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WAR AND HEALTH TOURISM: DATA OF KAYSERİ PROVINCE

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Abstract: In recent years, have been shown in many parts of the world, wars show their destructive effects on the field of health. Health facilities and health staffs can become a target because of the war. The public living in the war zone cannot reach adequate health care and they may have to seek their medical treatments in another country not in theirs. This situation can bring countries, which had experienced war, a potential target market in terms of health tourism. This study aims to examine of patients records who received treatment in the context of health tourism in Kayseri Province, to determine the proportion of patients who comes from the war zone and to put down to the fact that countries which had experienced war as a target market in terms of health tourism. Research findings show that almost one in every four patients comes from countries which had experienced war and 83% of the patients prefer private sector for getting health services. It is concluded that these countries can be assessable as a target market from the point of view of health tourism.

Key Words: War, Health Tourism, Target Market

1.Introduction

Through the human history, war has been remembered with people. In different years, wars have been taking place several countries of different continents in the World. These wars can be seen either between some countries or within a country (Bebiş and Özdemir, 2013; Kılıç et. al, 2015). Wars are destroyer and also destructive elements. Regardless of the cause or causes of the war, it is quite devastating for the side that both initiates the war and has to defend itself (Kılıç et. al, 2015). Both sides are adversely affected by the outcomes of the war and in reality it is a zero-sum game and humanity lose in all.

War leads to political, economic, sociological and psychological problems and the most affected sides of that are innocent and vulnerable people. In consequence of the war, individuals cannot have basic needs such as eating, drinking and sheltering as well as health service which is one of the most basic human rights (Kılıç et.al, 2015). Healthcare providers and health professionals who devote their lives to serving human beings in all circumstances without discriminating of religion, language, race, sex or age might be damaged due to the destructive effect of war. According to Kennedy (2015), it is very important that all armed actors should respect the impartiality of places which are used for medical purposes for the military or civilian population. Targeting hospitals is a violation of sanctity and a war crime. In circumstances that there are not enough health staffs, health equipment and health care facilities, and the existing ones are destroyed by bombs and become dysfunctional, individuals may have to seek for health service, one of the basic human rights, outside of their own countries. After war, cities and countries face the problem that not having enough health facilities, health equipment and health staffs also for serving to their citizens. This is one of the most important reasons of health tourism and why people want to receive medical treatment from other countries.

Alternative and new tourism varieties ensue from getting sufficient share from the tourism market and responding to the changing needs and expectations of the individuals (Edinsel and Adıgüzel, 2014). Many countries have realized that medical travel is an opportunity for business, compared to other types of existing tourism. Health tourism has a share of \$ 60 billion in the global job market and its annual growth is 20% (Heung et. al, 2010). Tourism revenues are important and indispensable sources of national income for all countries around the World (Edinsel and Adıgüzel, 2014; Çeken, 2015; Kara, 2016; Sedighi, 2017). Health tourism is one of the sub-branches of tourism industry (Sedighi, 2017).

Health tourism can be defined as traveling of people from where they live to another place with intent to get a health service. Healthcare includes not only the treatment of a disease or disability, the strengthening and maintenance of the current health condition but also holidays, accommodation and organizations (Edinsel and Adıgüzel, 2014). Although this situation shows a change on countries basis, patients travel from where they live to other countries in order to reduce healthcare costs and to get health service in shorter time and with better quality. In some countries such as Afghanistan, Libya, Iraq, Syria and Pakistan, the number of health staffs and health services are inadequate, so individuals have to take health services from other countries (Barca et. al, 2013).

In this context, it is concluded that lack of health facilities, health staffs and health equipment because of the destructive caused of the war can be added as a reason of why people travel to another country like to get healthier, faster and more economical healthcare and also these countries which had experienced war, can be evaluated as the target market in terms of health tourism.

Linking between Asia and Europe and bordering on Africa, Turkey has a near or far border some countries which had experienced war like Afghanistan, Libya, Iraq, Iran, Syria and Pakistan. Turkey live in peace with neighboring countries throughout its history. Hence, it has been a safe place and a bridge of hope for others who were in war. Within this framework, this study aims to determine the proportion of patients who comes from the war zone and to put down to the fact that countries which had experienced war as a target market in terms of health tourism through examining of patients records who received treatment in the context of health tourism in Kayseri Province. Even if, recently, health tourism have gotten attention of researchers, they focus on mostly the different aspect of health tourism such as economical, legal, administrative and structural sides. There is no study on literature about countries having experienced war, as a target market in terms of health tourism. For his reason, this study fill the gap on literature.

2.Methodology

This study in which was used retrospective research method has examined the data of the patients who had gotten medical services and their records had been registered “Health Tourism Foreign Patients Tracking System” of the Ministry of Health in Kayseri Province in between 2011-2017 years. The population of the study comprise of the patients who had received services in term of health tourism and had been registered “Health Tourism Foreign Patients

Tracking System” (<http://sbu.saglik.gov.tr/sbyabanci/>). The sample of the study comprise of the patients who came from Iraq, Iran, Libya and Afghanistan that countries had experienced war at different times. There are 1 Public, 1 University and 15 Private Hospitals in Kayseri and theirs patients’ data on the Health Tourism Foreign Patients Tracking System was examined online. As a provincial admin, Kayseri Provincial Directorate of Health, Health Tourism Department is able to access all hospitals data. In this context, patients records on the Health Tourism Foreign Patients Tracking System were examined year by year and also all years, so double control were provided. Inclusion criteria of this research are these: the country should had experienced war in its history and should be a Muslim country and also it is preferable to being a border neighbor with Turkey.

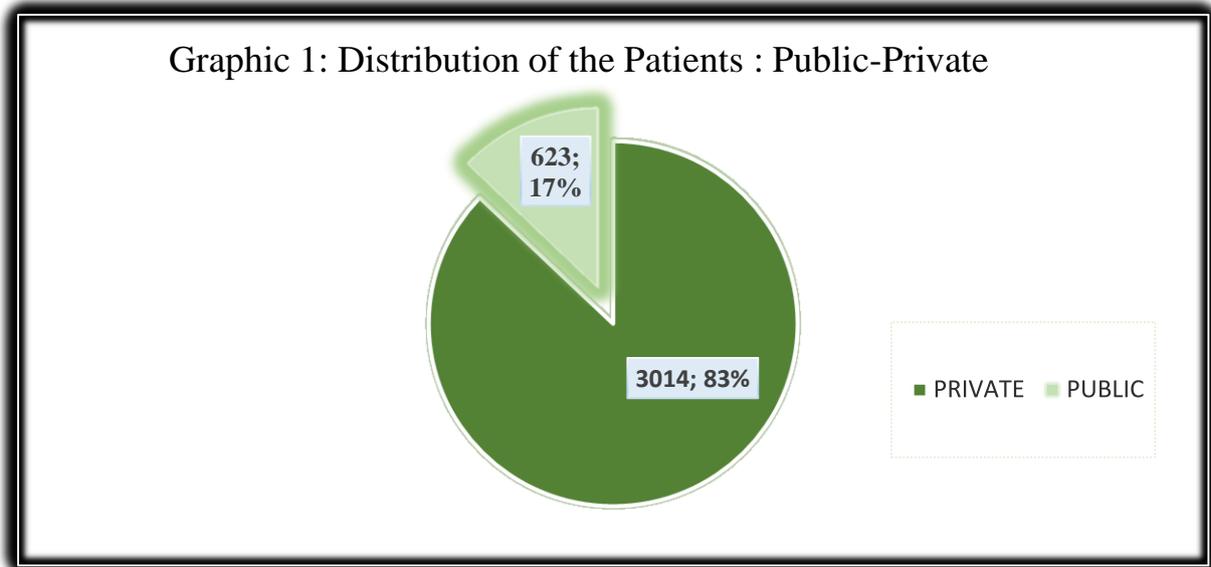
3. Results and Discussion

In the last seven years (2011-2017) the total number of the patients who came to the province are 15907. Distribution of the patients who come from Iraq, Iran, Libya and Afghanistan and had medical services from public or private health institutions and their records had been registered “Health Tourism Foreign Patients Tracking System” of the Ministry of Health in Kayseri Province in between 2011-2017 years are displayed in Table 1.

Table 1: Distribution of the Health Tourism Patients from Iraq, Iran, Libya and Afghanistan by Years

Institution Type	2011	2012	2013	2014	2015	2016	2017	Total
Private	85	877	345	540	638	287	242	3014
Public	14	87	46	138	168	68	102	623
Total	99	964	391	678	806	355	344	3637

According to the data on Table 1, it was seen that 83% of the patients preferred private sector to receive healthcare service. The distribution of the patients regarding the sector are displayed in Graphic 1.



When examined the patients from which countries came frequently, it was seen that the number of patients from Iraq, Iran, Libya and Afghanistan are 3637. The height of the numbers has drawn attention. Iraq and Libya are taken place on the first two place-Iraq with 1510 patients and Libya with 1182 patients. When examined on the countries basis, the data shows that most patients came from Libya in 2012 and from Iraq, Iran and Afghanistan in 2015. Distribution of the Patients according to Countries and Years are displayed in Table 2.

Table 2: Distribution of the Patients according to Countries and Years

Country Name	2011	2012	2013	2014	2015	2016	2017	Total
Iraq	85	242	154	125	480	173	251	1510
İran	11	99	71	114	196	141	64	696
Libya	0	618	136	415	9	4	0	1182
Afghanistan	3	5	30	24	121	37	29	249
Toplam	99	964	391	678	806	355	344	3637

Figure 1 shows that foreign patients from Iraq, Iran, Libya and Afghanistan receive healthcare service mostly from oncology, orthopedy, obstrectics & gynecology clinics. Oral & dental and ophthalmology are the following most preferred health services by health tourists.

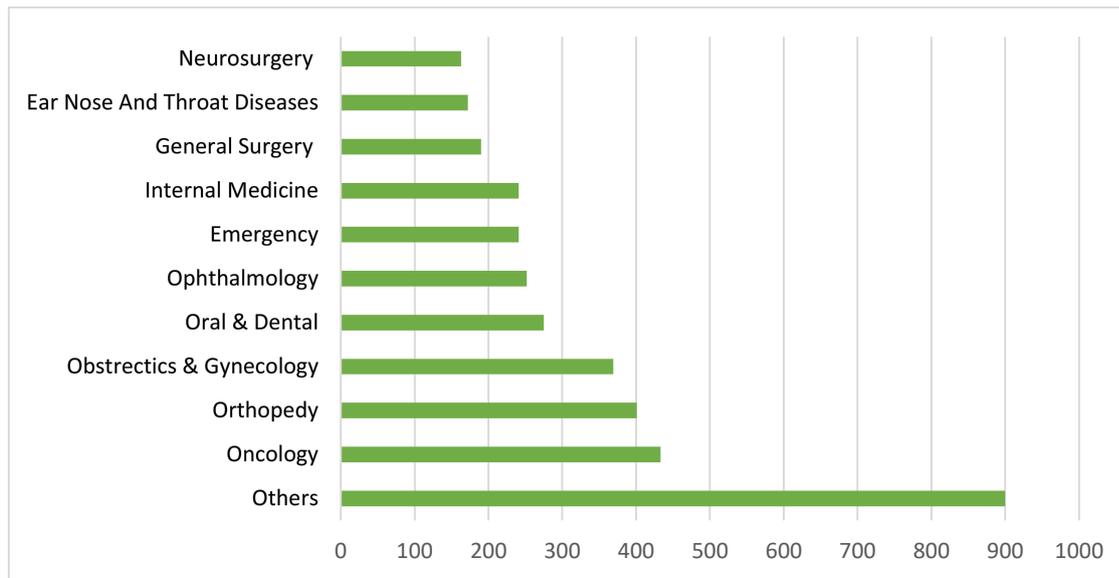


Figure 1. The distribution of foreign patients visiting Kayseri by branches.

According to Dr. Hajjaji (2018), Former Head of the Libyan Diabetes & Endocrinology Association, after the war was over hospitals in big cities are expected to be better, however, 2 out of the 3 major state hospitals in Benghazi were closed, while others that the non-closed operating rooms operated at 20% capacity. In 2009, 17.6% of total health workforce was foreigners. The volume of health tourism outgoing from Libya to Tunisia has increased further after the war. In 2009, while the number of health tourists was 100 thousand, it increased to 155 in 2013. According to Tontuş (2015), the countries whose citizens prefer having medical treatment from Turkey are divided seven categories. Libya and Iraq are at the developing countries category that having service shortage due to the lack of infrastructure and physicians.

The civil war in Libya took place between 15 February 2011 and 23 October 2011. Because of this situation the people of Libya went to other countries to receive treatment. This explains that why the number of patients from Libya were high in 2012. Similarly, Iraqi people had experienced for a long time between 15 March 2003 and 18 December 2011. 1510 patients from Iraq preferred Kayseri Province to get health service in 2011-2017 years. The situation shows similarity Iran and Afghanistan. During the Iran-Iraq war (1980-1988), millions of people are died, get injured and disabled. It was estimated that 75% of health staff including doctors, pharmacists and nurses had quit their jobs and more than 50% of them left the Iraq. In Iran, many people could not access to healthcare and medicines because of the international sanctions and conflict. Some Iranian have still suffered from psychosocial and mental health consequences of conflict (Medact, 2014). The Asia Foundation, a nonprofit international development organization, directed a survey named “a survey of the Afghan people” in 2018.

In this survey, it stated that in Afghanistan there is security problem like suicide bombing and armed conflict and the Afghans health sector is affected by it. Almost 60% of Afghans can access to health services, but other part cannot access to it due to lack of health staffs and inadequate health care and medicines. Thus, in order to get medical treatment, Afghans go outside the country and pay about \$300 million for it annually. When examined the proportion of patients from Iraq, Iran, Libya and Afghanistan among all patients who got treatment within the scope of health tourism, the rate was found as 22.8%. This ratio shows that almost one in every four patients come from countries which had experienced war. From these findings, it can be said that the countries with experienced war can be evaluated as the target market in terms of health tourism. These findings are similar to Evaluation Report on Medical Tourism in Turkey 2013. In this report, it is mentioned that Libya and Iraq are in between the top three countries in 2012 when the distribution of the patients from the scope of medical tourism by country is examined. Besides, according to this report, Libya, Iraq, Iran and Afghanistan are in between top 20 countries that are preferred by medical tourist mostly (Kaya et.al, 2013). An another study conducted in Turkey reports that most of the foreign patients visiting Diyarbakır hospitals come from Iraq (Gümüş, 2018).

4. Conclusion

Medical or health tourism is one of the fastest growing tourism sectors internationally. Many countries are legally planning to take part in this market in practice. Especially developed countries offer medical services with the latest technology to foreign patients / customers. These international medical services have a great potential for the global economy. Although Asia is still the main area of health tourism, Turkey is the making of becoming an attractive health care destination (Heung et al. 2010). In order to achieve this goal, primarily, the institutions should decide in which the target market and which areas will be served. Also, they should analyze the target market's expectations and needs. After war, the countries with experienced war cannot meet the demands of people because of the inadequate equipment, health staffs and health facilities. Our results support this reality. Therefore, as the purpose of this study, they become an important target market in terms of health tourism. Health facilities and health tourism agencies can choose these countries as target markets and can provide health services to them in accordance with their needs and expectations. There is no study on this issue in literature, so this study fills the gap in literature.

The two main limitations of this study are to have been done just in Kayseri and the patients from Syria are not be involved because of that they are considered as the Guest through

“Directive concerning the admission and accommodation of the nationals of the Syrian Arab Republic and stateless people residing in the Syrian Arab Republic who collectively seek asylum in Turkey.”

Clearly, it is considered that further research is required to be done in different regions or provinces of Turkey with the participating of extensive sampling to extent literature knowledge on this issue. Also, same study might be done in different city in order to compare the results and to define whether the countries that had experienced war could be a target market or not in terms of health tourism.

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