

Does Medical Tourism Driving Development of Public Health Care in Jordan?

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Abstract

This study reports findings from a study examining effect of medical tourism improving the public health sector in Jordan. the growing trend of "medical tourism" where patients travel to low-cost developing countries for health procedures. Because of its relatively new status in an increasingly globalized world, previous analysis of this trend tends to focus on either the cost savings for the patients or the revenue potential for the host economies, often coming to the conclusion that medical tourism is not only beneficial for those seeking treatment, but for the economic and social development of such "destination countries". However, as previously stated development is usually measured in economic terms. Viewing the health sector merely in the monetary terms of transnational trade is insufficient, as healthcare itself is a complex component of any country's economy. Consequently, this calls for a re-evaluation of the limitations of measuring the benefits and disadvantages of medical tourism for destination countries solely on economic progress merely in monetary terms. This paper examines these contradictions based on a case study comparison of the medical tourism industry in Jordan with its domestic health sector. While health tourism has been validated as a potential revenue source, it also competes with the domestic health sector and could resultantly undermine and jeopardize the quality and accessibility of healthcare to Jordanian citizens themselves.

Keywords: Medical Tourism, Jordan, Tourism

Introduction

Growing interest by academics and economists to the phenomenon of medical tourism has recently appeared , due to the increasing number of those who traveling for the purpose of health care in other countries (Gupte & Panjamapirom, 2014). because of its recent appearance on the world tourism trends, there has been fewer studies around. Indeed, the interest in medical tourism arises because of the economic, social and cultural benefits for countries economy. Because of the qualified human resources, investments, number of patients, and location, Jordan rank is the first in the Middle East and fifth in the world in terms of medical tourism; Jordan is on the fast track to the top in the field of medical tourism, and Jordan government is working hard to attain its goal to maximize the economic impact for the country (MTC, 2010).

Jordan, alongside other countries such as India, China, Argentina, Thailand, Brazil, Mexico, South Africa, and many others, has broken into this beneficial new marketplace and has found initial success. (Bookman & Bookman, 2007), Herrick, 2007) Currently, Jordan ranks as one of the top destinations for medical tourists – first in the Middle East and North Africa region, and fifth overall in the world. Additionally, Jordan received over USD 1 billion in revenues in both 2012 and 2013. (Jordan, 2013) .The political developments in the region led to increase the demand on medical services in Jordan which make it an essential component of Jordan's economy; medical tourism provides natural resource-lacking Jordan with the means to capitalize on its two greatest assets – its tourism industry and its human capital. Because of its impressive economic revenues combined with the fact that economic indicators are typically the single largest tool used to determine a country's overall well-being, medical tourism is typically hailed as being a 'saving grace' for developing countries. (Connell, 2013) In fact, the only possible flaws pointed out in most literature on medical tourism consist of health, monetary, and legal risks for potential patients; minute consideration has been given to the effects of medical tourism on other factions of destination countries' economies and populations, such as their domestic healthcare systems. (Reading, 2010)

It is for that reason that the intent of this study is to answer the question, does the development of Jordan's private medical tourism help the development of its public healthcare sector. Public health is one of the most important indicators when determining the well-being

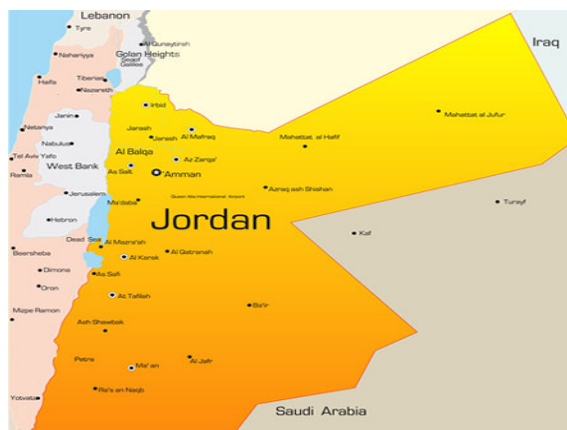


Figure 2 Location of Jordan

Source: <http://jordan.medicaltourism.com/>

status of a country's population. One of the key indicators of a 'developed' country is the availability and affordability of quality healthcare to its citizens (Bambra, 2005), something which Jordan has prided itself upon for several years, based on some reports, it is estimate that total health expenditures out of Jordan's GDP around 9%, which is far higher than other low-middle income (Zafra , 2011) countries ..However, health statistics from the World Health Organization (WHO) and the World Bank have shown that several of the public health indicators in Jordan have been decreasing – albeit slightly – since 2012. (World, 2012). Poor health is among the biggest problems in developing countries, while medical tourism could be one of the solutions. Poor health is detrimental to economic growth, while medical tourism contributes to economic growth. (Bambra, 2005, Bookman, 2010) .through the redistributive functions of macroeconomic policy , medical tourism can contribute to the solution of health problems in developing countries. (Pocock & Phua, 2011, Burhart, 2008) Indeed, theoretically medical tourism can be taxed for the benefit of primary health care that reaches the poor and the needy. Public policy can redirect income from hospitals catering to foreign patients to facilities catering to the local population. (Chen & Flood, 2013, Burhart, 2008). Jordan, unlike so many other destination countries, appears to contradict the negative health trends afore mentioned, as it is able to boast a high percentage of coverage within its population (over 80%), affordable healthcare services and pharmaceuticals and other encouraging health indicators. (Ministry, 2012)

Literature review

Although medical tourism is an attractive field, and gaining rapid recognition in the world, Medical tourism is not new. Since ancient times, wealthy people have traveled for healing and recovery. For instance, Europeans have traveled in groups to enjoy spas, hot springs, the Dead Sea and mineral-rich waters in Jordan (Franzblau & Chung, 2013). Horowitz said it aptly: "Health tourism is a concept as ancient as prehistory and as up-to-date as tomorrow." (Horowitz, 2007) Yet, it was first designated as a commercial activity by the International Union of Travel Officials only in 1973 (Johanna, Horsfall, Lunt, & Smith, 2013). Moreover, medical tourism is also not new insofar as many Western countries have a history of treating foreigners. The UK, for example, has exported health services since its colonial days, and presently one-fifth of hospital beds in London are occupied by foreigners. (Reading, 2010) The United States also attracts international patients. In 1997, the four Mayo Clinics received 10,000 patients from abroad, and Johns Hopkins increased foreign patients from 600 to 7,200 in just two years. (Reading, 2010) What is different in the twenty-first century is that tourists are traveling farther away, to poorer countries, and for medical care that is invasive and high tech. (Bookman, 2010) In other words, the nature and prevalence of the travel has changed, but the goal of the travel has not. Therefore, it is logical to conclude that medical tourism can be defined as "the organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention". (Bookman, 2010). Globalization and all technological development have simply cause an expansion and rapidly globalizing in all marketplaces, including healthcare. What has changed is that the medical tourism phenomenon now has a name and a buzz. "What is clear is that it is a multidimensional process encompassing economic, social, cultural, political and technological components, and that it defines much of the environment within which health is determined." (Connell, 2013).

Medical tourism encompasses social, cultural, and political components as well when solely the economic implications of the industry are explored and hypothesized about one cannot expect to be provided with a complete and accurate picture. Thus, it becomes necessary to analyze the prospects of medical tourism on a destination countries' population from standpoints that were not economically driven. For this purpose, a postcolonial perspective seems to be most prudently appropriate as it encompasses cultural, economic, and socio-political components of developing societies. Essentially, it focuses on the effects of postcolonial globalization and the development of indigenous solutions or the adoption of Western practices to local needs. (Connell, 2013) In his article "Therapeutic landscapes and postcolonial theory: A theoretical approach to medical tourism", Buzinde is one of the first scholarly researchers to explore medical tourism from a new standpoint. (Buzinde, 2012) However, even he too is biased in the economic application of said theory. Resultantly, he concludes his text that medical tourism is generally beneficial to a destination country's economy, claiming that,

"While it undoubtedly adds to the public health crisis (by reinforcing a dual health- delivery system), medical tourism can contribute to the solution of health- care crises insofar as it is a profitable activity that can be tapped, with the appropriate macroeconomic policy, to fund public health. In this way, it alleviates the budgetary pressures of the public sector and enables more widespread basic health services. ...an improvement in public health will contribute to increasing human capital that in turn can contribute to economic growth...medical tourism provides the capacity to alleviate health-care crises in countries that have the incentive to do so." (Buzinde, 2012)

You can see the political undertones in the statement above; here, the political economy perspective is clear. Such a perspective should highlight the important role played by political institutions at the local, national,

and international levels in the provision of medical tourism. Indeed, international organizations such as the United Nations Conference on Trade and Development (UNCTAD), WHO, and the World Tourism Organization (UNWTO) set the framework for the consumption and provision of medical tourist services, the national governments formulate policy for it, and the local-level administration takes care of the details. The role of political institutions is clear in tourism and even clearer in questions of health provision because health, even if provided by the private sector, is different from other industries “The ethical and human welfare dimensions make [the health sector] qualitatively distinct from most other industries and endow it with a high degree of political sensitivity”. (Connell, 2013)

Why then, has virtually no literature been written upon the subject of the political and social components of medical tourism? There is a large gap in the academic literature that should exist given the increasing importance of medical tourism, but as of this date so far has not. Perhaps this is because the scale at which the medical tourism industry is developing is so new, almost revolutionary, that economic measurements are the only realistic measurement of success at this point in time. Nonetheless, it is important not to overlook the possible consequences of a debuting industry simply because of its initially promising economic indicators. However, since research of a developmental, socio-political nature requires time, that could also account for a portion of the reason why many aspects of the new and exciting medical tourism industry has been left unexplored. Because of the lack of information, it is nearly impossible to agree or disagree with any of the information provided in the literature that was used for this review due to the lack of well-rounded research on the subject. Thus, it has been left up to the researcher to apply the theories of post-colonialism and ‘trickle down’ economics to field research and statistical evidence, in the hopes of unveiling even a single additional tidbit of information regarding the developmental effects of medical tourism.

Methodology

The main sources of the data were through literature review and interviews with number of officials in both private and public health care sectors. The literature review strengthening the pre-conceived notions of medical tourism that already exist and are popular within mainstream academic and scholarly research, the idea that medical tourism is an economic opportunity for many developing states. However, few sources went further than stating the economic benefits of globalizing healthcare for all parties. At most, some may have touched on the possible risks for patients considering receiving healthcare abroad, but few sources discussed the possible negative consequences of globalizing and privatizing healthcare for the countries of destination.

It was particularly difficult to find literature of this nature specifically on Jordan, which is why it was necessary to consult health equity statistics and determine the significance of health indicators from sources such as the WHO, the Ministry of Health MOH, and the World Bank. However, statistics alone cannot provide an accurate description – much less analysis – of the current state of domestic and private healthcare in Jordan, so it was also necessary to conduct several interviews. Logically, it was necessary to conduct interviews with personnel in the MOH and the PHA, as those are the two largest and most significant administrators or facilitators of medical tourism within Jordan. Interviews were scheduled with the Director of Medical Tourism within the MOH, the CEO of the PHA, and several other MOH and government employees. Fortunately, all were very understanding about the nature of this study and were very compliant when both giving consent and during the interviews. None asked to be remain anonymous, nor did they reject their organization affiliations, so it was not necessary to take extra precautions to protect their identities once the interviews concluded.

To obtain a thorough background of the medical tourism industry in Jordan, one of the pioneers of the medical tourism industry in Jordan was consulted as well, with the intent to obtain enough information to construct an outline of the development of the medical tourism industry, the regulations that were initially established (or not) to foster its development, the direction that the government wanted the medical tourism industry to take, and where the medical tourism industry and all of its components stand now in relation to its initial inception. This is still not enough to obtain a full grasp of medical tourism and its implications, however, so it was also necessary to conduct interviews with medical tourism directors at individual hospitals, so as to get an idea of the efforts being made by individual hospitals to promote medical tourism. It also would have been prudent to interview personnel in organizations such as the World Bank, USAID and WHO to see an outsider’s perspective on the state of private and public healthcare in Jordan, but unfortunately such meetings proved to be impossible to schedule. This was a bit of an obstacle for this project, as it is difficult to determine the effects of medical tourism on Jordan’s domestic healthcare sector and how to ensure that those effects are productive without speaking to personnel from organizations that are leading experts in fostering the development of healthy (no pun intended) domestic and private medical systems. An additional obstacle encountered occurred in the interviews – often, the same information was repeated over and over in each, no matter who was spoken to. Most likely, this is because medical tourism has been so popularized. These reactions were understandable, of course, due to all of the positive attention the medical tourism industry had received not only abroad, but especially within Jordan. Material culture specimens such as promotional videos, magazines, and newspaper

articles reinforce medical tourism as a revolutionary and groundbreaking industry. The fallout from this however is that it was often it was difficult to find people who thought that it was anything less than stellar. Still, these obstacles were expected, and the possible effects that this may have on the quality and depth of the findings for this project were taken into account before the literary and field research for this study began. Nonetheless, regardless of how helpful and informative each actually turned out to be, all of these sources were necessary to consult in order to grasp the social, developmental, legal and political implications of the booming medical tourism industry.

Findings and discussion

The first and most prominent finding this study discovered is that there are significant, potentially handicapping health challenges in Jordan. There is a high rate of unemployment, growing social inequity, and a high rate of immigration. Jordan had three major immigration movements in the last century: 1948 from Palestine, 1967 from Palestine, and 1991 from the Gulf region. (Herrick, 2007) The growing population requires an investment in education and health services. In addition, the elderly population is growing and has increasing demands for health care. Scarcity of water resources affects domestic water supplies, which are essential for health maintenance. Just recently, it was reported that Jordan is the fourth-leading, poverty-level country in water availability. On the other hand, Jordan has an effective health care system in which it is considered as one of the most modern health care infrastructures in the Middle East region. The main objective of Jordan's health care strategy is to improve and to provide access to health for all Jordanians by 2012. (Wreket, 2014) The Ministry of Health is responsible for public health, quality standard setting, and medical education and training. Beyond setting standards and approving charge schedules, there is little control over the private market. The health care system in Jordan is divided into two subsystems: a public health care system and private health care system. (Wreket, 2014) About 50% of the outpatient visits of Jordan take place at the facilities of the Ministry of Health. Forty percent take place in the private facilities, while the remaining 10% are divided between royal medical services and university hospitals. Approximately 40% of health expenditure is out of pocket. On average, Jordanians pay around \$47 per annum on outpatient care, out of which 70% is for pharmaceuticals. (Wreket, 2014)

With the existence of a two-tiered health system, inequities are evident in the distribution of health care expenditures. Sixty percent of health expenditure is in the private sector which provides only 20% of health services and at the same time, 80% of the services are provided by the public sector which accounts for only 40% of the expenditure. (Ministry, 2012) Women have higher out of pocket expenditures on health and use the health services more frequently than men. Regarding health insurance coverage in Jordan the Minister of Health recently announced that Jordan reaches 85% coverage of the population. (Wreket, 2014) The Ministry of Health insures approximately 20% of the population and approximately 33% are covered by Royal Medical Services (the military personnel and their families). (Ministry, 2012) Palestinian refugees hosted in Jordan and their families, approximately 20%, are also healthily insured by United Nations, and the privately insured people in Jordan accounts for 8%. (Ministry, 2012) This seems, in total, that 80% are covered by insurance in Jordan, but actually only 25% of the population has no health insurance, this is due to double insurance i.e. some people are insured by Ministry of Health and Royal Medical Services at the same time. (Wreket, 2014)

Jordan has also a problem with uninsured citizens adding to inequalities in access to health care. These Jordanians are between 15 and 45 years of age, low educated, and live in urban areas. They have less-than-average access to outpatient care and have more than average out-of-pocket expenditure. (Ministry, 2012) Jordan does, however, has also a 'rescue' possibility, in that the Jordanian Royal Court might by application allow that in-need patients get admission to public hospitals with full reimbursement. (Jriesat, 2014)

There are wide-spread cooperation and coordination efforts with international organizations, such as the WHO, Health Action International, the United Nations and the World Bank. There is also a desire to ask more European agencies to assist Jordan to improve its health system as model in the region. (Wreket, 2014) International activities by these organizations resulted in describing the status quo of the health system in the Middle East. One result was there are unaffordable medicine prices which are a major barrier to access medicine, especially for the poor and sick. (World, 2012) For example, a full course of antibiotics to cure common pneumonia may cost a month's salary, and one year of HIV treatment would consume 30 years of income. One-third of the population of the world does not have reliable access to medicines. The price of medicine is a public health issue and should not be left to commercial considerations of suppliers and manufactures alone. (Reading, 2010) Spending on medicines in low income countries is far lower per capita than in high income countries. Access to medicines, nevertheless, continues to be the biggest challenge. For example the mean percentage for total health expenditure on medicines in lower middle income countries such as Egypt, Jordan, and Morocco, is approximately 35%, which is very high compared to approximately 12% in the rest of the world. (World, 2013). Why does Jordan spend so much on its healthcare sector? Unfortunately, Jordan is a country that is lacking in natural resources of all kinds, including water. This means that in order for Jordan to become

economically productive, efficient, and stable it has to get creative. Consequently, Jordan must capitalize on one of the only resources it has – its natural beauty and its human capital.

For Jordan, tourism is a strategic industry. It is the largest sector in the economy, contributing over 14% of GDP. (Wreket, 2014) It is also the second largest earner of foreign exchange after remittances (generating \$3.4 billion in 2010) and is the largest generator of private sector employment in the kingdom. This, combined with an educated population and encouragement for students to enter the healthcare field generated an interest in developing an economic component that capitalizes on both the human and natural resources that Jordan possesses, the medical tourism industry. Jordan's ability to develop and capitalize on this industry should be commended for many reasons, particularly because it is a tricky, obstacle-laden path to success; only a limited number of developing countries are significant competitors in health-care provision on a global scale. According to one scholar, "most developing countries still have to grasp the opportunities that globalization offers to their health sectors." (Reading, 2010) Most developing countries have not grasped those opportunities because they cannot. They cannot compete in the international health-care markets. Medical tourism is not a universally feasible export service. It cannot be viewed as a development option for all developing countries, and so cannot be viewed as the solution to third world health-care problems. (Reading, 2010) Medical tourism, in contrast to general tourism, has high barriers to entry and a long list of requirements for its emergence, success, and sustenance. It includes human, financial, and physical capital. It also includes a supportive government policy as well as public administration and legal institutions that function honestly and efficiently. There must be macroeconomic stability, a competitive open economy, and supporting economic institutions. There should also be low cost of production and tourist appeal. While no single one of these requirements is necessary or sufficient for medical tourism to take off, this list underscores the fact that the development of medical tourism necessitates conditions not required by other industries.

Fortunately, Jordan has long been aware of its precarious economic situation given its lack of natural resources, and has made investments in areas such as education and healthcare top priority. In combination with their reasonably open economic policies and political stability, this has allowed for the sensitive and tumultuous industry of health tourism to develop, where it continues to be fostered and nurtured. Today, the medical tourism is booming: revenues of over USD 1 billion were received in both 2012 and 2013 despite the political instability of many of their surrounding neighbors. As a result, medical tourism constitutes roughly 4% of GDP (Ministry, 2013) This is due to the excellent advertising and marketing that has been implemented by both the MOH and the PHA, as well as individual private hospitals. Many of the medical tourism patients that Jordan receives come from the "traditional market" of the other Arab states in the Gulf, the Levant, and Northern Africa. (Irshaid, 2014) Recently however, due to the outstanding success and growth of the medical tourism industry, Jordan has begun to receive an increasing number of patients from Western countries, including places such as the UK and the United States. Additionally, the PHA and the MOH have begun to increase their marketing in these areas while also expanding their gazes to other Western countries as well. (Jordan, 2013)

The positive aspects of Medical tourism noted by many scholars are clearly visible in Jordan, especially upon interview of officials in the field. Such benefits are included, but not limited to: affordable, high-quality healthcare for those who may otherwise be unable to afford such in their home countries, a local drive to continuously improve healthcare, and a generous, even essential source of revenue for the country's economy. (Horowitz, 2000). Undeniably, medical tourism has brought many successes to the healthcare industry in Jordan. Currently, four of the private hospitals in Amman have received the prestigious JCI accreditation, with many more striving for that distinction as well. The PHA has reached agreements with the MOH regarding blood bank regulations, and they have agreed to treat the patients in the public sector who require dialysis in the private hospitals for free (covered by the MOH), because it is cheaper to do so. (Hindawi, 2014) By working together, the PHA and the MOH have created the image of a developing society marching swiftly towards total 'development', with its crown jewel set as a peacefully-existing, harmonious and mutually beneficial dual-healthcare system.

Jordan's healthcare system is one of the country's proudest accomplishments, one of the best gifts it can give to its people. However, because of the relatively high standards in relation to neighboring and other developing nations, Jordan is at risk for creating a significant gap in quality of care between those seeking treatment from other countries and local Jordanians. This in return can create a whole host of legal problems. Additionally, because medical tourism facilities are primarily urban, this process also hastens the internal migration of health care providers from rural areas into cities, thereby enhancing urban deprivation. (Horowitz, 2007) If the medical tourism industry achieves even a fraction of the flows of patients envisioned by early commentators, this could ultimately lead to locals being priced out of their own health care system, as demand from foreign patients can drive up the costs of providing care for everyone. (Reading, 2010) .Still more is that there are inherent dangers simply within the nature of medical tourism itself, regardless of where it takes root. One aspect of globalization in the developed world is the privatization of services once provided by government. This trend is also arising in developing countries, albeit for different reasons, and an area where this privatization

is occurring is healthcare. (Connell, 2013) Jordan is no exception to this trend; healthcare spending is disproportionately distributed between the private and the public healthcare sector. Even though the public sector treats more patients annually than the private sector, healthcare spending was distributed annually at a rate of between 60-70% to the private sector, and roughly 35% to the public sector. (Ministry, 2013) What's more, there are currently more private hospitals in Amman than public hospitals. Compared with the number of patients that are treated in each of the sectors, i.e. more patient are typically seen in the public sector, this could quickly become a problem, that is if it has not become one already.

Then, you have to take into consideration the unique strains that have been placed upon the public healthcare sector that the private sector does not have to deal with, such as overcrowding, shortages of supplies, and the loss of qualified medical personnel. Authorities from both the MOH and the PHA have admitted that the public sector acts as an unofficial "training school" for doctors and nurses alike, who will spend the first few years of their careers learning the ropes in public hospitals, and will then leave to work at private hospitals once they have become more qualified. (Mrayyan, 2005) Essentially, this means that the public sector is filled with young, inexperienced (talented though they may be) medical professionals rather than an even distribution of young, mid-career and expert physicians and nurses. The public sector is also responsible for carrying the brunt of the weight of the impacts of the Syrian refugee crisis, just as it did with previous influxes of refugees that have occurred in the past. In the National Resilience Plan, the Jordanian government requested USD 484 million in aid to cover health expenses in the public healthcare sector alone for the crisis. (National, 2014) Does this not seem out of juxtaposition when compared with the revenues of over USD 1 billion received in the private sector? (Jordan, 2013) According to popular economic theory (see: introduction and literature review), the revenues generated from medical tourism should be re-distributed to encourage growth within the public healthcare sector. However, how can the public healthcare sector grow if it requires hundreds of millions of dollars simply to stay afloat?

Even some of the supposed benefits of a booming private industry, such as the relieving of patients from public authority and the increased competition and higher standards that result from increasing accreditation standards, are shrouded in negativity. For example, the MOH pays for patients who require kidney dialysis to receive treatment at private hospitals, because it is cheaper for everyone. (Wreket, 2014) What they fail to mention, however, is that fact that several public hospitals completely lack dialysis equipment, so they would not be able to perform the treatment in the first place. Hospitals such as these are the ones that require more funding. However, the increased medical standards and resulting competition have created an environment in which the hospitals that achieve more and treat more patients consequently receive more funding because they are considered to be successful and therefore a worthy investment. Meanwhile, the hospitals that truly need the funding slowly receive less and less, jeopardizing the standard and quality of care and possibly causing its demise.

Unfortunately, many of the professional community does not seem to be very concerned about the state of the healthcare industry in Jordan. Although the medical tourism industry in Jordan is not currently corrupt, it is concerning that there seems to be a lack of initiative by government officials especially to establish and enforce regulations that would help not only the medical tourism industry to survive and continue to thrive as it grows and develops, but would also encourage similar development in the public sector as well. One official in the Ministry of Health, when prompted for his thoughts regarding the assertion that medical tourism causes privatization of healthcare did not see any problems with this. He claimed that "privatization is good – it encourages economic and infrastructural development, provides revenues, and takes patients off the hands of the public hospitals." (Shrouf, 2014) Still another employee from the PHA claimed that medical tourism has nothing to do with the privatization of healthcare, (Hindawi, 2014) Out of seven interviews, only one person recognized that there was a risk of privatizing healthcare as the medical tourism industry continues to grow and develop, and while that would be good for encouraging more patients to seek treatment in Jordan, such privatization would and may be causing a "...decrease in the quality of care given to Jordanians"(Hinnawi, 2014) because the private hospitals are only looking to make a profit, and will thus do anything they can to reach that goal. Additionally, this person acknowledged that there is a difference – though it may not be acknowledged – between the standards of care in the public and private sectors; the standards in the private sector are higher. (Hinnawi, 2014)

With the exception of the latter, such officials keep flouting the one main purported benefit of the medical tourism industry is that it provides a lucrative source of income for developing world economies. The However, as previously stated, a corollary critique is that the industry is unlikely to improve population health and access to healthcare for the majority of impoverished peoples within these nations (Burhart, 2008). To expand, the lucrative medical tourism market may encourage health professionals and governments to focus their careers and resources towards private facilities that treat the needs of foreigners. Such a development risks compounding existing health inequalities both locally (between rich and poor) and between the developed and developing world. (Reading, 2010) Supporters of medical tourism then provide a counterargument to this critique; that the injection of foreign capital into local economies as a result of medical tourism will in turn

generate jobs, increase the tax base, and thus improve the aggregate level of social and economic wellbeing with eventual positive health externalities. (Burhart, 2008)

Which of these scenarios is most credible remains to be established; and whether the second scenario (aggregate welfare gain) leads to reduction in health inequalities within destination countries depends on state policies to tax such gains for programs (transfers, services) that are deliberately redistributive in design. (Behrmann, 2012) Detailed economic assessments are required to establish broad social benefits and harms flowing from transnational medical travel. Of particular significance are empirical measures of the profits generated by healthcare institutions catering to foreigners and comparing that figure to the amount of revenue that actually enters as government revenue.

Basically, it all boils down to the plain and simple matter that the only concrete facts regarding medical tourism in Jordan are listed as follows: 1. It has provided unprecedented economic revenues for the Jordanian economy. 2. Because of this, medical tourism is largely believed to be wholly beneficial to Jordanian society and infrastructural development. 3. The public healthcare sector is impressively efficient given the unique strains and constraints that it is constantly under, but with those strains in mind it is prudent that they are not further exacerbated lest the system crumble under the pressure. 4. The revenues generated from medical tourism have not yet “trickled down” to support the domestic healthcare system in Jordan. 5. Many people within the government and within the healthcare industry do not seem to give credence to the dangers of the rapidly developing medical tourism industry within the private sector, in part because they are currently experiencing success which tends to make one think that the regulations that are in place at this point in time are sufficient enough.

Unfortunately, that is not very much to go on, and consequently it is difficult to draw concrete conclusions about the true relationship between medical tourism and the domestic healthcare sector. However, this research can say with confidence that based on the findings from this study, namely literature applied with a postcolonial perspective, current health indicators from the MOH, World Bank, and the WHO, and the interviews, the medical tourism industry in Jordan does have the potential to enact several, if not all, of the postulated negative effects of medical tourism that are so briefly explored in academic literature. The chances of such events occurring are further exacerbated by the perceived indifference of many government and healthcare officials regarding the current regulations on medical tourism.

The MOH is the official regulatory body for medical tourism, they are responsible for supervising and controlling all stages of treatment and patient needs once they arrive in Jordan, and as such they have established special, 24-hour offices in airports and car services to cater to the patient’s every need. They have agreements with other ministries within the Jordanian government such as the Ministry of Transportation, contact with embassies, and have established standards of both care and costs that are to be enforced for all hospitals in Jordan, public, private and university alike. (Hinnawi, 2014) However, that is basically it. Yes, the global medical tourism industry is somewhat regulated by the UN and international commerce laws, but how it affects the development of a destination country such as Jordan is largely under the jurisdiction of local governments.

Once again, no matter how healthy or productive an economy, public development can only occur when the revenues are properly re-distributed. (Reading, 2010) As of right now, Jordan has virtually no regulations controlling the distribution of medical tourism revenues because all of the revenues are generated in the private sector. Confirmed by an employee of the PHA, if the private sector does not want to re-distribute these funds, they do not have to. How then, can public growth be expected to occur if the reason that growth was not occurring in the first place was due to lack of funding? Even if the standards of care are improving and accreditation is increasing, when these things are occurring in the private sector at an exponential rate, postcolonialism theory postulates that the public sector, which will be left farther and farther behind will never be able to expect to keep up, eventually causing a stagnation in growth and, if the trend continues, even a decrease.

Conclusions

Generally, the findings in this research were unoriginal and within the realms of expectation. Due to its unprecedented economic success, the medical tourism industry in Jordan is undoubtedly and undeniably impressive, and both the MOH and the PHA have gone to great lengths to ensure a high standard of care and mode of efficiency for the private hospitals in Jordan. Theoretically, these same standards have also been established for the public hospitals in the domestic healthcare sector, but unfortunately the public healthcare sector does not always experience the same successes as the private sector. All too often, there are problems of overcrowding, lack of funding, “brain drain” of medical professionals to the private sector, lack of supplies, the list goes on.

Additionally, there are some significant problems regarding the distribution of funds and the development of new medical facilities between the private and public sectors that need to be addressed, rather than ignored or shrugged away. These could be addressed and possibly even solved entirely with the

development and enforcement of strict regulations that control the development of the private healthcare sector in Jordan so that it does not undermine the development of the domestic healthcare sector. There is encouragement in the fact that the MOH and the PHA is working with USAID on a development project that encompasses both the medical tourism industry and the domestic healthcare sector, but only time will tell to see if this project actually experiences any success.

Unfortunately, because so little research has been done regarding the political and socio-economic results of medical tourism, there is little groundwork upon which successful legislative and economic policies and guidelines can be based. At the same time, there are many suggestions that can be implemented: there needs to be good governance, which is a key factor to achieving equitable health care delivery. In the pharmaceutical sector, ensuring appropriate processes for the development, implementation, and monitoring of medicine policies with clear objectives to ensure equitable access to essential medicines. There needs to be transparency and accountability in medicine procurement and pricing, appropriate structure and effective functioning of national regulatory authorities; adequate and equitable financing, trained human resources, and reliable and an efficient information system.

Jordan's healthcare system is impressive in many ways, from its government-based funding for disadvantaged persons, to its thriving medical tourism industry, to its fortitude and resilience to withstand several influxes of refugee crises. There have been promising initial signs of organizing the medical tourism industry, starting with the MOH and the PHA, who recently won an award from the MTA for its role in ethically promoting and fostering medical tourism in Jordan. (Hindawi, 2014) However, with all of this success it can be easy to ignore or even forget the fact that uncontrolled privatization of the healthcare market has the potential to undermine and eventually destroy all of this progress. Jordan has taken the first steps to deter this trend, but there is much more that can and should be done, first and foremost by acknowledging the disparities and the increasing quality gap between the private and public healthcare sectors. If these next steps are taken, medical tourism could actually be the gold mine that many researchers and scholars believe it to be. Jordan will be propelled to the top of the global healthcare market in both its private and public sectors, and it will begin to experience similar leaps and bounds in its social, economic, and infrastructural development as well.

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