

## BENCHMARKING THE EGYPTIAN MEDICAL TOURISM SECTOR AGAINST INTERNATIONAL BEST PRACTICES: AN EXPLORATORY STUDY

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*This paper argues that any compatible strategy for the development of medical tourism at a developing nation should be based primarily on a comprehensive benchmarking study. It has employed the benchmarking phase of a national project for the development of an Egyptian medical tourism strategy to showcase significance of such benchmarking implications. The benchmarking phase of the Egyptian project has used two main data sets to reach reliable findings: a series of best practice destinations claimed to be key players leading the future of the medical tourism sector worldwide and an extensive survey of the Egyptian medical tourism sector. Arguably, the benchmarking process was crucial for the development of the strategy to measure performance of Egypt's medical tourism sector against international best practices, to identify gaps in the Egyptian medical tourism sector and to address main areas required to develop 'service value chain' for the Egyptian medical tourism sector.*

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**Keywords:** *Medical Tourism – Healthcare Providers - Benchmarks - Best Practices – Egypt*

JEL Classification: *L83, M1, O1*

### INTRODUCTION

Medical tourism, as it stands today, is an emerging phenomenon wherein citizens, in most cases of industrialized nations, bypass services offered in their own communities and travel to other destinations (many of which are less developed countries) seeking high quality medical care at affordable prices. Estimates vary, but McKinsey & Company and the Confederation of Indian Industry put gross medical tourism revenues at



more than \$40 billion worldwide in 2004. Others estimate the worldwide revenue at about \$60 billion in 2006. McKinsey & Company projects that the medical tourism industry will rise to \$100 billion by 2012 (Herrick, 2007: 1).

It is that growth and enormous economic implications that has captured the worldwide attention of governments, policy makers, academics, and the press in both destination and sending countries (Bookman M. and Bookman K., 2007). As expected by, an Organization for Economic Cooperation and Development (OECD) in 1989, the United Nations Conference on Trade and Development (UNCTAD) in 1997 and the World Health Organization in 2006, a growing number of less developed destinations has recently managed to offer 'First World treatment at third World prices' (e.g. India, Thailand, Malaysia, South Africa and Costa Rica) (Smith and Puczko, 2009; Magdalini and Paris, 2009; Bookman M. and Bookman K., 2007). Such destinations offer not just healthcare excellence, but a high standard of comfort and a seamless packaged service from point of departure, through recuperation to after-sales service.

Arguably, new entrants to the international medical tourism market are expected to emerge in the next few years, which imply a stronger competition among destinations for compatible healthcare services, strategic marketing packages, more sophisticated implementation of information technology (IT) in healthcare and tourism, more specialized facilities to be offered and adequate standardization system for medical tourism services (Das and Gupta 2007; Yanos, 2008; IMC, 2008).

Egypt as an existing tourist destination is ambitious to invest in its human, physical and investment capacities for the development of a stable medical tourism sector, which will sustain its foreign exchange earnings and strengthen its competitive edge as a tourism destination. Arguably, this benchmarking study represents a crucial phase for the development of an Egyptian medical tourism strategy.

## **MEDICAL OR HEALTH TOURISM? THE DEFINITION DILEMMA**

The overlap between health and medical tourism, and probably between the three subsets to be classified under the wide spectrum of health tourism, has been discussed by many scholars (e.g. Smith and Puczko, 2009; Harahshesh, 2002; Cornnell, 2006; Thelen and Travers, 2007; Helmy, 1993). This paper defines health tourism as travel for a

wide range of health and wellbeing purposes such as healthcare, health assessment, surgery and operation, plastic surgeries, beauty, healing, cure, rehabilitation and convalescence, combined with leisure, recreational and cultural activities at the visited destination. Three types of health tourism have been identified by the current paper as table (1) shows.

**Table 1** The three types of health tourism

<i>Health Tourism</i>		
<b>Medical tourism</b>	<b>Medical wellness tourism</b>	<b>Wellness tourism</b>
<ul style="list-style-type: none"> <li>• Where the focus is on medicine and healthcare as well as surgery and treatments to be offered basically by state-of-the-art healthcare providers such as hospitals, clinics, diagnostic centres and specialized medical centres.</li> <li>• The tourism side is needed in three different ways: <ul style="list-style-type: none"> <li>✓ to facilitate all travel arrangements, along with all relevant services, to and from destinations.</li> <li>✓ to offer certain recreational, cultural or entertaining tours/activities to be practiced as part of the medical program especially at the recuperation stage.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Where the focus is balanced between medical treatment and tourism, resulting in a harmonized mix offering healing, recuperation and curative programs using natural resources or environmental assets.</li> <li>• Although all such activities are practiced under medical supervision, customers mostly receive the medical wellness programs in health resorts named independent spas (destination spa, medically oriented spas or spa resort) (Helmy, 2005).</li> <li>• All marketing and promotional strategies of each facility emphasize what is addressed as “Spa Concept” based on its outstanding standards in offering special therapeutic/curative</li> </ul>	<ul style="list-style-type: none"> <li>• Where the focus is on physical, body and spirit rejuvenation employing the “feel good” approach such as body pampering (for example herbal bath/mud bath), beauty and facial treatments, fitness programs such as massage, water exercise, sauna and thalassotherapy.</li> <li>• The above activities can be offered by a department at a hotel or resort as an amenity (also named resort spa, hotel spa or cruise ship spa), at a day spa in the metropolitan areas or at an independent spa. The customer of wellness tourism is not necessarily under a</li> </ul>

✓ to offer tourist programs to the patient's accompanied persons.	products (e.g. weight loss, detoxification, stress therapy, aromatherapy and thalassotherapy,). (Helmy, 2005)	medical/health program and uses the wellness facilities of the resorts freely while his main purpose of travel might primarily be other than health such as business (Helmy, 2005).
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This paper is more focused on medical tourism and, at a lesser extent, on medical wellness tourism, while wellness tourism is out of its main scope. As shown in table (1), medical tourism can be defined as travel to destinations to undergo medical treatments such as surgery or other specialist interventions (Smith and Puczko, 2009: 101).

The medical tourism development equation, however, implies the importance of considering three service pillars of the 'service value chain' in order to develop a competitive medical tourism destination as figure (1) shows. Although the development of an advanced healthcare sector is prerequisite for offering compatible medical services, all destinations have to consider the development of the other two main elements to be able competing in the international market of medical tourism: the support services as well as the complimentary travel and tourism services.

**Figure 1** The medical tourism equation

<p><i>Medical and healthcare services</i></p> <p>+</p> <p><i>Tourism and travel services</i></p> <p>+</p> <p><i>Support services</i></p> <p>=</p> <p><b><i>MEDICAL TOURISM</i></b></p>
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The medical tourism sector is thus not solely healthcare, and its development requires providing many other complimentary support services which form parts of its value chain. Such services encompass medical tourism visas, airports with special equipments and facilities,

special airline services, transfers, entertainment, lodging with special facilities and services, excursions, shopping and air and land ambulance services.

In addition, the development task implies many marketing and distribution activities as well as human resource and training strategies. The value chain approach (which this study adopts) will emphasize all such functions in detail throughout the benchmarking process.

## **MEDICAL TOURISM: A GENERAL GLOBAL REVIEW**

Despite possible risks of life-threatening complications far from home, many patients in developed countries such as USA, Canada and Britain choose medical tourism for specific reasons such as cost savings, no waiting lists, procedures unavailable in their own countries, success rates, personal attention, long supervised recovery and an opportunity to combine vacation with surgery/treatment while maintaining privacy and confidentiality (Mohamed, 2008; Chakraborty, 2008; Medical Tourism Expos, 2008; Bookman M. and Bookman K., 2007).

In addition to the above mentioned factors, other forces are also expected to drive the future growth of medical tourism worldwide. In USA, the number of uninsured or underinsured Americans is estimated to be more than 50 million and this number might increase due to the current deteriorating state of the economy (Kulkarni, 2009; Herrick, 2007). Medical tourism brings the surgery and treatments into reach for such segments of uninsured individuals and self-insured businesses. For example, heart bypass surgery in the U.S. typically costs at least \$80,000 while the cost at an internationally accredited hospital abroad is \$8,500 (Medical Tourism Expos, 2008).

With regard to Europe the rights for nationals to be treated abroad on public expenses or insurance companies has been strengthened within the European Union through Council Regulation 1408/71, art. 22 (Hervey and McHale, 2004; Constantinides, 2003). Those strengthening of rights might also lead to a future potential with regard to treatments paid and recognized outside the EU area. As an example, the typical cost of Rhinoplasty (nose reshaping) in Croatia, Egypt or Turkey is around £1,500 compared with between £3,000 and £4,000 in the UK, while in India, Rhinoplasty will cost just £850 (Treatment Abroad, 2008). In addition, the Middle East has always been regarded as a generating market for international patients with no signs of retard.

The integration of Information Technology (IT) into tourism and healthcare coined with the expansion of the business of medical tourism intermediaries (e.g. MedicalTourism Expos and StarHospitals network), electronic medical tourism guides (e.g. treatmentabroad.net) and specialized e-journals (e.g. International Medical Travel Journal-intjonline.com) are also remarkable empowering forces. Notably, many health insurance companies in the Developed World are currently using the attractive appeal of combining surgery/treatment with a tour in one package as a tool to convince their customers taking their treatments abroad which means savings by such companies.

Although tourists travel for a wide range of treatments, there are certain areas of specialization which mostly motivate the travel decision for medical tourism as organ transplant, plastic surgery, dentistry, eye care, orthopedic surgery (such as knee/hip replacement), fertility treatments, heart Surgery, dialysis (support service) (IMC, 2008). Although the first seven areas represent the main cause for travel, driving the patient's motivation to go to a specific destination for treatment, dialysis is a support medical facility which kidney patient's decision to visit a certain destination for a holiday is dependent on its existence. Holiday dialysis is a holiday package which includes the arrangements of the dialysis medical service (IMC, 2008).

## **EGYPTIAN MEDICAL TOURISM: AN OVERVIEW OF THE CURRENT SITUATION**

Egypt is a well-established tourist destination that boosted its tourist arrivals to reach 10,610 million in 2007 (UNWTO, 2008). Nevertheless, the latest statistics of the Egyptian Ministry of Tourism recorded only 68,180 visits in 2006 for the purpose of health tourism (MOT, 2007). Such visits are mainly generated by neighbouring countries such as Libya, Sudan, Yemen as well as some countries in the African continent. Although Egypt was a targeted destination of the Gulf market and the Arab World for health tourism during 50's till 80's, it is that growth in the international healthcare sector that shifted such demand to more developed countries and recently to less developed nations. Arguably, the performance of the Egyptian public health sector during that period acted as a push rather than a pull factor for the medical tourism segments.

The current situation, however, draws an example of a developing country with "dual healthcare system" where a number of sophisticated

healthcare providers exist to serve expatriates, foreign and wealthy domestic patients while basic healthcare for rural populations and the urban poor is rudimentary (Bookman and Bookman, 2007; Didascalou et al, 2009). The last few years has witnessed the emergence of up-to-date private sector healthcare providers such as hospitals and dental care clinics as well as expansion of groups of private medical labs and eye care centres across the country and in some cases crossing the Egyptian borders to the Gulf area (e.g. El-Maghraby eye care group and El-Borg medical lab group). A number of such healthcare providers, albeit still few, has an international appeal through international accreditation, affiliation and outsourcing medical services. For example, Dar El-Foud hospital is accredited by JCI (Joint Commission International) and ISO (International Standard Organization) and has association with Cleveland Hospitals in USA while selected Medical and Radiology Labs have been contracted by international hospitals for outsourcing - to read X-rays and other lab tests sent to them electronically by such hospitals.

On the other hand, the Egyptian Medical Services Group (EMS) has been established to provide dialysis services for international tourists with kidney ailments. As an official partner of Fresenius Medical Care (FMC) in Germany, it offers holiday dialysis medical care according to FMC medical quality. It currently has branches in Sharm El Sheikh, Hurghada, Cairo, Luxor, Aswan and Alexandria (IMC, 2008). El-Gouna Dromedary Club in Hurghada and Les Thermes Marins des Cascades (TMC) in Soma Bay are also two good initiatives for medical wellness projects. While the former offers anti-alcoholic treatment packages the latter is specialised in thalassotherapy and spa treatment – it is operated in association with Les Thermes Marins de Saint Malo, one of France's leading pioneers in this field. Both projects have invested in the natural healing properties of the Red Sea weather and sea water accompanied with professional therapeutic programs offered by skilled personnel.

Apparently, the next few years will witness more involvement of private investment in the development of medical centres at the main tourist destinations (e.g. Porto Ghalib medical center in Marsa Alam and the Marassi project in the North West Coast). The Tajmeel clinics group for cosmetic surgery to be established in Cairo, Sharm EL-Sheikh and Hurghada and Andalusia hospitals in Alexandria are also proposals of state-of-the-art projects to be established by foreign funds from the Gulf area.

However, the development of medical tourism at any destination cannot be fulfilled without crafting a strategy looking at all components of the medical tourism sector; healthcare, tourism and hospitality services as well as support services. Benchmarking, as described by Kozak (2004) “as a process of finding the world-class examples of a product, service or operational systems and then adjusting products, services or systems to meet or beat those standards”, is argued to be a crucial step for the development of the Egyptian medical tourism strategy.

## METHODOLOGY

The benchmarking task has been based on the “process benchmarking technique”, which implies comparison of practices, procedures and performance levels with specific benchmarking partners (medical tourism destinations). This enables the fundamental questions “what is the best practice in medical tourism? where are the best practitioners?, and what does Egypt need to learn and do to match its practices with those of the benchmark partners?”

The benchmarking process has implied a set of activities. The first task was to identify a number of medical tourism countries as benchmarking destination. Table (1) lists the destinations selected:

**Table 2** List of medical tourism destinations selected for benchmarking

#	Selected Destination	Developed/Less developed	Geographical Location	Established/Potential destinations
1	India	Less Developed	Asia	Established
2	Thailand	Less Developed	Far East	Established
3	Singapore	Developed	Far East	Established
4	Malaysia	Less Developed	Far East	Established
5	Jordan	Less Developed	Middle East	Established
6	Lebanon	Less Developed	Middle East	Potential
7	UAE	Less Developed	Middle East	Potential
8	Tunisia	Less Developed	North Africa	Potential
9	Hungary	Less Developed	Europe	Established
10	Turkey	Less Developed	Europe	Established
11	Germany	Developed	Europe	Established



12	South Africa	Less Developed	Africa	Established
13	Costa Rica	Less Developed	South America	Established

The selection of such destinations was based on a set of criteria as follows:

- Identifying the best practices leading the international medical tourism sector such as India, Thailand, Singapore and Malaysia.
- Although competition might come from any destination in the world, Egypt's direct competitors in the Middle East area have been identified as Jordan, UAE, Lebanon and Tunisia.
- The well positioned tourist destinations promoting tourist packages to the international tourist market (the same as Egypt) and integrating the healthcare product into such tourist packages. Hence, Turkey, South Africa, Costa Rica and Tunisia have been selected.
- A number of destinations offering medical wellness products (mainly thermal treatments and thalassotherapy) such as Hungary, Tunisia, Jordan, Turkey and Germany.
- The destinations offering specialized but very successful and well positioned medical tourism products (dentistry in Hungary and plastic surgery in South Africa). Such countries have been used as good examples of destinations offering specialized and high quality products.
- Although most of the destinations leading the international medical tourism sector are developing countries, Germany and Singapore have been used as two different examples of developed countries successfully offering medical tourism products. While Germany is an old and well established destination in the field, Singapore represents a modern country employing an array of modern healthcare providers, technology, medical research centres and a distinctive spot hosting international medical tourism events in addition to its superb infrastructure and entertainment facilities.

In order to approach the process benchmarking, a number of benchmark parameters have been developed to measure, qualitatively and quantitatively, the performance, practice and profile of each country.

These country benchmark parameters have been grouped under four main headings as table 3 shows:

**Table 3** Benchmark parameters used in the current research

<b><i>Benchmark Parameters</i></b>
<b>Profile benchmarks:</b> <ul style="list-style-type: none"> <li>* Policies and scale of investments</li> <li>* Business structure and management</li> <li>* Healthcare providers</li> <li>* Product specialization</li> <li>* Product quality and price</li> <li>* Labour/personnel (doctors, nurses, tourist staff)</li> <li>* Technology/research</li> <li>* Main product strength and weaknesses</li> </ul>
<b>Service chain benchmarks:</b> <ul style="list-style-type: none"> <li>* Ambulance service</li> <li>* Support service standards: Infrastructure, airports, accessing roads ...etc</li> <li>* Hotels and resorts</li> <li>* Main location standards</li> <li>* Leisure and tourism Urban cities, entertainment, shopping ...etc</li> <li>* Medical tourism visas</li> </ul>
<b>Performance benchmarks:</b> <ul style="list-style-type: none"> <li>* Medical tourism visitors</li> <li>* Estimated revenues</li> <li>* International /national accreditation</li> </ul>
<b>Marketing benchmarks:</b> <ul style="list-style-type: none"> <li>* Medical tourism marketing strategies</li> <li>* Medical tourism websites</li> <li>* Special travel agents</li> <li>* Distribution through tour operators/airlines</li> <li>* Attendance by healthcare providers at trade shows, exhibitions ...etc</li> <li>* Links with major health insurance companies</li> <li>* Image</li> </ul>

The third task was to conduct audit visits to several Egyptian healthcare providers as well as interviewing other key respondents representing authorities and organizations that directly or indirectly will have a say in the sector development process. A survey of 22 healthcare providers (predominantly hospitals) and semi-structured interviews with healthcare experts have been undertaken. Additionally, a number of high profile decision makers, at both Ministries of Health and Tourism, as well as other stakeholders representing the Ministry of Foreign Affairs, Egyptian Civil Aviation and Egyptian Tourism federation have been interviewed. Both primary and secondary data have extensively been employed to fulfil the benchmarking process requirements.

## FINDINGS AND SYNTHESIS

The benchmarking process has revealed a set of significant findings which can be synthesized as follows:

All leading medical tourism destinations have developed a clear vision and strategic objectives for its medical tourism sector and set specified goals to be accomplished within specific timeframes. Accordingly, relevant strategies, plans and programmes to reach such objectives have been clearly identified and executed with effective techniques. *This finding urges Egyptian government to start crafting its own vision and strategic objectives for the sector.*

Articulation and cooperation among relevant authorities is a must for any medical tourism destination to coordinate efforts for the development of the sector. Countries such as Singapore, UAE and Lebanon have formed medical tourism councils or boards bringing together all formal and informal parties which have a say or can play a role in the development of the sector. *This finding implies the importance of forming an official body representing different stakeholders to foster the development of the sector and to sort out existing obstacles. In addition a trade lobby such as "Medical Tourism Association" will also be needed to represent interests and views of the different entrepreneurs such as healthcare providers, managed healthcare companies, travel agencies and airline companies.*

All destinations are working to attract foreign and national investments to the sector by way of providing different privileges such as tax incentives for the development of the sector. A destination like Jordan has managed to attract Kuwaiti investors to build a competitive medical

city in Amman. UAE also started the establishment of a huge healthcare city in Dubai (DHCC) which will be a landmark in the Middle East for medical tourism. Investment in the field has also been extended to the support services such as ambulance equipments, airport facilities and human resource development. *This finding reflects the importance of reviewing the current investment policies and privileges offered to healthcare enterprises and also implies considering more enabling policies for the development of all components of the medical tourism product (which includes healthcare elements as well as support service components).*

Medical tourism destinations such as India, Singapore, Thailand and Turkey have a well-established “hospital management” concept which enabled them to have effective and efficient healthcare providers offering competitive medical tourism products. They also have managed to form bigger entities such hospital groups offering state-of-the-art medical services to the international patients at very competitive prices (e.g. Apollo group and Wockhardt hospitals Group in India, Bangkok hospital group in Thailand and Istanbul’s Jinemed Medical Centre, Acibadem Health Group in Turkey). *As the “hospital management” concept implies administrative, operational, financial as well as marketing tasks, Egypt needs a shift of thinking in the way hospitals are managed and run. Consideration should be given to using professional managers and marketing experts.*

All medical tourist destinations offer published prices of their service which can easily be obtained from the internet or from the International Patient Centres which belong to the providers. Also database systems have been developed to monitor the number of international patients and revenues gained from the sector. *This finding implies the transparency and reliability of data offered by formal authorities with regard to the sector statistics; and by healthcare providers and medical tourism suppliers with regard to service prices and products. The creation of Egyptian Medical Tourism Board should be able to support in the creation of reliable database system for the sector.*

Destinations such as Singapore, India, Turkey and UAE have coined their growth in the medical tourism field with their advancement in technology and research, and invested in establishing up-to-date research centres and empowering their hospitals with the latest technology in treatment and equipment. *While a number of Egyptian healthcare providers have been able to bring up-to-date technology to their hospitals*

*and medical centres, there is still a need to apply modern marketing and promotion techniques to the international market.*

Healthcare providers at destinations such as UAE, Thailand and Costa Rica are keen to have strong ties with international medical educational institutions for training, technology transfer and for marketing as well as image building. *However, a few healthcare providers in Egypt have identified programmes with international educational institutions for human resource development, research, technology application...etc.*

Each country has managed to position itself in the international medical tourism market as destination of excellence in certain treatments or specific medical products. For example, Costa Rica for Plastic surgery and Cosmetic dentistry, Hungary for dental treatments and thermal treatments, India for heart surgery and orthopaedic, Thailand for sex change operations and cosmetic surgery, Tunisia for thalassotherapy and South Africa for "plastic surgery safari tour". *As Egypt does not currently have specific features for its medical tourism products, it is crucial for its strategy formulation to identify potential products and work on the development of such products. This should also take into account the capability of its healthcare services providers; and the opportunities of future investments, which should be evaluated against the requirement of each product or specialty.*

Findings also show that international accreditations have become a prerequisite for any healthcare provider to position itself in the international market such as JCI (Joint Commission International), ISO (International Organization for Standardization), the UK Trent Accreditation Scheme, the Canadian Council on Health Service Accreditation (CCHSA) and the Australian Council on Healthcare Standards International (ACHSI) . *As healthcare providers with international accreditations are currently very few in Egypt, the national medical tourism strategy and programmes, should help more hospitals to up-grade their performance and operation to meet the requirements of the international accrediting bodies.*

Besides international accreditation, India has managed to develop its own national accreditation system while countries with limited internationally accredited providers such as Malaysia and Jordan have managed to control quality through their national accreditation systems. *This finding shows the potential benefits the national accreditation system, which is still under establishment, can offer to Egypt for*

*healthcare quality assessment and assurance. Quality assurance systems should also be extended to the support service suppliers.*

International medical tourism destination such as India, Turkey, UAE and Jordan have attracted international affiliations and partnerships with Harvard Medical International, the Mayo Clinic, Johns Hopkins, Cleveland Medical Centre in USA and Guy and St. Thomas Hospitals in UK for quality assurance and marketing. *It is imperative that the Egyptian medical tourism strategy take into consideration the vital importance of these forms of strategic collaboration which is still limited in Egypt. Dar El-Foud hospital is a leading example in Egypt as it has some form of association with Cleveland Medical Centre.*

Findings also show that a great number of physicians working in the field of medical tourism at the leading destinations such as India, Singapore and Thailand or at promising destinations such as Lebanon and UAE have international credentials. In addition, many are fluent in English and other languages. *Although Egypt has a remarkable number of physicians with international credentials, healthcare providers wishing to enter the field should realize the importance of having credentialed doctors and should also offer personal skill development training such as communication skills, time management, stress management, public relations and language proficiency skills.*

While countries such as Hungary, Turkey and Tunisia have managed to develop a good base of skilled therapists working at spas and health resorts such as thalassotherapy, Egypt still lacks professional specialized human resources to work in such centres. *This finding reflects the urgent need to qualify and develop human capacities to serve the special needs of the medical wellness tourism.*

The quality of nursing staff has been a key element in the success of medical tourism destinations such as India, Thailand and Malaysia. *As Egypt currently suffers problems in the performance of its nursing staff which will negatively affect the satisfaction of the international patients, the human resource development strategy of the sector should be able to identify educational and training programmes to up-grade nursing staff skills. This should include professional programmes as well as personal skill development programmes such as communication skills, time management, stress management, public relations, and language proficiency skills.*

Germany has been benchmarked as a destination having a well-established ambulance system while UAE was used as an emerging

destination employing technology to support advanced ambulance service. *Accordingly, improvement of the current ambulance services in Egypt is an absolute necessity and the provision of air ambulance facilities (at airports and healthcare providers) especially in Cairo, will need to be seriously considered.*

Airports of Singapore and Dubai are considered the best practices offering specialized medical services and facilities. *The Egyptian International airports will need to improve its facilities to supply services such as picking up patients from the aircraft upon arrival, fast immigration track for international patients, special equipped lounge for international patients and travellers with disabilities, well equipped medical centres and pharmacy at each terminal, ambulance centre having fully equipped vehicles, air ambulance facilities such as helicopter pads and communication system with medical tourism providers to facilitate patient's arrival and departure services.*

Countries such as India issue a special visa for medical tourism while Malaysia and UAE as well as many other destinations facilitate visa application for medical tourism. *Although tourist visa can be obtained by many nationalities at Egyptian airports, provisions for medical tourism visa is still needed and published on the relevant websites considering the special needs of the international patients.*

Destinations such as South Africa and Singapore have managed to serve the medical tourism sector through specialized travel agencies. *Such specialized agents will be needed in Egypt to arrange and provide all support services and in some cases to act as intermediaries between providers and patients.*

Airlines such as Lufthansa, Malaysian Airways and Etihad (The national carrier of Emirates) are models of best practices offering medical tourism packages and special services to the international patients which have helped in the promotion of their nations as destinations for medical tourism. *This finding reflects the important role Egypt Air can play in serving and promoting for the medical tourism sector.*

Hotels and resorts used by international patients in the medical tourist destinations such as in Germany, Singapore, Malaysia, Costa Rica and Jordan are well equipped and prepared to respond to the special needs of patients. *Although, Egypt is renowned of its well-established hotels and lodging facilities to international tourists, not all of the hotels or resorts have facilities for customers with special needs. In addition, dietary and*

*nutritious food is still a new trend at many hotels while highly needed by the medical tourism sector.*

Best practices have identified marketing strategy either on a national level as in Malaysia or on a trade and industry levels such as in Thailand or on project level such as in India and Singapore where healthcare providers are using fierce marketing campaigns to impress the decision of international patients. *This finding reflects the significant role of marketing at its different levels in positioning Egypt as a medical tourism destination.*

All destinations are using websites as an important tool to promote the medical tourism products. Some of the websites are developed by medical tourism associations, such as in Singapore, representing the whole sector and offering information on all its members. However, healthcare providers, travel agencies and hotels working in the field have their own websites which can be used not only for promotion but also for e-marketing. *This finding demonstrates the importance of developing competitive websites for the sector key players (mainly the Medical Tourism Association, healthcare providers and travel agencies).*

Many medical tourism providers such as in Singapore, India and Turkey have their on International Patient Service Bureaus which use direct and relationship marketing to reach international patients and offer them all relevant services. *Egyptian healthcare providers willing to enter the field should consider direct and relationship marketing as an important tool to compete internationally and should plan to have a department or bureau to serve international patients.*

Countries such as Turkey, Jordan and Thailand have managed to build strong ties with international health insurance companies which in turn influence the flow and trust of international patients. *Egypt needs to firstly verify the quality of its health tourism products (medical tourism as well as medical wellness tourism) through accreditation and affiliation and then approach the international health insurance companies.*

Best practices are keen to attend the international medical tourism events whether they are mega events such as International Health Tourism Congress or smaller events such as conference and exhibitions. Also, Asian countries as well as Dubai have shown a growing interest in hosting such events at their destinations. *This finding shows the importance of Egypt's presence at international medical tourism events while working on hosting one of such events, when it can offer attractive products.*



## CONCLUSIONS

Findings of the benchmarking process have highlighted the importance of addressing different inter-dependent areas for the development of medical tourism in Egypt. Such areas have professionally been approached by other developing destinations as parts of their 'service value chain' for the medical tourism sector. For example, although India has similar problems as in Egypt, such as overpopulation, poverty and environmental degradation in the metropolitan areas, it has managed to be in the forefront as a leading medical tourism destination. Also, Jordan shares some constraints as Egypt with regard to human resource development (especially nursing and support service staff) and technology deployment and suffers marketing deficiencies but has managed to develop itself as a pioneering destination for health tourism in the Middle East. The use of competitive advantage approach which implies the optimum use of the points of strength while minimizing the negative impacts of the points of weaknesses has helped such developing nations to possess a good image in the international medical tourism market backed with a well organised sector.

The findings also emphasize the importance of identifying Egypt's points of strength, realizing its points of weaknesses and then crafting a medical tourism strategy with clear competitive advantage pillars. The Egyptian medical tourism strategy should be able to help Egypt reach such competitive position.

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## ACKNOWLEDGEMENTS

The author would like to thank the Egyptian Industrial Modernization Centre (IMC) for sponsoring the medical tourism development strategy. Special thanks go to AIT Consulting for the encouragement and support they offered during the project phases. Thanks are also due to Dr Nevine Nabil for providing data on the Egyptian Healthcare sector and to Mr Robert Travers for his contribution to the strategy development phase.

*SUBMITTED: DEC 2009*

*REVISION SUBMITTED: APR 2010*

*2nd REVISION SUBMITTED: JUL2010*

*ACCEPTED: AUG 2010*

*REFEREED ANONYMOUSLY*

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