the development of medical tourism can be considered the benefit of the local population from this activity. Thanks to the funds earned from providing medical interventions to foreign citizens, better and more timely treatment of Belarusians is possible, which positively affects their quality of life. It can even be said that the treatment of Belarusians is partially financed by the profits from medical tourists. So P10 provides an example: “One transplant operation performed on a foreign citizen is able to cover the costs of its implementation on 3-4 Belarusians, including the necessary therapy.” In addition, the profit from medical tourism allows not only to treat, but also to develop some branches of medicine. Policies of this kind are recognized in the literature as being conducive to sustainable development (Jackson & Barber, 2015). Experts believe that medical tourism will not negatively affect Belarusians and health services will remain accessible to the local population (P1, P4, P9, P10, P13 and P15). Such findings do not correspond to the consequences described in the literature, which imply limited access to medical services for the local population (AbuKhakifeh & Faller, 2015; Connell, 2011; Turner, 2007). Experts assure that the current situation is still very far from the displacement of Belarusians by foreigners and the infringement of their rights (P5, P8 and P11). Within the framework of the current legislation, which provides social guarantees to the population, the above threats are not foreseen in the nearest future, even in the event of a significant increase in the flow of foreigners. Currently, the management of the healthcare facilities in the country makes decisions based on the principles of priority treatment of Belarusians and non-infringement of their rights.

Access to medical services for the local population may also be affected by the migration of medical personnel abroad. Thus, the research also tried to better

understand whether there is the potential for shortage of medical personnel in Belarus and a trend of their outflow abroad. In the eyes of the Belarusian stakeholders, medical tourism is not seen as a way to prevent the migration of doctors abroad or to facilitate their return. Just some interviewees, P10 and P12, believe that “there is only some likelihood that in the Belarusian context medical tourism can contribute to the reverse migration of doctors from abroad.” In the literature, on the contrary, medical tourism is recognized as effective in combating the outflow of medical specialists in a number of destinations (AbuKhakifeh & Faller, 2015). It is likely that the vision in Belarus at this stage is different due to the fact that a relatively small proportion of doctors in their practice encounter medical tourists, for which they receive financial incentives. Moreover, many of those who receive this kind of reward consider it insufficient.

With regard to the ecological dimension, participants unanimously agreed that medical tourism was unlikely to pose a threat to the environment. None of the interviewees pointed out any potential environmental problems that could arise from the development of medical tourism in Belarus. Perhaps these results are related to the experts believing that medical tourism will not develop to a level where the ecological footprint of the industry will be too high, and their opinion that demand for these medical services will not exceed the industry’s capacity.

Concerning awareness of the concept of sustainable development, the interviews showed that slightly more than half of the participants had previously heard and had at least a remote understanding of sustainability, while a small proportion of respondents with advanced knowledge in this area was identified. Nevertheless, a little less than half had not heard of such a concept before. P2 believes that “the concept of sustainable development is taken into account by more

advanced leaders, and the likelihood of encountering projects in this area is higher among private clinics.” For example, one of the leading private companies in the field of medical tourism in Belarus allocated a space for a section on its website dedicated to corporate social responsibility. Admittedly, some action has been taken to raise awareness of the Sustainable Development Goals, whose logo, with a clickable link to more detailed information, appears on the websites of almost every public healthcare facility.

Within the framework of sustainable development, work is being carried out in various areas. When it comes to the ecological dimension, P12 and P13 believe that organizations take this aspect into account in their activities and care about the environment. However, despite the good intentions of protecting nature, companies often face much more serious problems, the solution of which comes to the fore for them. Stakeholders’ activities in this area can be grouped into categories such as resource efficiency, management of medical waste, recycling and waste management. With regard to the resource efficiency, energy saving programs are approved at the state level. Organizations in their activities are guided by established plans, striving to meet energy saving indicators. For example, various organizations involved in medical tourism are trying to switch to the use of equipment with lower energy consumption.

As for the management of medical waste, this area in Belarus is strictly controlled by the state, which obliges various healthcare entities to conclude separate agreements for the disposal of medical waste. In general, the disposal of medical waste is carried out separately from household waste, with subsequent division into classes at the healthcare facility. The Decree of the Ministry of Health dated February 7, 2018 (No. 14 “Sanitary and epidemiological requirements for medical

waste management”) defined new approaches to the management and classification of medical waste. In particular, the priority is the separate collection of medical waste and the separation of secondary material resources from their composition (Feshchenko & Misiuchenka, 2019). Belarusian legislation requires to disinfect medical waste either by chemical, physical, combined or other methods before its disposal (Ministry of Health, 2020). The most common methods for the disposal of medical waste in Belarus are considered to be autoclaving, chemical disinfection, and waste incineration (Ministry of Health, 2020). Some scientists express their concern about the popularity of the chemical method, which retains the volume and mass of waste and produces toxic wastewater that requires disinfection and poses a threat to the environment (Soroko, 2015; Batsukova & Borschenskaya, n.d.). “Of the total medical waste generated in 2019, 49.86 tons (78%) were neutralized, 10.97 tons (17%) used and 3.52 tons (6%) buried” (Ministry of Health, 2020, p. 34). Despite some advances in this area, there is a need for the production of equipment and consumables for packaging medical waste, domestic medical waste treatment plants (Soroko, 2015). Moreover, the use of a waste classifier different from that adopted in European countries, as well as differences in the definition of key concepts in this area, makes it difficult to compare Belarus with other states (Shershunovich & Tochitskaya, 2018).

During the discussion of this topic with the interviewees, the problem of proper disposal of medicines was raised by P13. Thus, expired medicines that are thrown into household waste by people pose a danger of groundwater contamination, not to mention the fact that various animals also fall into the risk zone in the absence of any obstacles to the use of such waste for food. In the short and long term, this poses a serious threat to sustainable development. Some healthcare facilities in

Belarus, realizing the importance of the problem, are taking measures to raise awareness of the population regarding the delivery of such drugs to hospitals or clinics for their further disposal.

Last but not least in the field of ecology is recycling and waste management. To date, Belarus is recycling household waste, but not on such a large scale as in some Western countries. On the part of the state, requirements are set in relation to enterprises to achieve indicators of waste management and their optimization. However, despite a fairly large number of containers for separate waste on the streets, the culture of separate collection of household waste among the population remains extremely low. Separate collection of household waste by both individuals and legal entities is not imposed by law and is carried out on a voluntary basis. With regard to the use of plastic for medical purposes, some participants comment that “it would be problematic to end the use of plastic” (P4) due to the “convenience and necessary characteristics of the material” (P10). In the words of another interviewee, P9: “We are ready to use more sustainable and environmentally friendly alternatives to plastic if such existed on the market.”

As for the social dimension, activities in the field of sustainable development can be divided according to their focus, among which are employees, patients and the local population. Given socially oriented policy many activities are embedded in daily life and are not perceived by companies as something special. Some participants, due to the lack of theoretical knowledge concerning sustainable development, found it difficult to give examples at first. However, after a brief introduction to the concept, it turned out that there are a number of good initiatives in the activities of the organizations. Most companies, when carrying out such activities, do not disclose information about them publicly. As observed, activism in

the field of corporate social responsibility is not seen and used as a possible tool to win the trust of various stakeholders. Although public statements on completed activities could at least facilitate the exchange of good practices in the field of medical tourism.

To begin with, sustainable development activities aimed at employees will be discussed. As a rule, most leaders of organizations are interested in the development of their staff. Therefore, in addition to the mandatory training of doctors required by the state, managers often cover part of the cost of travel to conferences, seminars and other trainings. With regard to the mandatory training of doctors, P15 states: "Private clinics pay for their doctors at the expense of the organization, while for public ones it is free." Another respondent, P16, says: "Some medical centers organize free seminars and conferences for doctors on the basis of their institution." In addition to training, companies associated with medical tourism provide their employees with free dental care up to a certain amount throughout the year (P1). Among other things, the organization of informal events for employees was mentioned.

As for activities aimed at patients, hospital-based initiatives called "schools" have some elements of sustainable development. These schools imply the organization of group classes for patients with a certain disease on the basis of public hospitals. So, for example, the doctor, within the framework of the program, will inform the students of the "School of Diabetes" about the disease, the principles of nutrition, the glycemic index, insulin therapy and much more. As P11 states: "One of the advantages of such schools is the time saved by a specialist who does not need to convey the same information to each patient individually." Among other things, the psychological support provided to patients, as well as training activities for patient care can be highlighted.

With regard to activities aimed at the local population, one of the prominent examples can be the organization of charity auctions by a medical tour operator, the received funds from which were directed to the construction of a children's hospice. The list of landmark projects also includes the social service "131", created by the efforts of the Health Committee of the city of Minsk and the clinic called "Medical Initiative". Within the framework of this project, a separate telephone line has been opened for medical tourists, the operators of which speak foreign languages. Service 131 specialists can assist medical tourists in selecting a program of examination and treatment according to various criteria. Another area of activities in relation to the local population, applied to a greater extent by private clinics, is “the provision of discounts to socially vulnerable groups of the population” (P13). Sometimes medical care is provided free of charge by private clinics, as, for example, in the case of veterans of the Second World War (P15). Medical centers organize various campaigns to inform the population about diseases, as well as conduct surveys on the awareness of the population about the level of sugar, cholesterol or blood pressure. In addition to informational support, the private clinics also provide material support, participating as sponsors for the purchase of gifts for schools and centers of social services for the population.

As for the economic dimension, the interview participants commented on this issue to a lesser extent. They shared mainly general information without going into details, and some specific questions regarding finances were not asked due to ethical considerations. Public healthcare facilities, which are leaders in the export of medical services, and most private medical centers show good economic performance. The rest of the state medical facilities cannot boast of outstanding economic results. Amid the pandemic, medical tour operators faced some economic difficulties, but there was

no talk of layoffs or termination of the organization's activities. Many organizations have to operate under financial constraints, in particular in the public sector, which affects their ability to create decent jobs and ensure timely infrastructure upgrades. The state, for its part, raises the salaries of medical staff, however, according to the doctors (P11, P14 and P16), “salaries are still low” and do not correspond to the burden that falls on their shoulders. As for other aspects, the decrease of the public sector in favor of the private sector, which is a common concern in the literature, does not seem to be a problem for Belarus at this stage of development (AbuKhakifeh & Faller, 2015; Jackson & Barber, 2015). Moreover, the private sector, which operates in a stricter legal framework, may be considered as the disadvantaged one. A similar conclusion may be obtained concerning the problem of profit leakage abroad, which does not manifest itself in Belarus due to the absence of large foreign investors in the field of healthcare. The market of medical services in Belarus is represented by local organizations, where the local population is mainly employed. Funds earned in the field of medical tourism are used for material incentives for staff, equipment, infrastructure, education, which also benefit various stakeholders.

To sum up, looking at medical tourism in Belarus through the lens of sustainable development, one can note both contributing and hindering elements to it. In general, Belarus demonstrates good progress in social dimension. while most of the weaknesses fall on the economic pillar. With regard to the environmental component, as the significant issues are not manifested, different stakeholders, as a rule, tend to pay less attention to this area.

CHAPTER 6

CONCLUSION

Medical tourism has developed rapidly in recent decades around the world. The development of this industry takes place in various contexts, healthcare systems, legal frameworks, which determine the scenario for the development of medical tourism and its impacts. In this regard, research devoted to describing different experiences is valuable, since it enables managers in other destinations to anticipate the possible strengths and weaknesses of policy options (Beland & Zarzeczny, 2018). Within the scope of this study, the supply stakeholders' vision of the current situation in the field of medical tourism in Belarus is presented, thus depicting the situation in a country where this industry is still developing in the context of a universal healthcare system with a dominant public sector. When describing the current situation, some features and differences adherent to the system and development scenario are highlighted. Given the rapid growth of the medical tourism industry the need to develop sustainably is increasing. Taking into account the new reality of the development of the industry in Belarus, the study identifies aspects in the system and experience in developing a medical tourism destination and discusses it from the perspective of sustainability principles. Theoretical and practical implications are presented below.

6.1 Theoretical implications

Most research on medical tourism has been conducted in countries with a developed private sector, as well as healthcare systems funded by health insurance. At the same time, little attention has been paid to how the development of this industry occurs in

other contexts. The gap in this body of knowledge offers the opportunity for the present study to explore the development of medical tourism in a destination that belongs to the group of countries with universal healthcare systems. An example of such a destination is Belarus, which is the focus of this study. Belarus is also of interest due to the developed public sector, which accounts for a larger share of medical tourists, while in other destinations the main number of them falls on the private sector. In addition to it, the special context of Belarus also lies in the absence of compulsory health insurance with a low prevalence of voluntary health insurance, a fact that has driven the country to develop its own version of medical tourism.

At the same time, the study on the example of Belarus may contribute to the literature in the field of medical tourism development in the post-Soviet space, which is currently understudied. The contribution of this study to the literature on medical tourism in the post-Soviet space lies in a detailed description and analysis of one of its countries - Belarus.

In addition, this research contributes to the literature on medical tourism in Belarus, since it is the first study based on the use of primary data. Previous studies in Belarus were mainly dedicated to the exploration of foreign experiences followed by recommendations or information provision about the general context and the legal framework for medical tourism in Belarus. Thus, the study's findings may be useful in countries with the universal healthcare system or with a developed public sector, where a certain proportion of medical tourists are served in public hospitals.

To start with, the literature on the topic remarks that the development of medical tourism is usually driven by the private sector (AbuKhakifeh & Faller, 2015; Turner, 2007). In Belarus, in contrast, the growth of the medical tourism sector is happening thanks to the public hospitals. Given the different contexts in which

medical tourism develops, it is interesting to see whether the same issues are manifesting and whether destinations with a strong public sector develop in the same way as destinations dominated by the private sector. Taking a closer look at Belarus as a medical tourism destination with a strong public sector, one can state that its development path is different. In this context, the role of the state and its decisions are extremely important. It is misleading to expect that medical tourism, in the absence of a tough competitive environment, as it happens in the private sector, will develop independently without any incentives and pushes from the government. Therefore, success often lies where the state has provided timely financial and legislative support.

Furthermore, insufficient motivation and interest determine the behavior of public sector players. In medical tourism, this can manifest itself as a reluctance to make additional efforts, knowing that there will be always work and salary will remain unchanged, while there are a lot of local patients willing to receive medical care in the public sector. It is much more difficult for such destinations to work on improving the service, or to put effort in areas that require some creativity, such as marketing. But at the same time, doctors working in the public sector in Belarus have retained a quality that is appreciated by both local and foreign patients. This quality lies in the human attitude to the patient without the pursuit of earnings on unnecessary medical interventions. Thus, the non-profit mentality that is mostly prevalent in the Belarus medical tourism sector has both advantages and disadvantages.

Limited financial resources is also a constraint that hinders the development of medical tourism in this context. Thus, all of these aspects affect the development of medical tourism in the country, making it is less rapid. However, despite the

slower pace, the development of medical tourism in a context in which the public sector is predominant, along with strict regulations makes it possible to avoid or partially prevent a number of problems, such as the migration of medical personnel from the public to the private sector, the diversion of resources intended for the development of public hospitals to private clinics, the restriction of access to medical services for the local population, the leakage of profits from private clinics abroad to foreign investors. These problems were not observed in the case of Belarus.

In the literature on medical tourism, especially in those cases in which the private sector has a large weight, strict regulation and control is recognized as one of the effective tools to combat negative consequences (Pennings, 2007). Belarus, in turn, is known as a country with strict regulations and control. Some of the measures taken in Belarus include those recommended for destinations with a strong private sector. So the case of Belarus provides an opportunity to look at the implications of strong regulations. To start with, strict regulation has its own advantages and disadvantages. As for the advantages, having stringent rules acts as a guarantor of quality, which increases the trust of medical tourists to doctors and medical interventions. Also, strict regulation can ensure transparency, as well as the stability and affordability of prices for medical interventions. Against the background of other destinations where there are problems of price inconsistencies or even abuse, this can serve as an additional competitive advantage for the country. As mentioned above, strict regulation in a country with a developed public health sector can reduce or even prevent the negative effects of medical tourism development.

However, a context that is very strict and regulated also has a range of disadvantages, especially when over-regulation is observed, as is the case in Belarus. Excessive bureaucracy and the need to comply with various regulatory requirements

complicate the work of specialists and hinder the growth of medical tourism. Moreover, public medical organizations are not able to make their own decisions on the amount of remuneration of staff working with medical tourists. Also, the inflexibility of public hospitals has a negative impact on cooperation with foreign medical tour operators and other partners. Public medical centers have difficulties in paying commissions abroad due to various bureaucratic procedures. This also affects the development of partnership programs in Belarus.

Along with regulation, it is also necessary to mention the planning that permeates the entire system. Planning of healthcare and medical tourism allows for the use of resources rationally and prepares for projected volumes of work. When developing various investment programs in healthcare, the state also plans to see in response an increase in the export of medical services in the country. However, planning also brings some negative aspects, such as limited decision-making by public health facilities. Plans sent from the center do not allow hospitals to determine their own priorities in the provision of services and their development. Central planning also extends to conventional tourism. The concentration of decision-making in one place also puts at risk the development of tourism infrastructure in the regions in favor of larger cities.

The study also reveals a number of distinctive characteristics of the medical tourism development in Belarus. Firstly, the specialization of both medical facilities and medical tour operators is noted. As for the former, it can be argued that the areas of specialization of public and private medical centers differ. There are medical interventions that can only be carried out in the public sector. For example, all types of high-tech medical care, as well as medical care requiring a stay in a hospital, are provided exclusively in public hospitals. With regard to medical tour operators,

specialization is also seen. Belarusian medical tour operators talk about occupying a niche in the market. Examples include the specialization in dentistry, plastic surgery, and oncology. Against this background, the absence of tough competition as such is noted, which is one of the problems of medical tourism in some destinations (Skountridaki, 2017). The specialization of medical tour operators contributes to the constant and better monitoring of all offers on the market. As a result, the medical tourist receives the best price-quality offer. Tour operators that work in their own niche also improve the performance of the entire industry. Besides, some medical tour operators combine their work with other businesses in the medical field, such as running a chain of dental clinics or selling dental implants. In a situation where two businesses involved in medical tourism are able to complement each other, it gives them an additional competitive advantage and resilience.

At the same time, the role of medical tour operators in Belarus differs from that of similar companies in other countries. The main peculiarity lies in the fact that medical tour operators in Belarus do not provide tours, excursions and the like on their own. To organize this kind of leisure, they turn to their partners - travel agencies. In contrast, in other medical tourist destinations this service is borne by the medical tour operator (Yusof & Rosnan, 2020). Understanding the difference in the capabilities of medical tour operators and travel agencies in various contexts is important for healthcare facilities when concluding agreements. Thus, if the Belarusian medical center pursues an additional flow of patients and advertising of its organization abroad, then it makes sense to conclude agreements with a medical tour operator. In the case when a medical facility is ready to independently perform these functions, but feels the need just for a partnership to organize accommodation and tourist entertainment, then there is every reason to resort only to cooperation

with travel agencies. In Belarus, for example, at the very initial stages, medical centers did not see the difference between these organizations. And the conclusion of agreements with a large number of travel agencies that decided to try their hand at a new tourism area did not bring results for medical centers. Subsequently, medical tour operators, for whom this is the main activity, faced the need to explain their difference and value from previous agencies to the management of healthcare facilities. Travel agencies, in its turn, should take into account the specifics of work in medical tourism before declaring the provision of such services. This area requires certain knowledge, which is often beyond the competence of travel agents. In this regard, the inclusion of this type of tourism in their activities implies changes in the staff, as well as additional training. Moreover, against the background of the already low demand for excursions and tours in Belarus among medical tourists, medical tour operators that do not provide these services on their own and do not profit from this activity may be less interested in their advertising and offer, which may partially limit the development of the country's tourism potential.

Another distinctive feature of medical tourism in Belarus is identified in the area of marketing. It lies in a different attitude towards this activity as compared to other popular medical destinations such as Israel or Turkey, where great importance is attached to marketing and large sums may be spent on promotional activities. In contrast, Belarus practically does not use active marketing in the development of medical tourism. According to the respondents, in some areas of medicine in Belarus marketing is considered unnecessary due to the already heavy workload and demand. Moreover, many managers, against the backdrop of limited financial resources, see such an investment as inappropriate. As a result, Belarus is a destination for medical tourism, which by and large is promoted through word of mouth. For many

Belarusian stakeholders, this form of advertising seems to be the most convenient due to the lack of costs as such and the gradual growth rate. However, this form of marketing does not allow for control and planning of future demand, leaving the destination vulnerable to unforeseen situations. Also, this attitude towards advertising in medical tourism is reflected in the absence of marketing departments in medical centers in Belarus. In the country, medical facilities, both public and private, do not engage in marketing and often rely on promotion through medical tour operators. Many medical facilities are satisfied with this situation, in which the responsibility for promoting abroad is taken by another company. This is in contrast to what some studies term a reverse trend, where medical centers tend to conduct marketing campaigns on their own, as is observed in Malaysia (Yusof & Rosnan, 2020). Opting out of marketing abroad by healthcare facilities and complete dependence only on advertising campaigns of medical tour operators also carries its own risks. After attracting a medical tourist, a medical tour operator in some situations may be faced with the choice of which medical center to send the request of this patient to. If there are stronger competitors or more attractive terms of cooperation for a medical tour operator with another medical center, a healthcare facility may find itself at a disadvantage in terms of flow of medical tourists.

Also, a peculiarity in contractual relations for medical tourism in Belarus emerges from this research. Belarusian legislation does not provide for the conclusion of an agreement between a medical tourist and a medical tour operator. This type of relationship entails a number of benefits for the medical tourist. Firstly, resorting to the services of a medical tour operator does not make the final cost of medical interventions more expensive. With such a contractual relationship, medical tour operators have no opportunity for fraud. Secondly, the medical tourist is not

required to pay in advance before the trip, all appointments to doctors are booked free of charge, and all payments are made upon arrival to the healthcare facility. Also, the absence of a difference in cost can allow medical tourists to receive better service from a medical tour operator, while the medical center does not need to keep a large staff of employees involved in advertising and accompanying such patients. It should be added that Belarus belongs to a number of countries where cooperation between commercial organizations and medical facilities performing transplant operations is prohibited. This ban prevents possible corruption schemes and other unethical violations.

6.2 Practical implications

The study provides some practical implications that may be useful to medical tourism stakeholders in Belarus and other destinations. These implications cover areas such as access to new markets, information exchange and provision, education and incentives, sustainability awareness and ethical issues.

To start with, Belarus has the potential and a number of competitive advantages for the development of medical tourism, the main of which are highly qualified specialists and medical interventions that meet the price-quality criterion. At the moment, the main competitive advantage is related to Belarusian healthcare being ahead of a number of post-Soviet countries in some indicators. This situation forms the basis for the demand for Belarusian medical tourism in the region. In addition, less stringent requirements for medical interventions, as well as the possibility of obtaining medical care that is not available in a number of countries, attract medical tourists. The latter encompasses a number of transplant operations, which also includes stem cell transplantation. The accumulated experience and good

performance of operations in the field of transplantology provide an opportunity for the growth of exports in this sector. However, in the subsequent increase in volumes, it is worth focusing on attracting foreign patients with a related donor. Popular areas such as dentistry, plastic surgery, oncology, cardiac and bariatric surgery, check-up programs should also be further developed in the future.

Moreover, the competitive advantage of Belarus also lies in the development of medical tourism in a destination with a well-developed and strong health tourism. A developed network of sanatoriums is one of the main tourism brands in the country, which also contributes to the formation of a brand of medical tourism. The provision by some sanatoriums of the possibility of obtaining medical services in addition to wellness makes the product unique and more competitive. Belarus can also take advantage of the current situation with strict regulation and pay attention to this when positioning itself in foreign markets. This argument only reinforces previous statements about value for money in the field of medical tourism. In Belarus, where medical tourism is still at an early stage, there is a clear understanding that such leading countries as Germany and Israel are not competitors. It may be said that Belarus can claim to be the leader in its region having the potential to compete in the global medical tourism market only in certain types of medical interventions.

In this study, Belarus, acting as a recipient country for medical tourists from mainly post-Soviet countries, points to medical interventions that are in demand, which for some reason are not received in that healthcare systems. Thus, the study indirectly highlights weaknesses in other countries of the region; the current research may help identify and address these issues. At the same time, the study sheds light on already occupied niches in the field of medical tourism in the region. This

information may become a starting point for understanding areas where other countries could take a niche and become part of medical tourism in the post-Soviet region. Moreover, the study of the experience of the countries of the region is useful and lies in the possibility of its application in view of some similarities of systems due to a common past. The use of best practices can help increase exports to countries outside the region.

Despite the fact that medical tourists from all over the world come to Belarus, the main source of tourists falls on a couple of countries. As it was mentioned before, among the main supplier-countries of medical tourists to Belarus are Russia and Ukraine. Given the current war between these countries Belarus risks losing part of its main markets in medical tourism.

Belarus still does not use some of the tools to reach potential medical tourists, which are actively employed in other destinations. Among these, cooperation with foreign insurance companies stands out, together with its prerequisite of obtaining international accreditation. Insurance companies are considered to be one of the main providers of medical tourists to host countries. However, such insurance companies, before starting cooperation with medical institutions, need to make sure that the medical interventions carried out by the latter are of high quality and safe. In order to minimize risks, insurance companies are guided by the presence of international accreditations, which act as a guarantor of compliance with international healthcare standards. In Belarus, to date, neither such cooperation with foreign insurance companies, nor the presence of international accreditations, such as JCI or Temos, is seen. In order to solve the problem of cross-border medical insurance, Belarus must first of all bring its medical facilities in line with international requirements. In the course of the study, suggestions were made that Belarusian medical centers could

meet certain requirements. But weaknesses were also identified, due to which difficulties in passing accreditation may arise. These obstacles include buildings and utility rooms that were built in the past according to other standards. Also, such problem areas that require attention include the service and infrastructure of hospitals, in particular, wards. Although international accreditation is not feasible in the nearest future for most medical facilities, their managers should at least strive for local accreditation, which has recently been introduced. It would not be superfluous to be also guided by international standards in making decisions regarding construction, education, equipment and others, in order to prepare for international accreditation in the future. The state, for its part, could also provide financial support for participation in international exhibitions, also covering the costs of medical facilities for international accreditation. This would be a plus for the whole country, as it would include it in the medical tourism rating lists and databases. Against the backdrop of the outbreak of the economic crisis, private medical centers should understand that due to declining purchasing power, the demand for paid medical services from the local population may decrease, as has happened in a number of countries (Turner, 2007). In this regard, entering new foreign markets and obtaining international accreditation is relevant.

The second issue concerns the exchange and provision of information. For the development of tourist destinations, including those involved in medical tourism, great importance is attached to the exchange of information between various stakeholders (Connell, 2013). In Belarus, there is no organization as such that represents the interests of this industry. Each player in the medical tourism market develops on its own without pursuing any one common goal. A potential solution to this problem could be the creation of a medical tourism association, which is already

on the agenda in Belarus and awaits the right moment for its establishment. The association could become a platform for dialogue between various stakeholders, exchange of experiences and information related to the industry, setting development priorities, identifying problems and ways to solve them, lobbying interests at a higher level, as well as marketing. Regarding the latter, there is still room for improvement in the marketing of medical tourism in Belarus. Within the framework of such an association, the approach to promotion could reach a new level, where other tools would be used besides word of mouth. Also, at the moment there is no website in Belarus that provides information about all medical facilities where medical tourists could potentially apply. There is just a similar state project Clinics of Belarus, where the leading state clinics are represented; however, information on private medical centers is almost absent. Therefore, the reform of this project or the creation of a new one seems appropriate, provided that it will more widely cover the representatives of the private sector.

The next aspect concerns personnel's education and incentives. One of the problems noted in the interviews was the absence of education in the field of medical tourism. Most professionals who are involved in development or organizational aspects, whether they are healthcare facilities, intermediaries or other governmental bodies, come to this sector from related fields, without having the opportunity to get an education in medical tourism. In response to a request created in certain sections of society, an educational product could be created, which is one of the following - training that reveals the nuances of the industry, a separate discipline within a program at a university, or even a separate specialty. The proposed association could also serve as a platform for various training sessions. In the field of education of health workers, it is necessary to create an opportunity for the exchange of students

and professors, which would allow to bring innovations and improvements to the Belarusian system. Also, this step could help bring Belarusian medical facilities closer to international standards. As for incentives, a fairly large part of medical workers believes that financial rewards for medical interventions for medical tourists are subtle and insufficient. An increase in the amount of such remuneration could emphasize the importance of medical tourists for the clinic, thereby motivating staff to self-develop and improve the level of service.

With regard to the concept of sustainability, the study reveals a low level of awareness of the concept among medical tourism stakeholders. Many aspects of the activities of organizations comply with the principles of sustainable development, although, this is done unconsciously. As a rule, managers do not approach this issue systematically and purposefully. Moreover, many organizations do not share publicly the work done in this area, thereby neglecting the potential tool to win trust of various stakeholders. However, this could be done fairly easily by communicating through a website any good initiatives. Implemented projects should be related to the activities of the company and address material issues, thereby contributing to the solution of existing problems, and not only be of a charitable nature. Looking at sustainability performance across three pillars - economic, social and environmental - one can say that Belarus has been able to achieve better results in the social dimension. One of the positive aspects in this area is that medical tourism contributes to the well-being of society without limiting access to medical services. A risk factor for the sustainability of medical tourism in the future is the migration of medical personnel abroad, which the government is actively trying to resolve with more stringent measures. The biggest concern is related to the economic component. Many organizations have to operate in conditions of financial deficit, which threatens their

economic viability. This in some cases leads to an inability to pay decent salaries and to invest in their own infrastructure in a timely manner. An untapped tool for improving healthcare infrastructure is project financing through public-private partnerships. Due to the presence of economic problems, environmental issues are considered less of a priority and relegated to the background. Although serious environmental issues were not mentioned by the stakeholders during the interviews, this may indicate a low level of awareness among the participants in this area, rather than a lack of them. This provides grounds for asserting that there is room for improvement in the field of separate waste collection, recycling, medical waste management and necessity to increase awareness about impacts of medical tourism on environment. However, the transition to alternative and more environmentally friendly practices is often limited by financial considerations.

And last but not least are the ethical issues associated with medical tourism. Destinations that are leaders in medical tourism report a number of problems that they have had to face when developing the sector. Perhaps not all of them are applicable to the Belarusian context; however, foreign experience should not be neglected. One of the main ethical concerns in medical tourism is considered to be the health equity. Medical tourism destinations developing the sectors of medicine that are in demand among foreigners often do this to the detriment of primary health care, that is, disease prevention and outpatient treatment. Belarus, as a country that develops high-tech areas of medicine, should keep this in mind as a potential risk and apply preventive measures. The problem is often not limited to the misuse of public funds, but also keeps pace with the shift of doctors into high-tech specialties, thereby creating a shortage in primary health care. The problem of a lack of medical personnel may be further exacerbated by their migration abroad. Many governments

are using medical tourism to curb the outflow of doctors abroad or to attract them back. Thus, the development of medical tourism for Belarus could turn into another positive side. However, the development of the medical tourism sector also carries the risk of an increase in medical malpractice. In order to avoid problems against the backdrop of an increasing flow of medical tourists following medical interventions, where there is a risk of unintentional medical error, it is necessary to resort to medical malpractice insurance. A country becomes more attractive in the eyes of medical tourists when there are some guarantees that in the event of an unsuccessful outcome of treatment, they will be provided with compensation or correction. Finally, it is also necessary to note the importance of developing medical tourism according to ethical principles in such areas as transplantology and assisted reproductive technologies, the share of which is significant in Belarus.

6.3 Limitations

The findings of this study have to be seen in light of some limitations. The first limitation is that the list of participants interviewed did not include the local population. Due to the fact that the scale of medical tourism is not so large in Belarus, it is difficult to identify individuals from the local population affected by this sector.

The specifics of each field of medicine also bring forth a limitation to the study. Transferring data, drawing analogies from one area of medicine to another, or generalizing data for the entire sector may lead to incorrect conclusions. Thus, the interviewed professionals provided more detailed information regarding their field without delving into the nuances of other areas. Within the framework of this study, it was not possible to conduct an interview with a representative of each field of

medicine. Instead, interviews were conducted only with representatives of those medical facilities whose services are in relatively higher demand among medical tourists. At the same time, it was not possible to reach doctors of certain specialties, which, along with the interviewed ones, can also be considered important for the medical tourism sector. Therefore, the lack of mention or insufficient coverage of certain areas of medicine in this study may be a limitation.

Another limitation stems from the outbreak of war in the region between Russia and Ukraine in February 2022. The data was collected a few months before this event and describes the pre-conflict situation. In the light of this event, the demand for medical tourism in Belarus from the conflicting countries may change. Moreover, the brand of Belarus as a country has deteriorated somewhat due to the provision of part of its territory for the bases of the Russian army at the beginning of the war. It may cause a decrease in the demand from some Western countries, as well as additional travel difficulties.

The low awareness of interviewees regarding the impact of medical tourism on the environment can be considered as another limitation. The fact that stakeholders did not mention problems in this area during the interview does not indicate their complete absence in reality.

6.4 Further research

To develop a full picture of the medical tourism phenomenon in Belarus, additional studies will be needed that focus on the demand side, in particular medical tourists. This study, which is a view of the industry only from the supplier-stakeholders, could be supplemented with the points of view of medical tourists regarding some of the topics that were touched upon with the first group. Also, a comparative study with

other countries from the post-Soviet space could confirm or refute some of the conclusions made in this study regarding the development of medical tourism in the universal healthcare system or in a context with a dominant public sector. Such a comparative study may as well identify similarities and differences among medical tourist destinations in different countries with such a similar context. Another area of future research may be the study of the current situation regarding the provision of medical interventions in Belarusian sanatoriums. This is an area that is particular to the development of medical tourism in Belarus and which may also be of interest in other countries.

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APPENDIX A

INTERVIEW GUIDELINE (English translation)

1. Is medical tourism in Belarus competitive?
 - 1.1. What procedures are in demand among foreign patients?
 - 1.2. From which countries do medical tourists come for treatment?
 - 1.3. The range of services for foreigners is less or the same in comparison with what is provided to the local population? (question just for healthcare facility)
 - 1.4. Do you provide any services for free for foreign patients (transfer, translation and etc.)? (question just for healthcare facility)
2. Can you describe a medical tourist path in our healthcare system starting with how a patient generally learns about the possibility of receiving treatment in our country?
 - 2.1. How do you promote your healthcare facility/Belarusian medical tourism abroad, through what channels? At the moment what markets are you targeting in your campaigns? Do you have any plans to target new markets? What are they?
 - 2.2. What are the peculiarities of advertising medical services from the point of view of legislation? (question just for law office)
 - 2.3. Do you provide online-consultations? (question just for healthcare facility)
 - 2.4. When does communication with a patient stop (right after implementation of medical intervention, hospital discharge, homecoming, completion of follow-up care at the domestic healthcare system)? (question just for healthcare facility)
 - 2.5. Do you have service survey questionnaires for foreign patients?

- 2.6. How are foreign patients' complaints handled? Is there any organization that represent and protects interests of patients in Belarus?
3. Which actors are involved in medical tourism in Belarus and who is responsible for what? Do they cooperate with each other?
 - 3.1. Are there any agreements with other governments or healthcare facilities abroad in the field of medical tourism?
 - 3.2. With what organizations do you collaborate (medical tourism tour operators, insurance companies, healthcare facilities, hotels, transportation companies)?
 - 3.3. How the relationships between healthcare facilities and medical tour operator are regulated (commission agreement)? Are there any bills to improve them?
 - 3.4. What criteria do you use while choosing suppliers and partners (local provider over international one, presence of certain certification)?
 - 3.5. What measures have been taken to facilitate the development of the relationship between Belarusian healthcare facilities and medical tour operator, international insurance companies?
 - 3.6. In your opinion, is there a need in establishment of medical tourism association in Belarus? Is Belarus a member of any international medical tourism associations?
 - 3.7. Are there any examples of public-private partnerships in the healthcare system?
 - 3.8. Do you think that a developed public sector is an advantage in the development of medical tourism?
4. What problems do you perceive within the medical tourism industry in Belarus?

- 4.1. Do we have enough medical staff in the country? Is there licensing for doctors?
- 4.2. What is the current state of liability insurance for medical malpractice for medical personnel?
- 4.3. How is the problem of the language barrier between a doctor and a foreign patient solved? How do you motivate your employees to learn foreign languages, join medical associations, engage in scientific activities?
(question just for healthcare facility)
- 4.4. What are the impediments at the moment for obtaining international accreditation? Are there any plans for the initiation of this process at the governmental level, any support from governmental side?
- 4.5. Does our legislation contribute to the development of medical tourism? Can you highlight any gaps in the legislation in relation to medical tourism
(incentives for investment and development of medical tourism, medical visas, quotas)?
5. Do you think that the infrastructure and superstructure are adequate for the growth of medical tourism sector?
 - 5.1. Are medical services provided in addition to health services in Belarusian sanatoriums?
6. Do you think that the concept of sustainability is taken into consideration by your organization and other stakeholders in medical tourism industry in Belarus?
 - 6.1. Can you provide any examples of how sustainability principles are implemented at your healthcare facility (commitment to community
(education grants for students from medical universities, health conversations with public, support groups for certain diseases, marathons for

raising funds), awareness raising, environment protection, economic viability)? (question just for healthcare facility)

- 6.2. How is this concept realized in practice at the governmental level? Do we have any laws that oblige healthcare facilities to report about their environmental and social performance, to introduce waste management?
- 6.3. How can organizations involved in medical tourism participate in and influence decision-making?
7. In your opinion, what are possible consequences of medical tourism development in Belarus?
 - 7.1. What is the profit earned from medical tourism spent on? (improvement of infrastructure, equipment, professional development of doctors, provision of medical services to local people)?
 - 7.2. In what way local people are affected? Can it lead to the limited access to medical services for local people/reverse migration of medical staff from abroad/higher competition/better quality of medical services?
 - 7.3. Do you think that medical tourism constitutes a problem for the environment? What are the areas that you think are most affected?
8. Is there anything else what you would like to add? Anything else I should consider? Do you have any questions for me?

APPENDIX B

THEMES FROM CONTENT ANALYSIS

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
1	Prices are lower for medical interventions	21
2	Medical tourists come because of the professionalism of doctors	19
3	Medical tourism will not limit the access to medical services for Belarusians	19
4	Country of origin of medical tourists	18
5	Medical interventions for which medical tourists come to Belarus	18
6	Reasons for the absence of Joint Commission International (JCI) accreditation	17
7	Fewer tourists due to the pandemic	16
8	Licensing of medical facilities	16
9	Introduction of 30 days visa-free stay for travelers entering through Minsk airport	15
10	The government supports the development of medical tourism	14
11	Medical tourism is competitive	13
12	Markets Belarus focuses on	13
13	Medical malpractice insurance is not widely/sufficiently developed	13
14	Medical tourists travel to Belarus because of high-tech medical care and equipment	12
15	Continuous learning, travelling abroad for study, experience exchange by doctors	12
16	Word of mouth	12
17	Commission for medical tour operator	12
18	Profit from medical tourism is spent on the purchase of equipment	12
19	Stakeholders' attitude toward medical tourism association establishment	12
20	Absence of education in medical tourism	12
21	Peculiarities of pricing for medical interventions in Belarus	11
22	Legislation fostering medical tourism	11
23	Profit from medical tourism is spent on salaries/incentives	11
24	Activities in the field of sustainable development aimed at the local population	11
25	Advertising through social media and internet campaigns	10
26	Intermediaries and doctors keep in touch with medical tourists constantly	10
27	Cooperation of medical facility with insurance companies	10

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
28	Enough infrastructure and entertainment in the country	10
29	Factors preventing investments in healthcare	10
30	Positive impacts of medical tourism	10
31	Management of medical waste	10
32	Activities in the field of sustainable development aimed at patients	10
33	Operations that are not available in other countries	9
34	Pricing strategy	9
35	Online consultations during different stages	9
36	Patients' requests processing	9
37	Planned economy	9
38	Medical tour operators and healthcare facilities occupy a niche	9
39	Non-serious/low-traumatic medical interventions in the private medical centers	8
40	There are areas of medicine in which private clinics are more competitive than public healthcare facilities	8
41	No marketing in healthcare facilities	8
42	Legislation for online consultation	8
43	Free medical care for Belarusians	8
44	Some doctors are insured	8
45	Existence of detailed plans for the development of medical tourism	8
46	Activities in the field of sustainable development aimed at education and training of employees	8
47	Good equipment in healthcare facilities	7
48	Superiority in many parameters over the CIS countries	7
49	Competitors in the international medical tourism market	7
50	Complex medical interventions and best practices in public healthcare facilities	7
51	Collaboration between healthcare facilities	7
52	Participation in exhibitions and conferences	7
53	Online consultation is used to provide basic information and solve organizational issues with patient	7
54	Most doctors speak a foreign language	7
55	Services provided by a medical tour operator to medical tourist	7
56	Strict regulation, overregulation	7
57	The problem of how to get to Belarus because of closed borders	7
58	Belarusians get benefits from medical tourism	7
59	Migration of doctors	7
60	Awareness about the concept of sustainable development	7
61	Recycling and waste management	7
62	Usage of short-term inpatient facility or its absence in private medical centers	6
63	No partnership with other stakeholders	6

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
64	Promotion through medical tour operators	6
65	By law, the range of services for foreigners and Belarusians is the same	6
66	The presence of specialists speaking foreign languages or working with foreigners	6
67	Establishment of a department in the hospitals responsible for dealing with medical tourists	6
68	Preparation of treatment plan	6
69	Development and modernization of the healthcare system over time	6
70	Need to improve the level of service	6
71	Bureaucracy, slow pace in public healthcare facilities	6
72	The presence of medical malpractice insurance in healthcare facilities	6
73	Plans for national accreditation of hospitals	6
74	Less freedom in decision-making in public healthcare facility in comparison to private one	6
75	Incentive principles for personnel differ in different healthcare facilities, departments	6
76	Advanced unique techniques in Belarus appeal medical tourists	5
77	The flow of medical tourists from Russia due to good exchange rate	5
78	Cooperation of healthcare facilities with medical tour operators	5
79	Name of a doctor as a brand	5
80	Website as promotion	5
81	Conclusion of an agreement between the patient and the healthcare facility	5
82	Payment by the patient to the healthcare facility's cash desk upon arrival	5
83	Provision of medical services in sanatoriums	5
84	Using translators	5
85	Transfer of documents to doctor and its evaluation	5
86	Imprint of the past in the Soviet Union	5
87	No need to advertise some branches of medicine, as there is no shortage of patients	5
88	State control, monitoring	5
89	Medical tourism as an additional source of income for the healthcare facility	5
90	The presence of Joint Commission International (JCI) accreditation from organizations	5
91	Profit from medical tourism is for covering the spent funds	5
92	Some hospitals have the option of choosing superior rooms	5

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
93	Medical tourists go to Belarus not to have fun, but to be treated	5
94	Incentives for personnel are available, but not enough	5
95	Resource efficiency	5
96	High quality of medical care attracts medical tourists	4
97	Competition among medical centers	4
98	Legal restrictions that apply only to private clinics	4
99	No partnership between commercial entities and hospitals performing transplant operations	4
100	Established good image	4
101	Patient examination before the start of the treatment	4
102	The majority of medical tourists speak Russian	4
103	Healthcare facilities send invitations for visa application	4
104	Belarus has its own way in the development of medical tourism and the healthcare system	4
105	ISO certification	4
106	Awareness about Joint Commission International (JCI) accreditation	4
107	Obtaining resources by the state healthcare facility from the budget	4
108	Low salaries for doctors (in the public sector)	4
109	Profit from medical tourism is spent for improving the conditions of stay	4
110	Difficulties with air travel due to ban for Belarusian airlines to use airspace and airports of EU countries	4
111	Activities in the field of sustainable development aimed at the wellbeing of employees	4
112	Unlikely that medical tourism poses a threat to the environment	4
113	Good level of service	3
114	Medical tourists highlight good attitude of doctors / human approach in Belarus	3
115	During the pandemic, non-essential types of medical services are in less demand	3
116	During the pandemic, vital health services were in demand the same as before the pandemic	3
117	Belarusians living abroad and its relatives come to Belarus for treatment, as medical care is more affordable	3
118	No feeling of competition among medical tour operators because of wide range of services	3
119	The need to go to a public healthcare facility as some medical interventions are not provided in private medical centers	3
120	Agreement with a foreign medical tour operator	3
121	Meetings with stakeholders at the Ministry of Health	3
122	Medical tour operators can earn on escort, translation services, but not for the transplant operation	3

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
123	Limited budget for advertising	3
124	Promotion through embassies abroad	3
125	Contact via social networks, website, mail	3
126	Patients come not only for consultation, but also for examination, surgery	3
127	No problem in terms of language barrier	3
128	Medical tourism in Belarus is in its infancy	3
129	There are several stages in the development of medical tourism in Belarus	3
130	Belarus has made a big leap forward in medical tourism recently	3
131	Centralized management	3
132	Poorly developed public-private partnership (PPP) for the financing of projects	3
133	Construction of new hospital buildings	3
134	Compulsory health insurance for foreigners	3
135	Medical assistance company “Your Assistance” as intermediary between foreign insurance company and healthcare facility	3
136	Private medical centers are on the rise now	3
137	It is easier to work with a private clinic than public one	3
138	Difficulties with the distribution of finances in state-owned companies/financially inflexible	3
139	Political crisis	3
140	Medical tourists combine medical examinations with holiday during the trip	3
141	The well-developed agroecotourism sector in Belarus and its popularity among foreigners	3
142	The Ministry of Health/civil servants are open to initiatives	3
143	Plans to establish a medical tourism association to unite different stakeholders	3
144	Lack of finance	3
145	Lack of managers, doctors	3
146	Medical tourists don’t trust to doctors in their healthcare system	2
147	Medical tourism recovery after pandemic since the summer 2021	2
148	The state healthcare facilities correct the mistakes of private medical centers	2
149	Cooperation with specialists and healthcare facilities abroad	2
150	Agreements between sanatoriums and healthcare facilities	2
151	Cooperation of medical tour operators with travel agencies	2
152	In other areas, the country should have a positive image/reputation	2

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
153	Project Clinics of Belarus for promotion of medical tourism in Belarus	2
154	The patient starts searching on the Internet	2
155	Printing booklets	2
156	Commercials	2
157	In case of complications or dissatisfaction - free treatment, refund or rework	2
158	Availability of technical infrastructure for online consultations in healthcare facilities	2
159	Patients misuse online consultation	2
160	Great demand among foreigners for holidays in Belarusian sanatoriums	2
161	Poor English among nurses and paramedical staff	2
162	Corruption	2
163	International agreements with other countries	2
164	Healthcare facilities are interested in their reputation and do their best for patient's fulfillment	2
165	Legal protection of doctors and healthcare facilities	2
166	Absence of a global program / master plan for the development of medical tourism	2
167	Benefits of Joint Commission International (JCI) accreditation	2
168	No large chain clinics in Belarus	2
169	Doctors work in several healthcare facilities	2
170	The medical tourism sector adjusts to meet the infrastructure requirements of the increasing flow of patients	2
171	Lots of travel agencies	2
172	Few medical tour operators	2
173	Good transportation to Russia	2
174	There are restaurants serving Kosher and Halal food	2
175	Conditions of stay in the wards differ from one hospital to another	2
176	Popularity of renting apartments among medical tourists	2
177	Stakeholders can participate and influence decision-making at higher level	2
178	No clusters in medical tourism	2
179	The investment in healthcare would pay off	2
180	Possibility of limited access to health services for the local population because of medical tourism	2
181	No mass migration of doctors from the public to the private sector	2
182	Some possibility that medical tourism can foster reverse migration of doctors from abroad	2
183	The possibility of service improvement due to medical tourism development	2
184	Sustainability projects most likely in private companies	2

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
185	Stakeholders care about ecology	2
186	Existence of bigger problems than ecology	2
187	Low culture of separate waste among people	2
188	Lack of sustainable, ecological alternatives for plastic	2
189	At the moment, medical tourism is not competitive	1
190	Less stringent restrictions for some medical interventions than in other countries	1
191	Diagnosis and treatment are provided in one healthcare facility, unlike Europe	1
192	Shorter waiting list for medical intervention than in other countries	1
193	The quality of materials used in healthcare facilities is the same as all over the world	1
194	Equipment in healthcare facilities is good, but not the most advanced in the world	1
195	Tickets are inexpensive	1
196	Cooperation with Belavia airline	1
197	Negative perception of medical tour operators as intermediaries	1
198	Positioning Belarus as an environmentally friendly destination	1
199	Perception of Belarus as a third world country	1
200	The priority is to promote national tourism brands in the global market	1
201	Promotion at the expense of the medical center's own funds	1
202	Healthcare facility's name as a brand	1
203	Advertising in hotels, airport	1
204	No restrictions for performing medical interventions for foreigners as a rule	1
205	A generation of good specialists who speak foreign languages poorly	1
206	Foreign language proficiency by young doctors	1
207	Patient registration by the hospital's legal department	1
208	Survey on the quality of services provided in the healthcare facility	1
209	No surveys on the quality of services provided	1
210	Concentration of all advanced medicine in one city	1
211	Large investment projects with private partners at the design stage	1
212	Patient insurance is not common	1
213	Accreditation of the medical educational center	1
214	Most healthcare facilities are public	1
215	Public medicine dominates in areas with higher profit margins	1
216	Public healthcare facilities are not dependent on export	1
217	Self-financing in private healthcare facilities	1

#	LIST OF THEMES (TRANSLATED TO ENGLISH) ORDERED BY FREQUENCY	FREQUENCY
218	Lack of infrastructure in regional centers	1
219	In a pandemic, patients could get to Belarus, but not to Europe	1
220	Public healthcare facilities have sufficient bed capacity, which cannot be said about private ones	1
221	Medical tourists organize leisure time by themselves	1
222	No apart-hotels	1
223	Material incentives for personnel are sufficient	1
224	Trilateral agreement	1
225	Enough medical personnel	1

APPENDIX C

CATEGORIES AND THEIR GROUP FREQUENCIES

Competitiveness factors for medical tourism in Belarus (133)

- Medical tourism is competitive
- At the moment, medical tourism is not competitive
- Shorter waiting list for medical intervention than in other countries
- Operations that are not available in other countries
- Prices are lower for medical interventions
- Advanced unique techniques in Belarus appeal to medical tourists
- Medical tourists travel to Belarus because of high-tech medical care and equipment
- High quality of medical care attracts medical tourists
- The flow of medical tourists from Russia due to good exchange rate
- Tickets are inexpensive
- Medical tourists highlight good attitude of doctors / human approach in Belarus
- Medical tourists come because of the professionalism of doctors
- Medical tourists don't trust to doctors in their healthcare system
- Superiority in many parameters over the CIS countries
- The quality of materials used in healthcare facilities is the same as all over the world
- Equipment in healthcare facilities is good, but not the most advanced in the world
- Competitors in the international medical tourism market

- Medical interventions for which medical tourists come to Belarus
- Belarusians living abroad and its relatives come to Belarus for treatment, as medical care is more affordable

Strategy, marketing and promotion (108)

- The priority is to promote national tourism brands in the global market
- Promotion at the expense of the medical center's own funds
- Project Clinics of Belarus for promotion of medical tourism in Belarus
- Markets Belarus focuses on
- Limited budget for advertising
- No marketing in healthcare facilities
- Word of mouth
- Advertising through social media and internet campaigns
- Advertising in hotels, airport
- Printing booklets
- Website as promotion
- Commercials
- Participation in exhibitions and conferences
- Promotion through embassies abroad
- Promotion through medical tour operators
- No need to advertise some branches of medicine, as there is no shortage of patients
- Pricing strategy
- Country of origin of medical tourists

The situation and context in Belarus (76)

- Imprint of the past in the Soviet Union
- Free medical care for Belarusians
- Peculiarities of pricing for medical interventions in Belarus
- Bureaucracy, slow pace in public healthcare facilities
- Corruption
- Centralized management
- Concentration of all advanced medicine in one city
- State control, monitoring
- Planned economy
- Most healthcare facilities are public
- Private medical centers are on the rise now
- No large chain clinics in Belarus
- Provision of medical services in sanatoriums
- Diagnosis and treatment are provided in one healthcare facility, unlike Europe
- Political crisis
- The problem of how to get to Belarus because of closed borders
- Difficulties with air travel due to ban for Belarusian airlines to use airspace and airports of EU countries

Collaboration and stakeholders (74)

- Collaboration between healthcare facilities
- Cooperation with specialists and healthcare facilities abroad
- Meetings with stakeholders at the Ministry of Health

- No partnership with other stakeholders
- Cooperation of healthcare facilities with medical tour operators
- Cooperation with Belavia airline
- No partnership between commercial entities and hospitals performing transplant operations
- Agreements between sanatoriums and healthcare facilities
- Cooperation of medical tour operators with travel agencies
- International agreements with other countries
- Cooperation of medical facility with insurance companies
- The Ministry of Health/civil servants are open to initiatives
- Stakeholders can participate and influence decision-making at higher level
- No clusters in medical tourism
- Plans to establish a medical tourism association to unite different stakeholders
- Stakeholders' attitude toward medical tourism association establishment
- Trilateral agreement
- No feeling of competition among medical tour operators because of wide range of services
- Competition among medical centers

Sustainability and sustainable development (72)

- Awareness about the concept of sustainable development
- Sustainability projects most likely in private companies
- Resource efficiency
- Management of medical waste

- Recycling and waste management
- Activities in the field of sustainable development aimed at education and training of employees
- Activities in the field of sustainable development aimed at the wellbeing of employees
- Activities in the field of sustainable development aimed at patients
- Activities in the field of sustainable development aimed at the local population
- Stakeholders care about ecology
- Existence of bigger problems than ecology
- Low culture of separate waste among people
- Lack of sustainable, ecological alternatives for plastic

Medical tourism processes and stages (71)

- The patient starts searching on the Internet
- Contact via social networks, website, mail
- Conclusion of an agreement between the patient and the healthcare facility
- Payment by the patient to the healthcare facility's cash desk upon arrival
- Online consultations during different stages
- Online consultation is used to provide basic information and solve organizational issues with patient
- Patients misuse online consultation
- Patients come not only for consultation, but also for examination, surgery
- Patient examination before the start of the treatment
- Patients' requests processing

- Transfer of documents to doctor and its evaluation
- Preparation of treatment plan
- Healthcare facilities send invitations for visa application
- Patient registration by the hospital's legal department
- Establishment of a department in the hospitals responsible for dealing with medical tourists

Accreditation, certification and licensing (71)

- Licensing of medical facilities
- ISO certification
- Plans for national accreditation of hospitals
- Accreditation of the medical educational center
- The presence of Joint Commission International (JCI) accreditation from organizations
- Awareness about Joint Commission International (JCI) accreditation
- Reasons for the absence of Joint Commission International (JCI) accreditation
- Benefits of Joint Commission International (JCI) accreditation

Financial, budgetary and investment related issues (64)

- Medical tourism as an additional source of income for the healthcare facility
- Obtaining resources by the state healthcare facility from the budget
- Self-financing in private healthcare facilities
- Difficulties with the distribution of finances in state-owned companies/financially inflexible

- Lack of finance
- Factors preventing investments in healthcare
- The investment in healthcare would pay off
- Large investment projects with private partners at the design stage
- Poorly developed public-private partnership (PPP) for the financing of projects
- Profit from medical tourism is spent on the purchase of equipment
- Profit from medical tourism is for covering the spent funds
- Profit from medical tourism is spent on salaries/incentives
- Profit from medical tourism is spent for improving the conditions of stay

Human resources: supply, education and incentives (55)

- Doctors work in several healthcare facilities
- Migration of doctors
- Lack of managers, doctors
- Enough medical personnel
- No mass migration of doctors from the public to the private sector
- Continuous learning, travelling abroad for study, experience exchange by doctors
- Absence of education in medical tourism
- Low salaries for doctors in the public sector
- Incentive principles for personnel differ in different healthcare facilities, departments
- Incentives for personnel are available, but not enough
- Material incentives for personnel are sufficient

Rules and legal framework for medical tourism (55)

- No restrictions for performing medical interventions for foreigners as a rule
- Legislation for online consultation
- Less stringent restrictions for some medical interventions than in other countries
- Legislation fostering medical tourism
- Legal restrictions that apply only to private clinics
- Legal protection of doctors and healthcare facilities
- By law, the range of services for foreigners and Belarusians is the same
- Introduction of 30 days visa-free stay for travelers entering through Minsk airport
- Strict regulation, overregulation

Distribution channels and intermediaries (49)

- Medical tour operators and healthcare facilities occupy a niche
- Lots of travel agencies
- Few medical tour operators
- Services provided by a medical tour operator to medical tourist
- Medical tour operators and doctors keep in touch with medical tourists constantly
- Negative perception of medical tour operators as intermediaries
- Commission for medical tour operator
- Medical tour operators can earn on escort, translation services, but not for the transplant operation
- Agreement with a foreign medical tour operator

Public versus private medical tourism in Belarus (46)

- The state healthcare facilities correct the mistakes of private medical centers
- Complex medical interventions and best practices in public healthcare facilities
- Non-serious/low-traumatic medical interventions in the private medical centers
- Usage of short-term inpatient facility or its absence in private medical centers
- Public healthcare facilities have sufficient bed capacity, which cannot be said about private ones
- The need to go to a public healthcare facility as some medical interventions are not provided in private medical centers
- Public medicine dominates in areas with higher profit margins
- Public healthcare facilities are not dependent on export
- It is easier to work with a private clinic than public one
- Less freedom in decision-making in public healthcare facility in comparison to private one
- There are areas of medicine in which private clinics are more competitive than public healthcare facilities

Impacts of medical tourism (46)

- Positive impacts of medical tourism
- Belarusians get benefits from medical tourism
- Medical tourism will not limit the access to medical services for Belarusians
- Possibility of limited access to health services for the local population because of medical tourism

- Some possibility that medical tourism can foster reverse migration of doctors from abroad
- The possibility of service improvement due to medical tourism development
- Unlikely that medical tourism poses a threat to the environment

The development of healthcare system and medical tourism in Belarus over time (43)

- Development and modernization of the healthcare system over time
- Medical tourism in Belarus is in its infancy
- There are several stages in the development of medical tourism in Belarus
- Belarus has made a big leap forward in medical tourism recently
- Belarus has its own way in the development of medical tourism and the healthcare system
- The government supports the development of medical tourism
- Existence of detailed plans for the development of medical tourism
- Absence of a global program / master plan for the development of medical tourism

Infrastructure and superstructure (39)

- Enough infrastructure and entertainment in the country
- The medical tourism sector adjusts to meet the infrastructure requirements of the increasing flow of patients
- Lack of infrastructure in regional centers
- Good transportation to Russia
- There are restaurants serving Kosher and Halal food
- Popularity of renting apartments among medical tourists

- No aparthotels
- Availability of technical infrastructure for online consultations in hospitals
- Conditions of stay in the wards differ from one hospital to another
- Some hospitals have the option of choosing superior rooms
- Construction of new hospital buildings
- Good equipment in healthcare facilities

Insurance related issues (34)

- The presence of medical malpractice insurance in healthcare facilities
- Some doctors are insured
- Medical malpractice insurance is not widely/sufficiently developed
- Patient insurance is not common
- Compulsory health insurance for foreigners
- Medical assistance company “Your Assistance” as intermediary between foreign insurance company and healthcare facility

Language and communication (29)

- Most doctors speak a foreign language
- The presence of specialists speaking foreign languages or working with foreigners
- Poor English among nurses and paramedical staff
- A generation of good specialists who speak foreign languages poorly
- Foreign language proficiency by young doctors
- Using translators
- No problem in terms of language barrier

- The majority of medical tourists speak Russian

Impact of the pandemic on medical tourism (25)

- Fewer tourists due to the pandemic
- Medical tourism recovery after pandemic since the summer 2021
- During the pandemic, non-essential types of medical services are in less demand
- During the pandemic, vital health services were in demand the same as before the pandemic
- In a pandemic, patients could get to Belarus, but not to Europe

Branding, image and reputation (16)

- Positioning Belarus as an environmentally friendly destination
- Perception of Belarus as a third world country
- Established good image
- In other areas, the country should have a positive image/reputation
- Healthcare facility's name as a brand
- Name of a doctor as a brand
- Healthcare facilities are interested in their reputation and do their best for patient's fulfillment

Tourism activities and leisure (14)

- The well-developed agroecotourism sector in Belarus and its popularity among foreigners
- Great demand among foreigners for holidays in Belarusian sanatoriums

- Medical tourists organize leisure time by themselves
- Medical tourists go to Belarus not to have fun, but to be treated
- Medical tourists combine medical examinations with holiday during the trip

Quality, level of service and satisfaction/dissatisfaction (13)

- Need to improve the level of service
- Good level of service
- In case of complications or dissatisfaction - free treatment, refund or rework
- Survey on the quality of services provided in the healthcare facility
- No surveys on the quality of services provided