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**Health Tourism and Regulation for Social Security
Applications**

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Abstract. The basic objective of this study is to handle the health tourism, which is developing rapidly and began to hold an important place in world tourism pie, so that in the World economy, conceptually, after reviewing the development of health tourism in the world and in Turkey, by means of statistical data taken from national and international organizations such as, Ministry of Health, UNWTO, International Spa Association (ISPA), to emphasize the obligation of coordination and/or harmonization of the social security applications between the related countries, so that the health tourism can reach globally a better place and so Turkey as well.

Keywords. Health Tourism, Medical Tourism, Medical Travel, Social Security Applications.

JEL. F01, F02, I18, I31, K20.

1. Introduction

The projections of international organizations such as World Tourism Organization, World Travel and Tourism Council and the European Union relating to the future tourism, it is expected that health and thermalism will become under the most important travel motivations.

Health tourism whose contribution is more than the other kinds of tourism, has become an important market worldwide today. The health sector in Turkey, having undergone a rapid transformation and showing a rapid development, significant achievements obtained in medicine and the fact that Turkey offers cost advantages compared to developed countries, shows that Turkey has entered the path for becoming a major health tourism destination.

Turkey, with good quality and affordable health care delivery, aims to be the leading country in health tourism in the world. In the projections made in the framework of these objectives, Turkey is seen as aiming to achieve 500.000 foreign patients and 7 billion dollars revenue in 2015; 2 million foreign patients and 20 billion dollars in 2023 (Kozak, 2013).

In order to share this advances of Turkey in health and health tourism on the basis of mutual dependence with the other countries which are sending patients and accepting patients; related individual and collective efforts must be promoted, government policies must be coordinated, thermal health services must be developed, the activities of local authorities, universities and NGO's must be coordinated, transport infrastructure must be coordinated, special emphasis should be given to promotion and public relations activities in other countries.

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It is indisputable that the development of tourism provided by health diplomacy will provide a major contribution to multiculturalism. In a globalized and shrinking World there is a need to develop some kind of cultural diplomacy and tourism activities which will be a unifying element of the common culture of the countries and gains derived from different experiences will serve as an important cultural richness.

2. Health Tourism

"The Tourist", "tourism" and "touristy" concepts had been used by the British for the first time, even the word tourism has emerged in the 1800's after the word tourist. But these expressions came to our language from French. In Turkish the word traveller meets tourist, the word travel meets tourism. Another definition of tourism is; in rapid industrialization and urbanization, social, cultural and human service, that meets the resting, self-renewal and enrichment requirements in terms of physical and mental health. According to another definition, tourism is an event of relocation, change, escaping away, which emerged as a result of human psychology (Aydın, 2012: 91).

One of the frequently referred definitions given in the literature, tourism is defined as all events and interests caused by the accommodation and traveling of the foreigners without aiming earning money and turning into continuous stay. Today in between the globalization at the top of of the competition reality, tourism, if it can be evaluated correctly, turned into most important dynamics of the economy of a country. According to the 2013 statistics of the World Tourism Organization for the 150 registered countries "tourist arrival" figure reached 1.087 million (UNWTO, 2014).

As health tourism and health tourism concept developing and mature rapidly in this structure, different definitions are being made by various institutions and organizations.

Accordingly, World Tourism Organization defined health tourism as; "Visits made by the travelers to the thermal baths or health centers in order to improve the physical wellbeing." In this context, physical therapy, diet control and related health care services are provided.

According to Culture and Tourism Ministry health tourism is defined as; "In short journeys are made with the purpose of treatment. In other words health tourism is a kind of tourism, which uses the physical therapy and rehabilitation needs together with the potential for international patients which allows the growth of health care organizations".

The Association of Medical Tourism defines the health tourism as; "A trip to another place (domestic or foreign) from place of residence to get any kind of health service" (Zenginönül, 2012: 1-2).

An academic study expressed health tourism as; "The aim of being treated by travelling to other places than place of residence and accommodating there has revealed a special kind of tourism, called health tourism. The target group of health tourism are people with impaired health and sensitive people to protect their health" (Aydın, 2012: 92).

And in another academic study; "Movements arising as a result of change of place of the people with the aim of health protection, healing for a specific period (usually 21 days) based on the natural resources in a touristy resort in order to meet curing, accommodation, food and entertainment needs" (Boz, 2004: 132) are called as health tourism.

Nowadays, people who want to solve their health problem by means of health tourism, they do not care only the doctors and prices in their country, but also they

evaluate the best solutions and prices to decide. Therefrom health tourism can be defined as; “All activities arising from long distance or cross-country travels with the aim of treatment and holiday.”

Although people even as they travel for centuries for reasons mentioned above, as a relatively new type of tourism, health tourism, in economic terms, caused the emergence of new collaborations and thus new convergences in terms of patient sending and patient accepting countries.

2.1. Types of Health Tourism

In general it has been seen that health tourism is treated under three sub – headings in the related literature (Zengingönül, 2012: 10-11). These are classified as; thermal tourism and spa-wellness tourism as the first classification, medical treatment is the second classification and senior tourism related with the elderly care is the third classification.

2.1.1. Thermal Tourism, Spa - Wellness

When a classification made in terms of the types of health tourism it has been seen that thermal tourism and spa - wellness tourism are the oldest species of it. The healing effect of the water was expressed by medical authorities such as the Hippocrates, in the 1700's BC. Therefore, in many civilizations including especially Roman and Greek empires bath and massage culture has developed. Kings, aristocrats and citizens living in this region built baths and pools through the piped water system to flourish and to get their health back. In this context, since ancient times, people are travelling, in order to go to the baths and pools consisting healing waters to get their health. For example, BC 4. The temple is located in Epidaurus, Greece Century, the people are the most famous healing center of the world where medical and long distances to get beyond the mystical treatment. For example, in the 4 th Century BC the temple Epidaurus, located in Greece, was the most famous healing center of the world where people had to cross long distances in order to get medical and mystical treatment. Until recently, this type of tourism has continued to be the most common type of health tourism and spa - wellness programs today, to treat people wellness education, combating stress and depression, nutritional counseling, mental health has been able to meet the demand for such situations. On the other hand, thermal tourism is usually has been seen as complementary or alternative medicine method of medical treatment. In terms of product and service diversification, thermal tourism and spa - wellness tourism, within the scope of health tourism is a sub-sector which has a fairly high rate of economic revenue resource. International Spa Association (ISPA) as a result of worldwide research in 2007 revealed that approximately 100 million tourists traveled with the aim of the spa tourism. As can be understood, only just for spa tourism travelling people make up an important part of the tourism activities throughout the world.

Treatments performed in spas and spa centers in the context of thermal tourism and spa-wellness tourism includes; spa treatments and physiotherapy, talasoterapia, hydrotherapy and exercise, balneotherapy and mud pack, climatherapy. In common with this treatment that combines tourism is usually it requires a certain time to stay in a certain region with natural resources and necessity of an equipped hotel or other accommodation. Then in order to open the regions with the natural resources to tourism the most important elements are beyond all are human resources; which are specialist physicians, physiotherapists, dietitians and rehabilitation specialist. This equipment, the quality of service being provided, the region's wealth of tourist attractions and especially combined with the ease of access via air and highways, it emerges share of the spa-wellness tourism called thermal tourism within the scope of health tourism in a country.

2.1.2 Medical Tourism

Medical tourism, covers trips of the people with the aim of medical treatment. Therefore, all medical procedures within the scope of medical tourism are performed under the supervision of the doctors in the equipped hospitals or clinics. Hence, medical tourism is different from other sub-sectors of health tourism does not need natural resources, in order to operate in this sector, the availability of resources related with the hardware such as physician, health care providers, hospitals and clinics are required.

Even if the past of the medical tourism does not go back many years, basically it is possible to distinguish two categories of medical tourism history as the old style and new style. The most prominent feature of the old-fashioned medical tourism is expensive. In this system rich patients belonging to poor countries had to bear the high cost of treatment and transportation difficulties in Europe and America and they were receiving a better quality of medical care. In new style medical tourism the travel between the north-south and even south-south is facilitated and so that medical tourism advanced. For example, now a Hindu, for the treatment of unexpected mass in his body to America, or a Bangladeshi can go to Thailand for the treatment of varicose veins. Therefore, the patient no longer flow from third world to first world, from the third world to third world, or in the form of the first world to the third world. Indeed, mostly belonging to the western developed countries such as medical tourists of all ages may consist of old or retired people. Being examples of these countries America and UK the main reasons of the people to travel to the other countries are the expensiveness of the medical treatment in their countries and the long waiting lists. In order to put a slogan for the phenomenon that causes a change in the structure of medical tourism "now patients belonging to the first world countries want to get the treatments with the third world countries prices" therefore they travel with the medical causes, and for example around 400.000 tourists are coming to Thailand every year for medical tourism purposes; and around 50.000 of them are from United States of America.

Since all kinds of medical activities are included in the medical tourism this area have quite a wide range of applications. If you need to go to a general classification in the context of medical tourism so called further treatment; cardiovascular surgery, radiotherapy, Cyberknife treatment; transplantation, infertility, IVF IVF scope of applications; sex-change operations, plastic surgery, ophthalmology, dental, dialysis treatments can be listed. Although some types of medical tourism like cosmetic dentistry seems less considered as medical tourism, these treatments require specialist doctor and treatment in the health institutions they are accepted in the content of medical tourism.

2.1.3. Elderly Tourism

Elderly tourism, known also as third age tourism, is a type of tourism which consists of the people who requires treatment and are especially over 65 years old. Prolongation of life of people with the development of health care facilities all over the world, on the other hand, especially increasing proportion of the elderly population when compared with the younger population as a natural consequence of the decline in fertility, as seen in Europe, has led to the development of elderly tourism as an attractive tourism industry sector.

Particularly in the last 20-30 years as a result of the above developments in western European countries its share in health tourism of this kind of tourism has increased. Exceeding the 25% of the proportion of the total population aged 65 and older in some countries, different medical expenses of elderly people and pay attention to the different treatment processes and for this purpose raises serious budget allocations. Projections made by the United Nations in the future, in 2050,

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aged 60 years and above population would be around 2 billion; so that it will exceed now classified as child population aged 0-14 years and especially in the proportion of seniors 80 years and older group categories have been identified will increase rapidly. This will be a first in the history of mankind. Thus over time in proportion to the potential of the tourism sector given for the elderly services; sightseeing tours, occupational therapy, geriatric care in nursing homes or rehabilitation services for the rehabilitation services as a diversification in clinical hotels.

Tourists of this classification particularly depending on the health problems prefer countries with temperate climate and natural beauty or due to an increase in direct proportion to the progress of the age of their cultural and religious beliefs tend to travel for religious purposes reveals the market destinations of the third age tourism. On the other hand due to the masses that make up this group are often retired they don't have any time constraints, in other words, be possible to travel in the off- season period brought economic viability of the tourist facilities in the target markets in the off-season.

The third age tourism, as seen in medical tourism and thermal tourism, is a growing sub-sectors of the health tourism. One of the important features of this sector is also the requirement to change itself over time. According to projections made by the various studies older age groups of tourists to the next generation, compared with the previous generation will be more healthy, active and rich. It therefore has to be adapted to the changes that will take place in the time structure of the third age tourism and renewed. Hence the third age tourism specialization and competition between countries to increase in the coming period and it is expected that this will increase innovative initiatives.

3. Health Tourism In The World

According to the related literature the history of health tourism is based on the centuries (Aydm, 2012: 93). In this context, in the ancient Greek patients went to Mediterranean countries in order to retrieve thermal water treatments, after 18th century the issues that wealthy Europeans went to the Nile to get a spa treatment, are located on the same sources. Today, it is to go to places where treatment is aimed at low -cost and relatively short waiting period. Most preferred countries in this area are; India, Cuba, Costa Rica, Thailand, Singapore, Colombia and the Philippines. Citizens of 91 developed countries, with the influence of tourism, the Internet and the media and other mass media, alternative medical facilities in other countries, find more information about the quality and affordable health care. Conscious patients are pushing the health insurance companies and governments to new research about tourism. As a result, every day, health tourism market is expanding and sees interest from investors. Cost advantage, waiting lists, international travel is becoming easier and more economical, health services in many countries to provide high-level technology and health care standards has led to the world wide dissemination of health tourism in the region.

Medical tourism is an important part of health tourism. Here, teeth, eyes, aesthetic, cardio - vascular and joint prostheses, infertility treatment, surgical procedures such as IVF comes up. Such people seeking health services and centers of the country are turning to the fore with both success and price advantages. These countries and institutions; it is noteworthy in Southern Europe, South Asia and South America. It is seen that the southern and central countries take advantage of these prices. In this countries the prices of the treatment and surgery is seen that done in at much lower levels than the northern countries. Therefore, the costs of these initiatives are known to be covered by some official or private health

insurance companies in the Nordic countries. Another issue that makes these southern countries advantageous are easily accessible in the geographic location of these countries, as well as modern medical services and efficient, helpful and able to offer a successful infrastructure, equipment, technology and is observed to have trained human resources. Again, the cost of producing such services in the southern countries, to remain lower than in northern countries where the cost of medical services in turn activates appears to be a fact. For these reasons, the treatment of the citizens of the northern countries are also making additional spending from their own pockets and prefer to undergo surgical procedures in the southern countries. However, the preferences of the country's tourist attractiveness as the cost and quality of service is not the way to the feature to be enabled. At this point it must be emphasized that, not medical tourism but "medical travel" concept is activated.

4. Health Tourism In Turkey

Thermal springs in the ancient city of Hierapolis in Denizli were used for health for centuries and even at that time it was a health center in this region, because of the famous physician Galen Asklepion in Pergamum in İzmir many patients from the World of this age were attracted to this land, is a well known fact.

Anatolia in the past and present day was a center of attraction with its resources, today at about medical tourism has become a rising value for various reasons it is clear that the issues to be improved and cooperation with neighboring countries (Özer & Songur, 2012: 75-76).

After 1980, significant progress has been realized in Turkey in the tourism sector. After 1980, while tourism becoming one of the most popular sub-sectors in Turkey's economy; the development of social, cultural and economic effects have become significant. The year 1983, can be regarded as the recovery period of the beginning of Turkish tourism. From that year in the period until today, the number of tourists and tourism in Turkey and also show considerable increase in terms of tourism revenues.

Since the end of 2002, 58, 59, and 60 governments applied "Health Transformation Program" with health services more effective and accessible presentation, began to implement a series of changes and improvements to make the application in the contemporary level and qualified. In addition to the positive impact on basic health indicators of the Health Transformation Program, to increase citizens' satisfaction rate has also been the contribution of the health services. In 2007 after the establishment of the 60th Government, to the Health Transformation Program, in the light of 5 years experience gained, 3 new topics added. These additions have expanded the way of making medical tourism and tourism health.

By means of 2010-2014 strategic action plan, 2023 vision of health and government programs, it has been aimed that Turkey be the center of attraction in the field of health and to be the leader in the health tourism. In order to increase Turkey's competitiveness and share, growing increasingly health and thermal tourism pie in the World, in the content of Turkey Tourism Strategy 2006 - 2023 Action Plan of the main decisions, Troy, Phrygia and Aphrodisia Culture and Tourism Conservation and Development Region thermal tourism as the main theme in the set and each of these regions were intended to improve as regional destinations.

In 2011, there has been a change in legislation in health tourism. About the organization and functions of the Ministry of Health and its affiliates DL / 663 date 02.10.2011 and published in the Official Gazette No. 28103 under the Ministry of

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Health, Directorate General of Health Services the Health Tourism Department was established. The mission of this department is making arrangements for the development of health tourism practices, is to ensure coordination between relevant institutions.

In 2009, the world's top tourist destination and most tourism revenues according to the ranking of the top 10 countries with Turkey, 7th in number of tourist arrival, in the 9th rank in tourism revenues.

Turkey is a country with competitive pricing practices, especially in the field of medical tourism. For Example; the price comparison made between America, Turkey, Ireland, Thailand, Singapore, India, Israel, and Switzerland when a distinction made according to the type of operation, bypass surgery category 11375-15000 dollars filled with the most affordable operations are conducted in Turkey. In spinal fusion operation Turkey is the second most attractive country for \$ 7125 after Taiwan. Yet Turkey in bone marrow transplantation 40000-70000 dollars at that price range are sharing first place with India.

Most demand for elderly care and thermal tourism from abroad, comes from Denmark, Norway, and Sweden, the UK and the Netherlands citizens began to prefer Turkey for medical treatment has emerged. tourists from the Middle East countries the spa centers for the thermal treatment plants and Spa, especially with eye treatment and surgery began to prefer Turkey for hair transplantation.

5. Conclusions and Recommendations

In conclusion; with the shining star of tourism in the last decade, health tourism has become a distinct and rapidly growing sector in terms of Turkey, developing and enhancing the connection of this issue with other countries it is necessary to set out the existing problems for the creation of alliances.

The presence of the three main problems in the broad sense in terms of creating the main frame is determined.

The first of these is the lack of a legal framework covering this subject. It is known that there are some legal uncertainties and controversial issues about suppliers of the services which are necessary for the patient and/or health tourists except the health services. In addition, during or after the provision of health services to be referenced as a result of complications that may arise is obvious that this is not the definition of legal institutions.

In the first place for the resolution of legal issues are bilateral agreements after that must be done in a way to cover more countries of common regulations for the partnership to be established later.

The second important issue is the question of which institute or institutions will pay the costs of the foreign patient and/or health tourist. Today, these patients meet their own expenses. However, this causes that only rich patients prefer the other countries for the health treatment, this can not be seen as a problem but it causes the exclusion of great potential who want to benefit from treatment facilities in foreign countries. This matter which is contrary to human rights and social state is undisputed that should be corrected.

Primarily in the target countries through bilateral agreements in this regard need to be resolved later by multiple collaborations. To do this, by harmonizing the Social Security Legislation of the related countries, the boundaries of health tourism must be eliminated.

Lastly but by no less important of the health personnel to provide services within the scope of health tourism, medical and/or administrative, problems are encountered in the delivery of essential services due to language problems correctly.

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Existing major difficulties in communication caused by the foreign language can be resolved by organizations that want to operate in international health tourism giving more attention to the language skills of their members. Afterwards in the future by intensive foreign language training it is possible to minimize this kind of communication problem.

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