



Management of the public-private partnership in health tourism

Gestión de la asociación público-privada en turismo de salud

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ABSTRACT:

The article describes theoretical and methodological aspects, the objective function and application tasks of management of public-private partnership (PPP) in the formation and development of systems of health tourism. Research is based on systemic-structural and geosituational approaches and popular methods of scientific research such as literature review, statistical, historical, comparative geographic and program target methods. The internal structure of health tourism such as medical, wellness, SPA is disclosed. The dynamics of the state of such types of tourism in several countries of the world, located on the Eurasia and American continents is disclosed. It is described that success in the development of each element of health tourism are largely depends on the level of organization of infrastructural health care in countries and regions. The best practices of PPP in the medical care of clients of sanatoriums, resorts, hospitals and outpatient clinics are presented. The need to create specific models of management, monitoring and control of organizational forms of PPP in medical and health tourism, development of normative and legal documents regulating the participation of the state and business in this type of service provision is suggested. Specific examples of public-private partnership in health tourism of Russia, Great Britain, Croatia, India are given.

Keywords: Medical tourism, wellness tourism, SPA tourism, health care, public and municipal administration, business, countries of the World.

RESUMEN:

El artículo describe aspectos teóricos y metodológicos, la función objetivo y las tareas de aplicación de la gestión de la asociación público-privada (APP) en la formación y desarrollo de sistemas de turismo de salud. La investigación se basa en enfoques sistémicos-estructurales y geoestacionarios y métodos populares de investigación científica, como la revisión de literatura, estadística, histórica, geográfica comparativa y métodos de objetivos del programa. Se revela la estructura interna del turismo de salud, como el médico, el bienestar, el SPA. Se revela la dinámica del estado de este tipo de turismo en varios países del mundo, ubicados en los continentes de Eurasia y América. Se describe que el éxito en el desarrollo de cada elemento del turismo de salud depende en gran medida del nivel de organización de la atención de la infraestructura de la salud en los países y regiones. Se presentan las mejores prácticas de PPP en la atención médica de clientes de sanatorios, centros turísticos, hospitales y clínicas ambulatorias. Se sugiere la necesidad de crear modelos específicos de gestión, monitoreo y control de formas organizacionales de APP en turismo médico y de salud, desarrollo de documentos normativos y legales que regulen la participación del estado y las empresas en este tipo de prestación de servicios. Se dan ejemplos específicos de asociación público-privada en turismo de salud de Rusia, Gran Bretaña, Croacia, India.

Palabras clave: Turismo médico, turismo de bienestar, turismo SPA, atención médica, administración pública y municipal, negocios, países del mundo.

1. Introduction

In the world practice of functioning of medical and health care, the term Management became widespread at the end of the last century. This happened as a result of the rapid development of three main components of medical and health tourism: medical, wellness, SPA. Thus, if earlier the key players in sanatorium and resort recreation were doctors and nurses, now, along with them, specialists in the field of scientific organization of the sphere of services began to carry out active activity. It is indicative that the term Management itself has acquired an expansive interpretation. In the modern sense, management is the coordination of human and other resources in solving the set organizational tasks, the ability to achieve the set goals on the basis of scientific organization of labor, fully using intelligence and motives of behavior of people. According to the authors of the article, this definition of management is applicable both at the level of authorities and local self-government, and in business structures. The main function of management is to ensure common interests of all named structures in achieving a single goal. With regard to health tourism, the objective is to achieve a high quality of customer service and to maximize profits for all players. In order to these components of the target to not conflict with each other, State and public control is necessary. In the sphere of health care, the task of control by State and municipal authorities is to ensure such living conditions as would contribute to the preservation of individual and public health (Chistobaev and Semenova, 2011).

Medical geography (medical tourism as a part of it) as a discipline arose in the late 17th and early 18th centuries and has long been formed as an independent scientific direction. In this role, it was essentially a section later called local history. Its main function was to describe the properties of the natural environment useful to humans or, on the contrary, its harmful effects on health. In the course of its subsequent development, medical geography was increasingly differentiated into two components, medical and geographical.

In the 20th century, medical geography again became inherent in integrative trends, namely, the strengthening of the relationship between geography and medicine (May, 1950, 1977); adaptation national health care systems (Béland and Zarzeczny, 2018); economic impact of health tourism (Dang at all, 2020) and many other scientific areas. In 1981 passed big Tokyo Symposium on the Geography of Health. Now many events held in industry such as International Medical Geography Symposium that occurs bi-annually to connect researchers interested in geography as it relates to health and health care, Medical Geography and Public Health Conference and others.

A great merit in the development of medical and geographical knowledge belongs to russian scientists, first of all E.N. Pavlovsky and A.A. Shoshin (Chistobaev and Semenova, 2010). By the middle of the 20th century, fundamental world medical and geographical schools were formed (Chistobaev and Semenova, 2011).

Some positive shifts in the dynamics of the development and territorial organization of world health in recent years have been outlined. In particular, in Russia, as a result of the adoption of different managerial decisions to ensure health protection, indicators of the expected life expectancy of the population have noticeably increased (Chistobaev and Semenova, 2018; Chistobaev et al., 2019).

There were medical clinics equipped with the most modern equipment in Moscow, St. Petersburg and some regional centers. Many health centers accept domestic and incoming medical tourists, which contributes to the further development of the industry both at the country level and at the regional level of territorial health care (Decree of..., 2012, Federal Law..., 2008, 2013; Lee and Li, 2019).

According to the database of the Russian Index of Scientific Citation at the request of Public-Private Partnership + Medicine, in the period from 2015 to 2019 (July) four significant publications were found on the use of the analyzed mechanism in health management were found (Shamsutdinov, 2015; Kravchenko and Zalilova, 2017; Sachek et al., 2017; Kiselev and Dolgin, 2018). These publications relate mainly to the description of the relevant projects and the assessment of their importance. Let us name the most important objects: Multidisciplinary Medical Center in Belgorod, Perinatal Centers in Kazan and Surgut, Oncology Center in Nizhny Novgorod, Center of Extracorporeal Hemocorrection and Clinical Transfusiology in Samara, Center of Medical Rehabilitation in town Communar, Leningrad Region. In addition, cooperation between the state and business is carried out in the development of resort and sanatorium treatment; In this regard, the facilities of the Kurortny Municipal District of St. Petersburg are particularly clearly represented (Semenova and Chistobaev, 2019). The implementation of these measures contributes to the development of domestic and entry medical tourism as one of the types of more versatile and large-scale structure - medical and health tourism.

Territorial health care is a set of medical and preventive organizations in the territory of regions of different hierarchical scale - from federal districts to urban and rural locations. Each of these levels has its specific features in the composition and structure of medical and preventive organizations, not only hospitals and medical and obstetric posts but also recreational facilities as sanatoriums, recreation houses, campsites, etc. Taken together, all these facilities fit into the habitat of the population and together with other health institutions form a specific regional environment in which the health of people, both own and arriving for treatment and rest from other regions and countries, is ensured. This, the last, part of the clients of the sphere of territorial health care belongs to the category of tourists, in the format of this article - clients of medical and health-improving type of tourism.

2. Methodology

The authors relied on the works of scientists in the field of theory and methodology of development and the territorial organization of health tourism (Shchekin, 2010; Safiullin, 2011; Vetitnev, 2012; Shadrin and Dunets, 2016; Dunets et al., 2019), the results of their development on techniques and methods for making managerial decisions on the development of territories (Chistobaev et al., 2015; Chistobaev, 2015), spatially temporal organization of medical tourism (Semenova et al., 2018; Semenova and Chistobaev, 2017), providing public-private partnership for creating objects, and linear infrastructure node (Chistobaev and Grudtcyn, 2017) in the process of working on the article. Other important features are factors affecting health tourism (Gökhan, 2017; Kim et al., 2019; Sutana et al., 2019) and regional features (Kim and Seo, 2019; Chantrapornchai and Choksuchat, 2016; Padilla-Melendez and Del-Aguila-Obra, 2016).

The methodology of the study is based on several approaches. In the spotlight of *systemic-structural approach* is the study of the structure of the object and the place of elements in it. This approach applies to complex, complex, self-organizing objects. Geosituational approach associated with the concept of a geographical situation or geo-situation, by which is understood a historically established situation, a set of conditions in the environment, which determines the interaction of the components of this environment. Research is based on popular scientific and private methods of scientific research, such as literature review, statistical, historical, comparative geographic, program target methods.

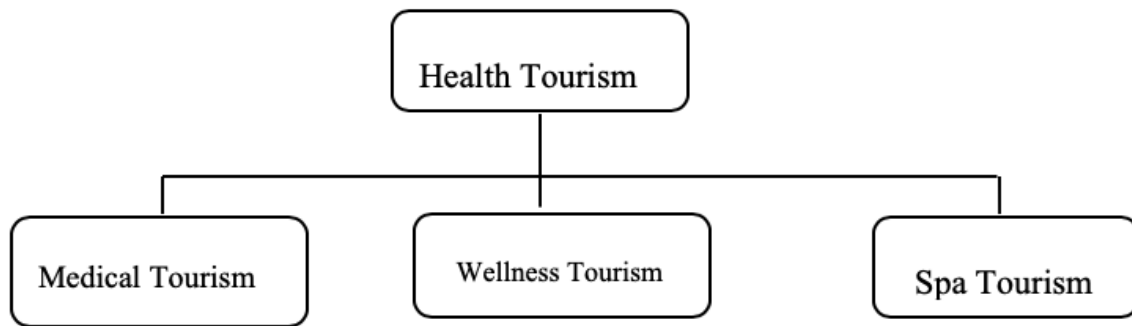
Authors using full research articles from databases Elibrary, ScienceDirect, Directory of Open Access Journals, Scopus, Web of Science and so forth. Statistical information were obtained from the Internet from official sites of Federal State Statistics Service of the Russian Federation (Federal State..., 2020), Federal Agency for Tourism Ministry of Economic Development of the Russian Federation (The Federal..., 2019), regional agencies and statistic services of India, the United States of America (National..., 2020), European Union and others. Authors used regulatory and legal documents of countries and regions, strategic developments in the field of spatial development and spatial planning schemes (Inclusive, 2012; Public-private partnerships, 2015; City..., 2018).

3. Results

3.1. Transformation of the Concept and Structure of Health Tourism

Until the middle of the last century, medical and health tourism was presented as a single concept related to the activities of sanatoriums, resorts, holiday houses. In the second half of the last century, it began to allocate medical tourism, which means the provision of clinical services for patients from other countries and regions. Following it, two other types: wellness tourism and SPA tourism, stand out as part of treatment and health tourism (Fig. 1).

Figure 1
Structure of Health Tourism (the structure is made by authors)



The structure of health tourism shown in the figure is strongly conditional, as it is difficult to separate one type of tourism from another. For these reasons, there is no single, clear division in the definitions of the individual elements that fall into the health tourism system in the scientific literature; as a consequence, there is no reliable statistical information on each.

Researchers of European countries note that the share of travel for the purpose of medical and health tourism in the total passenger traffic of the European Union is extremely small: 5.8% of local and 1.1% of international arrivals. Revenues from this type of tourism are estimated at 47 billion euro (4.7% of all tourism revenues and 0.33% of the total for all countries of the European Union gross domestic product). The share of tourists coming from countries outside the European Union is estimated at 6%. In terms of revenues from health tourism, there are three countries: Germany (28.2%), France (17.8%), Poland (13.4%), which account for 59.4% of total revenues of all European Union countries (Research..., 2017).

3.2. Management Functions of Health Tourism

By management of medical and health tourism authors mean the field of management of medical and recreational tourist services provided to tourists who come from outside the region or the country. This activity extends its impact on the formation and control of financial and material resources of individual medical and health organizations and all elements of the territorial health care system. In addition to rest and restoration of health, participants of medical and health tourism are also given the opportunity to familiarize themselves with the attractions of the temporary place of stay of the client. Such services may be presented at the stage of preparation of the patient for surgery and during rehabilitation treatment.

The objective function of management of medical and health tourism is to improve the quality of life of clients on the basis of restoration and strengthening of the state of health, competence in natural and historical and cultural heritage, world view and education of a sense of patriotism.

Achieving the above-mentioned goal of management in the field of medical and health tourism requires solving the following tasks: 1) defining the terms of reference, duties and responsibilities of heads of medical and health organizations; 2) development and coordination of targeted functions of management of services of incoming tourists within the established responsibilities; 3) forming a strategy and drawing up real development plans in the subjects of territorial health care treatment and health services; 4) ensuring performance monitoring, measurement and evaluation; 5) carrying out (if necessary) a possible adjustment of the envisaged measures for the implementation of projects. Each of these tasks can vary for the public, municipal and private health sectors aimed at achieving a single target for all levels of government. A key indicator of the effectiveness of treatment and health organizations is, as noted above, the high quality of services provided to clients and profit generation.

The specificity of medical and health-improving activities forms the functions of the manager in the field of health care, which differ from other types of activities. In the most general form, they are limited to the management of public and private health sectors, medical and service personnel, industrial and social infrastructure. The manager must be aware of the measure of responsibility for the life and health of people, remember that it will not be possible to correct the mistakes made in some cases. Therefore, he needs to be a management specialist and have skills in the provision of medical services.

3.3. Analysis and Assessment of the Prerequisites for the Development of Health Tourism in Some Countries of the World

The effectiveness of health saving depends primarily on the level, way and quality of life of the population. By these indicators, the countries of the world are now sharply differentiated. In most African countries, as well as in several countries in Asia and Latin America, health care is inferior to North American, European and some Asian countries in the world. According to the World Health Organization (WHO), more than 400 million people living on the planet have no access to health services at all. Approximately 73% of total deaths result from chronic diseases (World..., 2019). Health spending, even in relatively developed countries such as Russia, Brazil, and Argentina, is 5.1, 6.8, and 6.9 times lower than in the United States, respectively; Relative to gross domestic product, the figures for the same countries are 7.1, 8.3 and 4.8%. The share of public expenditures in the total volume of financing is also differentiated: in Sweden – it is 85.1%, in the UK – 83.1%, in Belgium – 77.9%, In Germany – 77.3%, in Russia – 51.8% (Financing..., 2017).

Public health spending only takes into account domestic resources, including social health insurance and general budget support. Prepaid private expenses consist of health insurance and health investment by non-governmental organizations. Health care costs from own funds are franchises, surcharge and consumer fees. For example, in Russia, prepaid private expenses are 14.1 times less in total funding than in the United States; for many other countries, this ratio is even more striking (Financing..., 2017). The question of the optimal balance between the contribution of public and private actors in the organization of medical services remains debatable and requires special studies, including the involvement of expert managers at all stages of the development of health-care projects.

3.4. Management functions in the infrastructure provision of health tourism

The search for alternative sources of financial assets in the sphere of health care, which would contribute to the development of medical and health tourism, is an urgent task of the State and business. For this purpose, it is necessary to work and implement innovative types of partnerships of interested parties, to create specific models of management.

The development of a mechanism for the formation of public-partnership in the development of medical and health tourism can be based on the experience of using public-private partnership in the creation of any linear and node objects. With regard to health tourism, three types of public-private tourism can be distinguished: 1) construction and operation of clinics and sanatorium and resort facilities; 2) provision of services to clients in treatment and recreation; 3) provision of services in excursion and tourist services. We will now give specific examples of the practical implementation of PPPs in the health sector.

The expansion of the health-care market in other countries of the world has had a direct impact on the improvement of health infrastructure and, indirectly, has affected the prestige and level of development of health-care tourism. These trends were most pronounced at the end of the last century in the UK. In 1996, the country signed the first contract for joint public-private design, construction, financing and operation of the hospital in Norwich. The success of this project has intensified the conclusion of other similar contracts (Zhou and Smith, 2013). Positive experience of state and business partnership management has been accumulated in another European country, Croatia, where the key players in medical and health tourism are actors of the Ministry of Health, the Ministry of Tourism, the National Tourism Council, the Association of Health Tourism and the Association of Employers in Hospitality. In the capital of Croatia, Zagreb, in promoting PPP in health tourism, along with the above-mentioned state structures, city authorities and businesses that specialize in health tourism are also involved (Zagreb: Medical..., 2018). In Asia, India is considered to be one of the recognized leaders in the development of the health tourism system. The Ministry of Tourism of this country has formed a 20-year strategic plan for the development of health tourism, which provides, among other measures, for the enhancement of the role of the public-private partnership mechanism as a tool for ensuring the development of health tourism (Bankar, 2012). Each of the countries is developing both state and regional strategies for the development of health tourism in general and its main components – medical tourism, wellness tourism and SPA tourism.

4. Conclusions

Involvement of a State of alternative sources of financial assets in health-care tourism should extend to innovative partnerships with private entities. Experience has been gained in this regard

in some of countries around the world. However, it cannot be considered that all the tasks formulated in this article on management of PPP in the formation and development of the system of medical and health tourism have received their permission. According to the authors, it is necessary to create specific models of management, monitoring and control of the functioning of medical and health structures, which would determine the content of the mechanism and tools of PPP. The scientific basis for its creation is an important task of management specialists. The main thing is to define the division of functions of the state and business in the development and implementation of projects for the development of medical and health tourism. At the same time, it is necessary to develop normative and legal acts ensuring control over the quality of the services provided. At the same time, it should be borne in mind that the mistakes made in this type of activity cannot often be corrected. The guarantor of the high quality of the services provided is the interaction of specialists engaged in the field of medical and health tourism.

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