

Factors Influencing Outbound Medical Tourism in The Developing Countries and Brain Drain in Azerbaijan

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Abstract

In the paper, the development directions and determinants of outbound medical tourism in countries with small economies were studied. The authors evaluated the effects of outbound medical tourism in the case of Azerbaijan, especially its possible negative effects on the health care system. Given the limited statistical data for such an assessment, some assumptions have been made. Outbound tourism from Azerbaijan to Turkey, Georgia, and Iran was studied for the case study. Based on the obtained results, the authors conclude that the price of medical services and the quality of medical services are the main determinants when choosing a destination country for outbound medical tourism. The neighborhood of the countries also plays a role in choosing the destination country, as it reduces transportation costs. The obtained results prove that spending on outbound medical tourism reduces the income of the healthcare system in the country, as well as causes the emigration of highly qualified doctors from the country. Taking this into account, the authors suggest 1) covering more service areas in the healthcare system through insurance payments; 2) increasing the wages of highly qualified medical personnel; and 3) increasing the quality of medical services.

Keywords: *inbound tourism, outbound tourism, "brain-drain", health expenditures, medical quality, destination.*

Introduction

In the last 60 years, except for the period of the COVID-19 pandemic (2020-2021), the average "life expectancy at birth" in the world has been continuously increasing (WB, 2023). Along with other factors, the development of the healthcare system also played an important role in increasing the average life expectancy of a person. In addition to the development of medical science, the accessibility of all levels of the population to medical services of one or another level has also increased. As a result of the deepening of the globalization process, the speed of cross-country transfer of goods and services, including medical equipment, medical knowledge, and skills has also increased. Although medical equipment based on high and innovative technology is mainly produced in developed countries, it is also applied in healthcare institutions of developing countries in

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a short period of time. The process of training medical personnel with modern knowledge and skills, and the process of international transfer of medical knowledge has become much easier as a result of globalization.

Globalization has also changed people's attitudes towards their health. The protection of health is a fundamental right of people. People enjoy the right to benefit from the health services of different countries, both for preventive purposes and for treatment purposes. People tend to move both within and outside the country in order to get cheaper and better quality medical services. The temporary movement of people for the purpose of obtaining health care or receiving any medical services is characterized as "medical tourism" or "health tourism".

Protection of public health is one of the priority functions of the state in every country. However, the healthcare systems created for this purpose are developing at a different level, than in other areas. Since the healthcare system is closely related to the economic and political system of the state, as well as the science and education system, it is impossible or very difficult to create a strong healthcare system in a country with a weak economy. Because the healthcare system is a service sector. The capital and personnel potential required for the development of this sector depends on the economic potential of the country. The liberalization of international relations, the cheapening of the transport system, the deepening of globalization, the development of the banking sector, and other factors have led to an increase in quality of life. As well as these factors lead to the formation of a competitive environment between the healthcare systems of Azerbaijan and neighboring countries. Therefore, healthcare systems must be constantly evolving and resistant to both internal and external competition.

One of the factors influencing the competition between healthcare systems is the income of the population. As people's income increases, they prefer to avail of higher-quality medical services. Differences in economic development between countries are also manifested in the field of medical services. In particular, the rapid development of technological indicators of medical equipment and health care in the last hundred years has greatly increased inter-country differences. Compared to developed countries, there are significant differences in the amount of investments made by developing countries in the health sector. This causes a difference in the quality of the medical staff as well as the infrastructure in the healthcare system. The presence of modern and high-level infrastructure for the acquisition of high knowledge and skills of the medical staff, higher wages for the work of doctors, and better organization of the health services market lead to the migration of highly qualified medical personnel from developing countries to developed countries. The emigration of highly qualified doctors in developing countries significantly reduces the rate of development of health services in these countries compared to developed countries.

The main factor determining the competitiveness of the healthcare system is, of course, the high knowledge and skills of the medical staff. Another important factor is that the services are relatively cheap. One of the main reasons for the development of medical tourism in some developing countries is that some medical services are cheaper compared to developed countries.

"Medical tourism" or "health tourism" is not only related to the level of development of the health care system but also related to the natural advantages that are important for this type of tourism. Such advantages are related to the services provided by specialized sanatoriums or resorts. For example, the Battle Creek Sanatorium, which has been operating since 1866 in Michigan, the Montefiore Medical Center, which has been operating in Manhattan since 1884, or dozens of sanatoriums operating in the United States, as well as a large number of sanatoriums located in the North Caucasus region of Russia, including MediSpa-отель MAYRVEDA Kislovodsk, Palmira Palace Resort & SPA, "Krasnaya Pakhra" resort located in the Moscow region and dozens of other

sanatoriums and resorts are built and operate based on any natural advantages of the areas where they are located, including the healing advantages of its air and water.

It should be noted that statistics related to the field of medical tourism are not conducted in most countries. Although the registration of tourists who come in particular is done in any hospital, their total statistics are not kept in most countries. Serious problems are related to outgoing tourists. Thus, a tourist who wants to benefit from medical services in any country does not register in the country of origin when going to that country. In some cases, medical tourism is carried out simultaneously with other types of tourism. Nevertheless, based on the information provided by treatment facilities in different countries, it is possible to say about the rapid expansion of this sector. The tourism sector, including medical tourism, is a rapidly developing area of economic activity. According to GlobalData (2023), the size of the medical tourism market will exceed 32 billion US dollars in 2023. The conducted studies predict that this figure will reach 53 billion in 2027. Some sources predict that the medical tourism market will be worth 44 billion US dollars in 2023 and will increase by 21.1% per year to more than 207 billion US dollars in 2027 (Moreno Perozo et al., 2022). Undoubtedly, as the health awareness of the population increases, the quality of medical services improves, and international relations become liberalized, people will try to get higher quality and cheaper medical services. Undoubtedly, no matter how fast medical science or medical technology develops, the level of provision of human health will remain different between countries. It is not possible to create equality between countries either in terms of capital provision or medical personnel. That is why medical tourism will continue to develop as a field of economic activity. On the other hand, cross-country differences can lead to their concentration in regions. This is due to the fact that medical tourism, unlike other types of tourism, involves choosing a destination country that is not too far away. Therefore, the possibilities of regionalization in the medical tourism sector are stronger. Among the top ten countries where medical tourism is developed, there are developed countries as well as developing countries as a result of such regionalization.

- Key determinants of inbound medical tourism (literature review)

The fact that there are developing countries as well as developed countries among the destination countries of medical tourism suggests that not only high economic development is necessary to be competitive in this field. The presence of various determinants that determine the development of medical tourism is confirmed in various studies. In their research, Zolfagharian et al. (2018) associate the travel motives of tourists to other countries for medical treatment and health recovery with several reasons: 1) Medical services of interest to the tourist are cheaper in the destination country than in the tourist's country of origin; 2) lack of confidence in the confidentiality of disease-related information in the country of origin; 3) imposing restrictions on some medical services in the country of origin; 4) attractiveness of the destination country for other reasons. NajafiNasab et al. (2018) classified the main determinants of medical tourism in Iran in their study. It should be noted that Iran is one of the countries where inbound medical tourism is developing in the region. During the study, a survey was conducted among tourists using medical services in Iran and the results of the survey were analyzed using Structural Equation Modeling (SEM). Based on the results of surveys conducted among 384 people who used medical services in private and public hospitals in Tehran, the authors conclude that the main determinant in the development of inbound medical tourism in 2017 is the price of medical services. The quality of medical services can be considered as the second important determinant. The main tourists who use medical services in Iran are from Iran's neighboring countries, and therefore the distance factor can be considered an important determinant. Marketing activities related to medical services, even if various measures implemented in the public sector have a positive effect on medical tourism, these determinants do not have a serious effect. The authors conclude that for the sustainable development of medical tourism in Iran, hospitals should maintain

medical equipment at the level of developed countries and use technological innovations. The state should also take appropriate measures to attract more medical tourists. Heydari et al. (2019) also considered determining the determinants influencing the return of medical tourists to Iran as tourists as the subject of the study. Among such determinants, perceived authenticity, destination image, perceived value, and satisfaction were specially mentioned. Based on the results of the study, the perceived authenticity of medical tourists in Iranian medical centers has a significant impact on the image of the destination country and the satisfaction of tourists. Tourist satisfaction motivates tourists to visit that country again. Baiev et al. (2019) studied important types of medical tourism, including diagnostic-therapeutic, health and beauty, and health resort treatment, and the main determinants of tourism. Among these determinants are cost and quality of medical services, accreditation of medical institutions in compliance with international quality standards; development of medical tourism clusters occupies a special place. In a study conducted by Fongtanakit et al. (2019), the supply chain of medical tourism was analyzed in the case of Thailand. Survey-based methodology and SEM-PLS statistical instruments were used in the research. According to the obtained results, medical tourism in the country depends on the supply chain and the mutual trust of the members included in this chain.

- Key determinants of outbound medical tourism

The comparative classification of the main determinants of inbound medical tourism on the example of different countries suggests that the important determinants of tourism in countries where inbound tourism is developing are mainly related to the quality of medical services, the price of medical services, and the price of consumer goods in the destination country being relatively low compared to the country of origin. Although the attractiveness of the destination country from any point of view has a certain influence, it is not the leading determinant for medical tourism. Pull factors for inbound tourism can be push factors for outbound medical tourism. However, the effects of all determinants are not the same for each country. For example, although the quality of medical services in the United States of America or other developed countries is high, there is also outbound medical tourism there. According to the results of the study conducted by Collins et al. (2019), US outbound medical tourism is affected by factors related to the country of destination (pull factors) and factors related to the United States (push factors). Among the push factors, the high cost of medical services in the United States, the lack of necessary medical insurance, the impossibility of some medical procedures due to ethical and normative principles, and the importance of waiting a long time for some surgical operations are specially mentioned. Quality of medical tourism services and activities of medical institutions is necessary, but not sufficient, for choosing a destination country for outbound medical tourism from developed countries. As we mentioned, the healthcare system of developed countries, especially the United States, is equipped with higher technological equipment. However, income inequality makes some medical services unavailable to low-income populations. Some medical services in the United States are 3-4 times more expensive than in countries that can be chosen as a destination country (Woodman, 2014; Radmanesh, 2016).

Problems related to the cost of medical services are felt more prominently in all countries, especially in developing countries. In developing countries, the purchase of new equipment for the development of the health system and the infrastructure that meets the new requirements, as well as the payment of high salaries to highly qualified personnel, also increases the cost of health services. In the absence of high salaries, the flow of highly qualified medical personnel lowers the quality of health services. In both cases, a push factor arises. For example, according to the study conducted by Eze et al. (2020), tourists' choice of any destination country depends little on their attitude towards that country. The choice of destination country depends mostly on the quality of medical services and prices. That is why the high-income population in Nigeria travels to countries with more developed health systems, including Germany, South Africa, and

India, to get better quality medical services. Studies show that the financial flow from the developing country of origin to the destination country during outbound medical tourism not only negatively affects the health system of the country of origin, but also leads to the impoverishment of a certain segment of the population. Snyderet (2015) in an example of Mongolia claims that the main reason for medical tourists from Mongolia to China, Japan, Thailand, South Korea, and other countries is to receive higher quality medical care in these countries. However, there is a risk of impoverishment of medical tourists themselves and their families. As with the import of other types of services, outbound medical tourism services also have a negative impact on the economy of developing countries in various directions. First of all, this creates conditions for the flow of currency from the country. On the other hand, it reduces the income of the country's health care system and there is a flow of highly qualified personnel from the health care system to other countries. The effects of outbound medical tourism on economic growth and international trade in the case of China Chien-Ming Wang et al. (2022) were analyzed for the short- and long-term in the study. The Bootstrap Autoregressive Distributed Lag method was used in the study based on data from 1995-2018. In the study, outbound medical tourism was considered as a dependent variable, and economic growth and international trade were considered as factors affecting tourism. At this time, it became known that there is cointegration between these indicators. The existence of a two-way Granger causality relationship between economic growth and outbound medical tourism expenditures, as well as between international trade and outbound medical tourism expenditures, was confirmed in the study. This proves once again that the increase in the number of outbound medical tourists causes losses to the country's economy.

In the study carried out by Orekoya & Oduyoye (2018) on the example of Nigeria, concern is expressed about the negative impact of outbound medical tourism on the economy and health system of the country of origin. The study focused on several determinants of outbound medical tourism from Nigeria, including poor infrastructure, technologically outdated medical equipment, large numbers of medical personnel leaving the country, few existing specialized hospitals and health centers, and underfunding of the health system. Based on the results of the study, the researchers claim that tourists traveling from Nigeria to other countries for medical services support the development of the health care system of the destination country. Therefore, it is possible to reduce the number of outbound medical tourists and strengthen the country's healthcare by increasing the amount of funds allocated to the healthcare system of the country of origin. By making all kinds of medical services available in the health system of the country to the population with different incomes, it is also possible to direct the saved foreign currency to other sectors of the economy.

A study conducted by Mahmud et al. (2021) assessed the satisfaction and trust of outbound medical tourists from developing countries. Specifically, the satisfaction of medical tourists from Bangladesh to India was studied. Empirical research shows that the quality of medical services, medical tourism infrastructure, and medical tourism costs are the basis for tourists' satisfaction. The culture and attractiveness of the destination country are also important. The multigroup analysis (MGA) method was used in the study. The study shows that only in one case, namely, the relationship between medical tourism infrastructure and tourists' satisfaction depends on the income groups of tourists. However, the relationship between service quality or service price and tourist satisfaction is the same for all income groups. The motivation of medical tourists from Bangladesh to other countries was also reflected in the study conducted by Mahboob (2012). The researcher claims that the main reason for the underdevelopment of Bangladesh's health system is the lack of efficient use of human resources. Lack of highly qualified personnel in the healthcare system and corruption have created an explosive situation in the country. Therefore, people are forced to go to other countries to get good medical treatment. Also, the main reasons why outbound medical tourists from the country go to other countries

for treatment are high prices in the health care system, lack of quality of service, lack of quality of medical treatment and long waiting times for some treatment.

In the study conducted by Pan & Moreira (2018), the determinants of outbound medical tourism in the case of China were analyzed using quantitative methods. Data for the study were collected through interviews. Research shows that motivations differ depending on the nature of medical tourism. In developed Western countries, technological development, high-quality medical care, and better regulation of the medical market are the main pull factors. Expensive medical services in China, lack of information, risks to personal health, and other factors are push factors for outbound tourism. The determinants of China's outbound medical tourism were also analyzed in a study by Chia & Liao (2021). In this study, the main data was obtained through interviews and qualitative thematic analysis qualitative method was applied. The main question of the research is what are the main factors influencing the travel from China to other countries as medical tourists. In the study, seven determinants were identified in two directions, that is, the quality of medical services and the directions of comfort. In the first direction, the quality of treatment, quality of services, quality of equipment, and price were considered as the main determinants. In the second direction, the distance to the destination country, the language used in the destination country, and the climate in the destination country were taken as the main determinants. The result of the study shows that each of these determinants is important for Chinese outbound medical tourism.

Nabi et al. (2023) analyzed how attractive the Indian healthcare system is to Bangladeshi citizens and why. The study evaluated the negative outcomes of satisfaction of outbound medical tourists from Bangladesh to India. The main negative result is related to the development of the local healthcare system. Thus, the development of outbound tourism reduces the income of the health system of Bangladesh. It causes local medical personnel to leave the country. In most cases, inbound medical tourism exceeds outbound medical tourism in developed countries. Nevertheless, even in developed countries, the development of outbound medical tourism is not considered desirable for the health system of the country. For example, U

- Methodology

Taking into account that there is no serious statistical data on medical tourism in either Azerbaijan or the countries involved in the research, it is necessary to make some assumptions in order to determine the number of medical tourists. Studies show that 30% of all tourists who come to Georgia and Turkey are medical tourists. In this case, we will assume that in order to determine the number of medical tourists from Azerbaijan to these countries, 30% of the total number of tourists can be accepted as medical tourists every year. Ordinary tourist visits from Azerbaijan to Iran are not at a high level. However, the number of medical tourists has an important weight in the total number of tourists. That is why several Iranian researchers have reflected on the problems related to the visits of medical tourists from Azerbaijan to Iran in their research (Mokhtari and Mohammadzadeh, 2019). Unfortunately, neither Iran nor Azerbaijan have accurate statistics on medical tourists. However, according to the information provided by Iran's Mehr News Agency (2018), Iran occupies an important place among the countries chosen by Azerbaijan's outbound medical tourists. In 2015-2016, medical tourists accounted for 50-60% of the total number of tourists from Azerbaijan to Iran. Thus, the weight of medical tourists in the total number of outbound tourists will be based on the simplified method for determining the number of medical tourists going to Georgia, Turkey, and Iran. This weight given for any year will be kept constant for other years as well. To calculate the total number of outbound tourists, we will use the statistical data of Turkey, Georgia, and Iran. Thus, there is no official information on the distribution of outbound tourists in Azerbaijan by country. Of course, it is not possible to fully determine the number of outbound medical tourists through this method. However, as a first approximation, such assumptions may allow an assessment of the current situation.

In order to determine the main determinants of outbound medical tourists from Azerbaijan to Georgia, Turkey, and Iran, 50 medical tourists who went to these countries were asked about what factors are the basis of the choice for such trips. Five determinants were included in the survey: 1) cultural closeness of the country (ease of communication, religious closeness); 2) destination advantages (ease of travel to the country, political situation in the country, temporary stay in the country and low cost of living); 3) advanced medical infrastructure (more modern medical equipment, ease of admission process in medical institutions); 4) high level of medical services (presence of highly qualified doctors and medical workers); 5) lower prices of medical services.

- Healthcare expenditures of Azerbaijan

After Azerbaijan gained independence, as a result of the breakdown of its economic relations with other post-Soviet countries, economic growth decreased sharply. As a result of the Azerbaijan-Armenia conflict, the living conditions of nearly one million people as refugees and internally displaced people worsened the living conditions in the country. The situation worsened as hundreds of thousands of people, especially highly qualified personnel, left the country. The decrease in domestic production and the lack of foreign relations have sharply reduced the income of the population. High inflation and unfavorable business environment in the country made it difficult to attract foreign investments to the country. Despite the economic crisis in the country, the expansion of foreign relations and the creation of cross-country travel opportunities gave people hope for the future.

In 1994, the conclusion of oil contracts with several multinational companies, and later the construction of the Baku-Tbilisi-Ceyhan pipeline for the export of crude oil to foreign markets created conditions for the increase of foreign investments in the country. Starting from 1996, both nominal and real GDP volumes began to increase in the country. From the same period, the nominal and real incomes of the population, as well as the amount of state funding allocated to the health care system, began to increase. Although life expectancy in Azerbaijan has increased from 65.5 years (2000) to 71.4 years (2019) in the last 20 years, this number is 1-1.5 years lower than the world average. According to the official data of the World Health Organization for 2019, among every 100 thousand female and male population, respectively, ischemic heart disease (324, 340), stroke (144, 113), cirrhosis of the liver (30, 40), diabetes mellitus (26, 22), chronic obstructive pulmonary disease (16, 21), upper respiratory infections (16, 20) are the main causes of death.

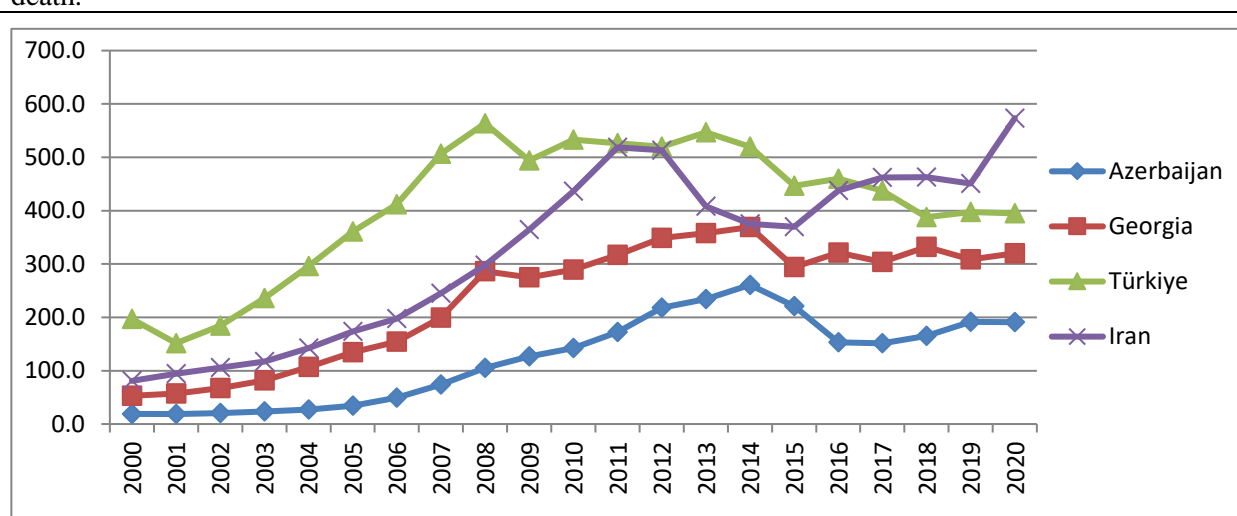


Figure 1. Healthcare expenditure per capita (USD) of countries that play a major role in Azerbaijan and its outbound medical tourism

Source: [Global Health Expenditure Database \(who.int\)](https://data.who.int/dashboards/global-health-expenditure-database)

Healthcare costs per capita in Azerbaijan are much lower than in neighboring countries (Figure 1). The high costs of health care mean the development of infrastructure in this service area, the normal provision of new equipment, and the high wages of employees working in this sector. These indicators directly affect the quality of medical services. However in cross-country comparison of health care costs, the indicator "health care costs per capita" is not so successful. Because both infrastructure projects, new medical technological equipment, and scientific research in the field of medicine require large funds. The financial capabilities of countries with small economies are limited. This fact indicates that outbound tourism will continue to grow. In the period between 2000 and 2014, per capita healthcare costs have continuously increased in Azerbaijan. however, the decrease in oil prices in the world market in 2015-2017 led to a decrease in healthcare costs in Azerbaijan.

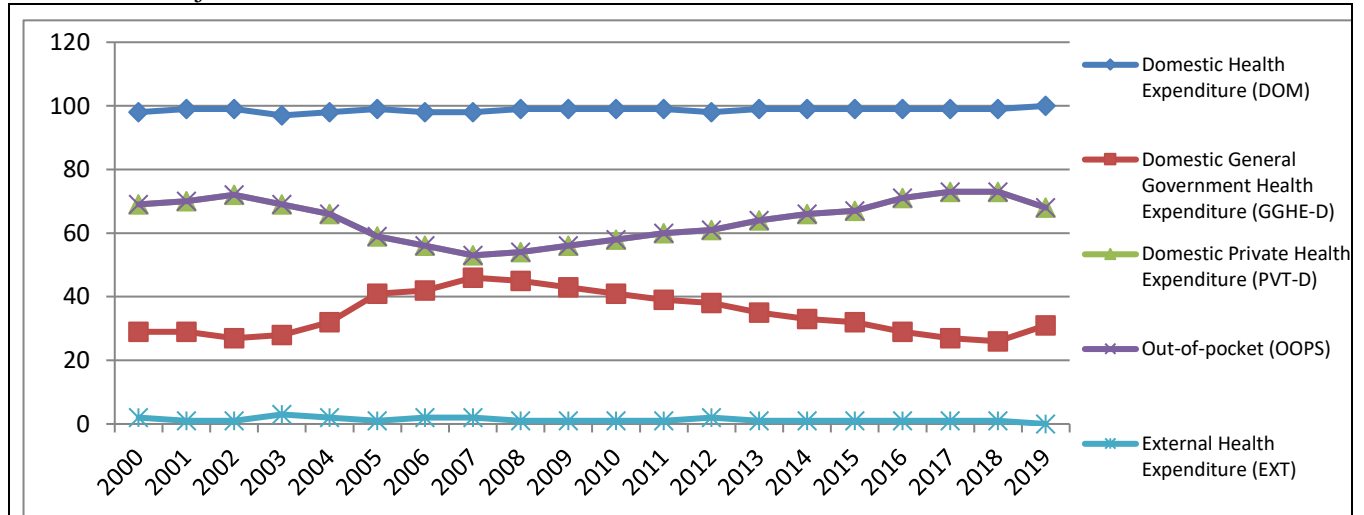


Figure 2. Share of per capita health care costs in total health care costs in Azerbaijan (%)

Source: [Global Health Expenditure Database \(who.int\)](http://www.who.int)

The dependence of healthcare costs in Azerbaijan on oil prices in the world market can be characterized as a weakness of the healthcare system. Thus, in the period until 2019, a significant part of healthcare costs in Azerbaijan was provided by the citizens themselves (out-of-pocket) payments. As a result of the operation of the health insurance system in the last three years, these costs may be slightly reduced. Unfortunately, there are no statistical data on such a decrease yet. In the period until 2019, more than 60% of healthcare costs were paid by the citizens themselves (out-of-pocket) (Figure 2). This was not only a serious burden on household expenses but also affected the expansion of outbound medical tourism. Thus, Azerbaijani citizens living in the border regions with Georgia preferred to receive medical services in Georgia because the distance to Tbilisi is less than the distance to Baku, as well as due to the low price of medical services. The same problem was related to the regions of Azerbaijan located near the border with Iran. The acceleration of out-of-pocket payments after 2007 is related to the increase in the income of the population. During that period, as a result of the rapid increase in oil revenues, the incomes of the population also increased. However, in 2015 and 2017, due to the decrease in oil revenues, a serious decrease in healthcare costs was observed. In addition to public spending on the health care system, the population's out-of-pocket spending also decreased (Figure 3).

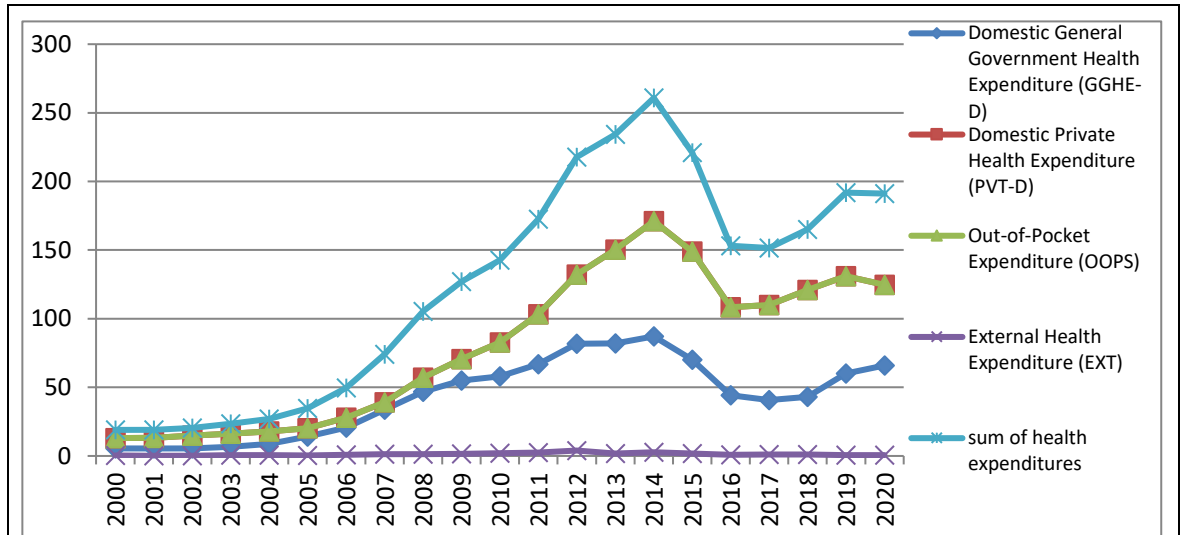


Figure 3. Distribution of healthcare costs per capita in Azerbaijan (USD)

Source: [Global Health Expenditure Database \(who.int\)](https://data.who.int/global-health-expenditure-database/)

Despite the increase or decrease in health care costs, the effects of the globalization process are evident. Thus, the increase in the population's ability to receive information from more sources, the rise of real incomes, especially the liberalization of foreign relations (Gulaliyev et al., 2017), development of the banking sector (Gulaliyev et al., 2019) motivates people to buy better medical services. This leads to the expansion of outbound tourism, including outbound medical tourism. In the last 15 years (with the exception of the period of the COVID-19 pandemic), both inbound (Gulaliyev et al., 2021) and outbound tourism in Azerbaijan has expanded. However, the volume of outbound tourism is much higher than the volume of inbound tourism (Figure 4). This has a negative impact on the balance of payments. The same situation is observed in medical tourism. Thus, the number of medical tourists who came to Azerbaijan in the last 15 years did not exceed 64,000. But in 2018, the number of outbound tourists was even close to 300 thousand. Although there was a sharp decrease in the number of both inbound and outbound tourists during the COVID-19 pandemic, the number of outbound tourists (44 thousand) was more than the number of inbound tourists (14 thousand).

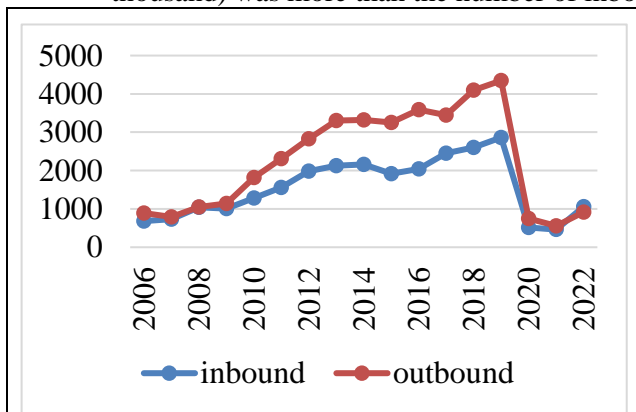


Figure 4. Number of inbound and outbound tourists in Azerbaijan (thousands of people)

Source: SSCRA, 2023

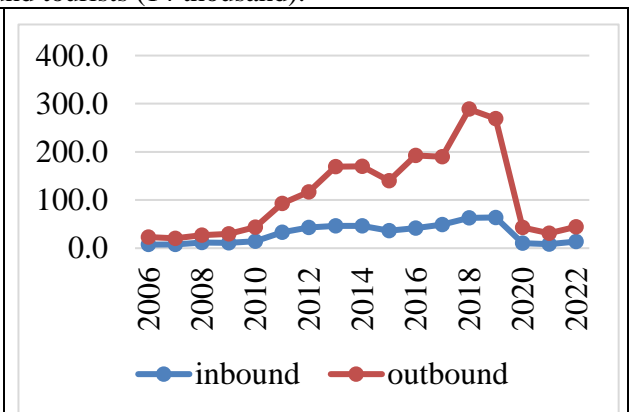


Figure 5. Number dynamics of inbound and outbound medical tourists in Azerbaijan (thousands of people)

Source: SSCRA, 2023

• Main directions and dynamics of outbound tourism from Azerbaijan

There is a certain potential for the development of inbound medical tourism in Azerbaijan. Azerbaijan's natural treatment facilities create opportunities for the development of inbound tourism in the country. "Naftalan Resort", "Salt Mountain" Physiotherapy Center in Nakhchivan, and other resorts and sanatoriums have important natural advantages for healing. However, the number of outbound medical tourism trips from Azerbaijan is much higher than the number of inbound medical tourism trips. Outbound medical tourists from Azerbaijan mainly visit Turkey, Georgia, Russia, Iran, Germany and Israel. Since there are no official statistics on outbound medical tourism in Azerbaijan, we will get some information from mirror statistics.

Georgia's inbound medical tourism is developing rapidly. There are Azerbaijani citizens among the medical tourists who come to this country. Azerbaijan and Georgia are neighboring countries. These countries have friendly and centuries-old neighborly relations. A large number of ethnic Azerbaijanis living in Georgia eliminate the language barrier during tourist visits to this country. There is no accurate and official information about inbound medical tourism in Georgia. However, according to the information provided by some tourism agencies, the price of some medical services in Georgia is 60% cheaper than in the USA and Cyprus. The main determinants for the development of medical tourism in Georgia are the quality of health services, ease of entry into the country, and the abundance of natural resources for health. As a result of this, in 2018, 196,000 tourists came to this country for health and medical purposes. More than 25,000 of them can be considered medical tourists. Among them, tourists from Azerbaijan, Armenia, Russia, Kazakhstan, and other CIS countries prevail. Even medical tourists from high-income countries like Israel and Qatar come to this country. Medical tourists from Azerbaijan mainly visit this country for oncology, cardio surgery treatment, as well as cosmetic surgery, and hair transplantation treatments. 90% of hospitals in Georgia are private. According to the research conducted by Mikawa and Vasadze (2021), 8,295 medical tourists from Azerbaijan came for treatment to only 10 clinics in Georgia in the 2017-2019 period. Note that this means 30% of the total number of medical tourists visiting 10 clinics. On the other hand, it should be taken into account that the number of clinics in Georgia is large, and therefore the number of medical tourists from Azerbaijan is actually large.

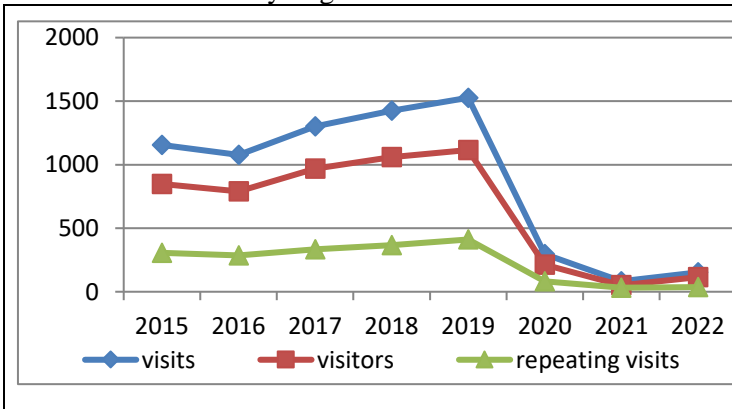


Figure 6. dynamics of the numbers of tourist visits, tourists and return visits from Azerbaijan to Georgia (thousands of people)

Source: National Statistics Office of Georgia, 2023

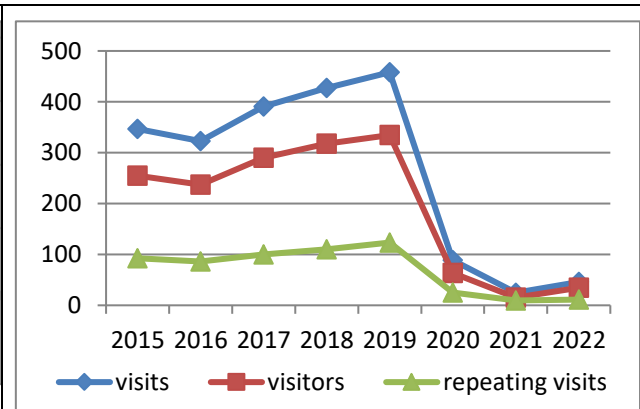


Figure 7. Dynamics of medical tourist trips from Azerbaijan to Georgia, the number of tourists and the number of return visits (thousands of people)

Another country that outbound tourists from Azerbaijan go to is Turkey. Turkey is one of the top ten countries with high development of medical tourism in the world. 32% of the tourists who come to this country every year are medical tourists (Clinic International, 2023). The main determinants that develop Turkey as a medical tourism destination are

the low prices of healthcare services compared to most developed countries, the high level of development of the tourism sector in Turkey, the predominance of highly qualified personnel in the healthcare sector, and the short distance from the countries of origin to Turkey. Medical tourists coming to Turkey are mainly from neighboring countries, including Azerbaijan, Middle Eastern and Arab countries, Kazakhstan, and several European countries. In Turkey, medical treatments and services such as Organ transplantation, Genetic testing, Neurosurgery, Eye surgery, Cardiology, Heart surgery, Orthopedics, Hair transplants, Plastic surgeries, Dentistry, and Oral surgery are cheap compared to other developed countries (Pirzada (2022); Sag and Zengul (2018); Yıldız and Khan(2019). Research shows that inbound medical tourism in Turkey is developing rapidly in the period between 2015 and 2023. Only in 2020, due to the COVID-19 pandemic, there is a certain decrease in the number of medical tourists due to the closure of borders. So, the number of tourists who came to Turkey to receive medical services in 2015 was 360.18 thousand, in 2016 it was 377.384 thousand, in 2017 it was 433.292 thousand, in 2018 it was 551.748 thousand, in 2019 it was 662.087 thousand, There were 388,150,000 people in 2020 and 642,444,000 in 2021. Revenues from medical tourism exceeded \$1 billion in 2021. Among them, Azerbaijani tourists have a special weight.

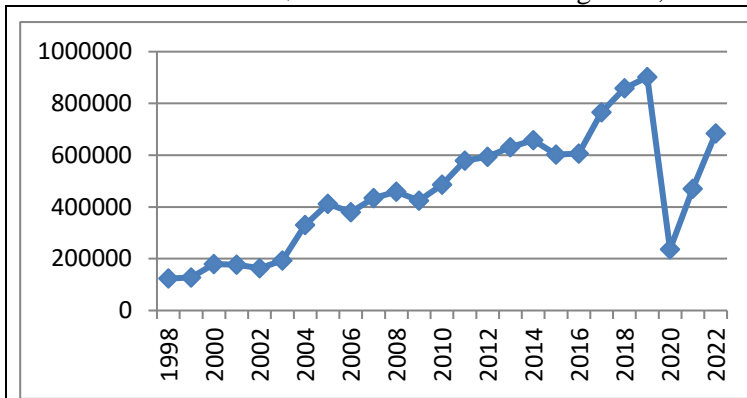


Figure 8. dynamics of the number of tourist visits from Azerbaijan to Turkey (thousands of people)

Source: Republic of Turkey Ministry of Culture and Tourism (2023)

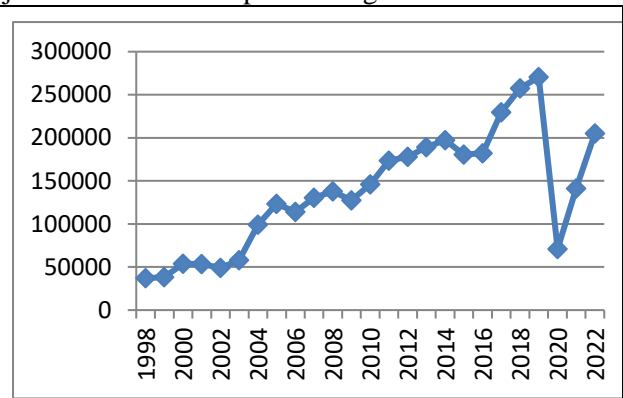
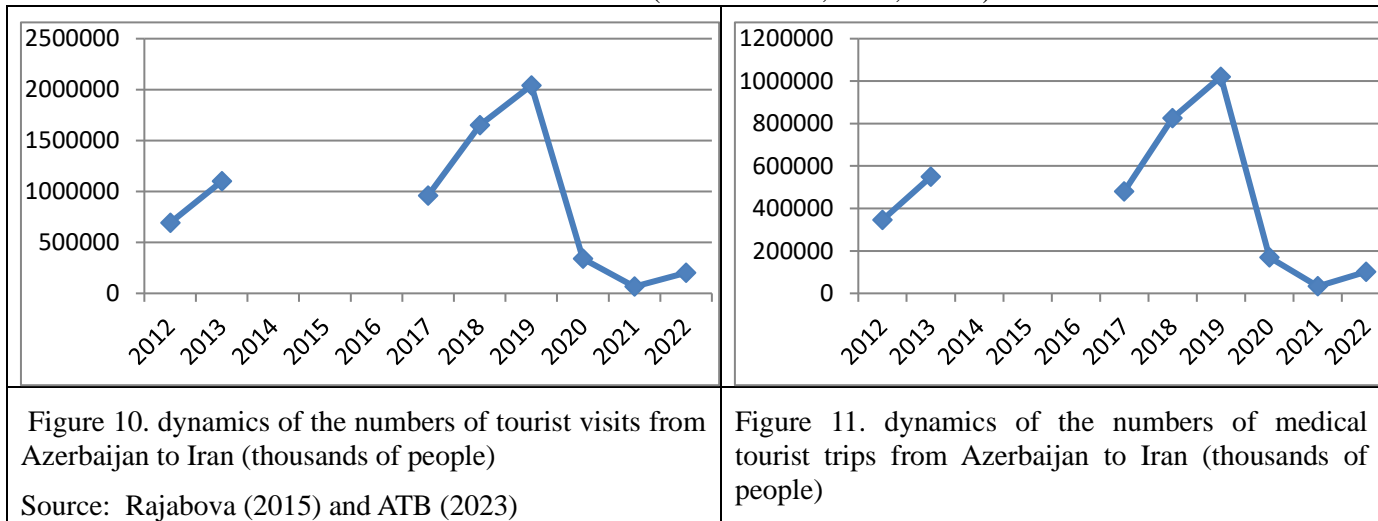


Figure 9. dynamics of the number of medical tourist trips from Azerbaijan to Turkey (thousands of people)

Iran occupies a special place among the countries visited by Azerbaijani citizens for medical services. Based on the official statistics of Iran and the results obtained by Iranian researchers, it can be claimed that the number of medical tourists coming to Iran increased from 20,000 to 300,000 annually from 2007 to 2019. The country's income from this type of tourism has exceeded 1.2 billion US dollars. Cosmetic treatments, including facelifts, nose jobs, abdominoplasty treatments, and transgender surgery, occupy a special place among the main medical services that medical tourists want to receive. Among the medical tourists who come to Iran, tourists from Iraq, Qatar, Turkmenistan, Bahrain, Kuwait, Afghanistan, Azerbaijan, Tajikistan, Saudi Arabia, Oman, and Pakistan prevail. The number of inbound medical tourists in Iran has been increasing rapidly in the last 10 years (Chelliah et al. 2021). Thus, in 2012, 200,000 people (income of 350 million USD), 85,670 people in 2013, and 105,000 people (income of 588 million USD) visited Iran as medical tourists. The study conducted by Sadeh and Garkaz (2019) shows that the attractiveness of Iran for medical tourism is mainly related to the cheapness of medical services. Possible risks during visits to this country, especially the existing restrictions in Iranian society, negatively affect the motivation for tourist trips. In addition to price motivation, there are travel restrictions for medical tourists to Iran in Azerbaijan. Although the necessity of developing tourism between Azerbaijan and Iran was mentioned in the symposium held in Tehran in February 2020 regarding tourism (Gasimova, 2020), the COVID-19 pandemic and the political

tensions between the two countries seriously affected tourism. It should be noted that starting from the 90s of the last century, until recent years, Iran had an important role in the outbound medical tourism of Azerbaijan. Even in 2019, Azerbaijani tourists spent more than 308 million US dollars in Iran (Tehran Times, 2020, Feb. 8).



Information on the number of Azerbaijani citizens who go to Iran as tourists comes from two sources, i.e. data for 2012-2013 (Rajabova, 2015) and data for 2017-2022 Interactive information located on the official website of the Azerbaijan Tourism Bureau (ATB, 2023). obtained from the base panel. Note that 50-60% of tourists from Azerbaijan to Iran go for medical purposes. Considering this, it can be said that the number of medical tourists who went to this country in 2017-2019 is slightly higher than Turkey and Georgia. However, in the post-COVID-19 period, there has been a serious decrease in the number of tourists going to Iran, including medical tourists. According to the results of a survey of Azerbaijani citizens who went to Iran for medical tourism, the main reason for the decrease in visits is that Azerbaijan's land borders with neighboring countries, including Iran, are still closed.

- The main determinants of outbound tourism from Azerbaijan

People use available opportunities to restore and protect their health. Easier cross-country travel and lower transportation costs allow people to choose better medical services. In addition to covering more areas of medical services, health insurance in the country also has a higher level of affordability, as well as the high quality of medical services in the country, which weakens outbound tourism. However, in the field of medicine, there are some deficiencies common to almost all developing countries, and it is very difficult to overcome these deficiencies. First, the full coverage of health insurance in all areas of medical services requires a large cost from developing countries. Secondly, it is not possible to immediately purchase and install the latest medical equipment in these countries. This process takes a lot of time and money. Medical equipment is rapidly updated based on new technologies. Thirdly, it is difficult for highly qualified doctors to stay and work in the country. Thus, highly qualified specialists want higher wages and more favorable working conditions. A constant flow of such specialists from developing countries to developed countries is expected. Fourth, in developing countries, it is difficult to provide high-level personnel in all fields of medicine. These or other difficulties will create conditions for the growth of outbound tourism from developing countries to developed countries, as well as to developing countries that have a comparative advantage in any sector of the medical field. The main aspect of this process that attracts attention and causes concern is that the country, which is currently expanding the field of outbound tourism in the field of medicine, has limited opportunities to reduce it in the near future. Because it is very difficult to eliminate the factors that cause the expansion of outbound tourism in the short term.

This is also proven by the survey conducted in the case of Azerbaijan to study this process and determine the main determinants of outbound tourism. The survey was conducted anonymously among 45 medical tourists traveling to Turkey, Georgia, and Iran. The following questions were addressed to 15 medical tourists from each destination country (45 tourists in total). The answer to each question is evaluated with a score (0-10). A score of "0" means not being completely satisfied, and a score of "10" means being completely satisfied. Questions are divided into two groups "push" and "pull" factors.

1) Why did you want to receive medical treatment in another country ("push factors")?

Possible answers: a) medical services are expensive in our country; b) there are few highly qualified doctors in the field of my disease in our country; c) medical equipment in our country is old; d) I want to clarify the diagnosis of my illness again;

2) Why do you choose this country of destination for treatment ("pull factors")?

Possible answers: a) travel to this country is easier; b) medical services in this country are of better quality; c) there are more highly qualified personnel in the field of my disease in this country; d) in this country, in addition to treatment, it is possible to trade and travel; e) there is no language problem for me in this country; f) I have relatives and close people in this country.

These questions do not include some push factors that apply to most countries. For example, it takes a long time to see a doctor some medical procedures are kept secret and lack of insurance are common push factors. These factors were not included in the survey regarding Azerbaijan because the citizens of Azerbaijan are not eligible for medical services that require a very difficult and highly qualified doctor's examination or are intended to be kept as a secret, for example, heart, liver, kidney implantation, as well as gender reassignment, etc. more countries like Germany, United Arab Emirates, Israel are chosen and the number of such outbound tourists is relatively small. The majority of the surveyed tourists are men (about 75%). The distribution by age group is dominated by people over 30 years old (about 85%). The results of the survey show that the vast majority (70%) of those who travel from Azerbaijan to Turkey, Georgia, and Iran for medical treatment are members of middle and low-income households. Unfortunately, the income inequality level in Azerbaijan is high and the Gini index is more than 0.4 (Gulaliyev et al., 2018)

Table 1 Results of the survey conducted among the outbound medical tourists of Azerbaijan

	Low transportation costs	Low prices in the destination country	Cheapness of medical services	Quality of medical services	Availability of Trade opportunities in the destination country	Cultural and Linguistic Affinity	The presence of relatives and friends in the destination
Türkiye	10	30	35	47	42	48	25
Georgia	40	35	40	37	15	27	30
İran	30	40	45	43	15	26	0

Note: The survey conducted by the authors

The results of the survey are given in Table 1. According to the results of the survey, a significant part of those who visited Turkey, Georgia, and Iran for medical purposes (respectively, 70%, 80%, and 90%) were satisfied with the cheapness of medical services and the quality of medical services in these countries (respectively, 94%, 74%, 86%). they choose Turkey also has some advantages in the field of medical tourism compared to Georgia and Iran. For example, citizens of Azerbaijan who choose this country for

medical tourism also do business there. The main part of the goods available in the clothing market of Azerbaijan is of Turkish origin. Medical tourists also have the opportunity to do business while visiting Turkey. This enables them to save some expenses in their family budget. During the outbound medical tourist trip to Georgia and Iran, transportation costs are lower than in Turkey. But these countries have communication problems. That is why medical tourists from Azerbaijan to Iran mainly choose cities where ethnic Azerbaijanis live, such as Tabriz and Ardabil.

• Possible losses from outbound tourism from Azerbaijan

In 2019, the total expenditure of Azerbaijani tourists in Turkey, Georgia, and Iran was 278.3 million US dollars, 286.5 million US dollars, and 308.4 million US dollars, respectively. In that year, the average expenses per tourist were 309 US dollars, 188 US dollars, and 151 US dollars, respectively. If we assume that the national currency of all three of these countries has continuously depreciated compared to the US dollar, then it can be assumed that the average spending on tourism has remained stable in the last 10 years. Within this condition, we can roughly describe the dynamics of outbound tourism expenses from Azerbaijan as shown in the 12th graph.

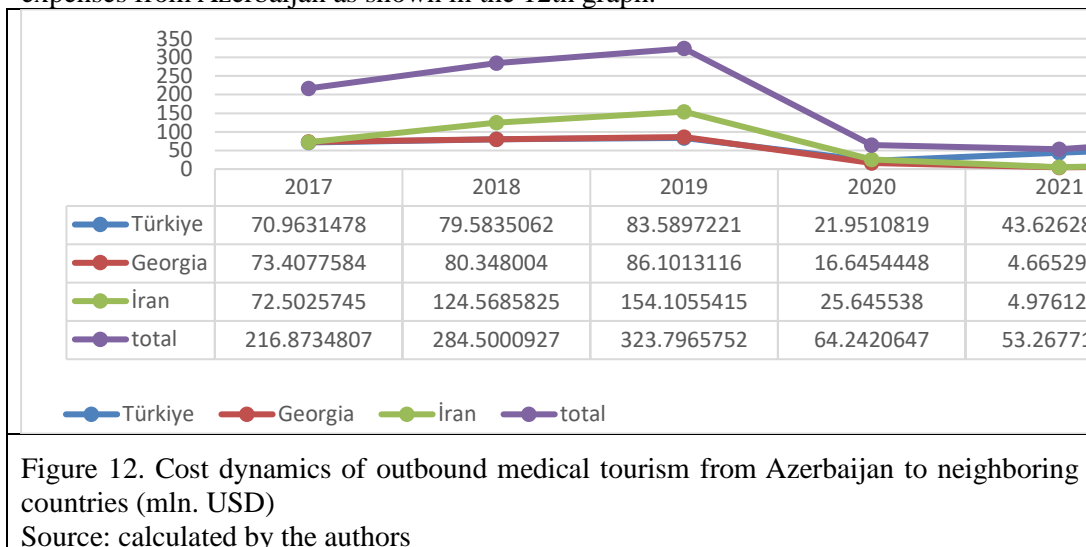


Figure 12. Cost dynamics of outbound medical tourism from Azerbaijan to neighboring countries (mln. USD)
Source: calculated by the authors

An interesting point in the dynamics of outbound medical tourism from Azerbaijan is that in the period between 2017 and 2020, the expenses of medical tourists in Turkey and Georgia are approximately equal. Undoubtedly, there are differences in health care costs and quality of medical services in these countries. But it is interesting that the citizens of Azerbaijan chose these countries as destination countries at approximately the same level during that period. In 2020-2022, the difference increased sharply and the expenses in Turkey exceeded the expenses in Georgia by 8-10 times. These figures allow us to draw two important conclusions. First, Azerbaijanis who go to Georgia for medical treatment choose this country mainly because of the proximity of the distance. Secondly, a significant part of the tourists who go to this country for treatment are not from high-income households. Therefore, the closure of land borders with Georgia starting in 2020 has limited tourist trips. As a result of this, there has been a sharp decrease in the number of tourists going to Iran in the period between 2020-2022. The opening of Azerbaijan's land borders will affect the number of medical tourists to both Georgia and Iran. As a whole, in the 2017-2019 inter-year period, 825 million dollars of funds went from Azerbaijan to only three countries, which means that the Azerbaijani healthcare system lost so many funds. This amount is up to 58% of the state funds spent on healthcare in Azerbaijan during that period. This is a great loss for Azerbaijan healthcare. According to the data of the State Statistics Committee of the Republic of Azerbaijan (SSCRA, 2023), the total expenditure of outbound tourists in that period was 3.8 billion US dollars. Outbound medical tourists' expenditures account for approximately 22% of total outbound tourists' expenditures.

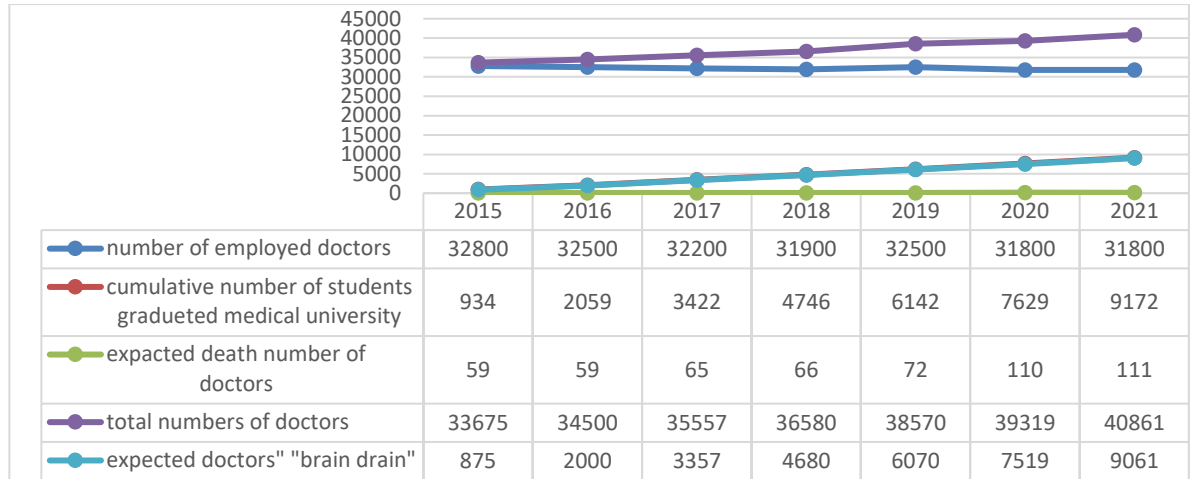


Figure 13. Dynamics of the number of medical personnel in Azerbaijan

Source: SSCRA, 2023

The negative impact of medical outbound tourism on the economy of Azerbaijan, especially on the development of the healthcare system, is not only related to the flow of large amounts of foreign currency from the country, but also to the flow of highly qualified personnel from the country. The second effect is more long-lasting and severe. Thus, the flow of highly qualified personnel from the country may cause medical services to weaken and become more expensive in the future. This can increase the volume of outbound medical tourism. In the 13th graph, only the graduates of the Azerbaijan State Medical University were taken into account in the number of medical university graduates. If we take into account that every year hundreds of students go to Turkey, Ukraine, Russia, Georgia, China, and other countries to study medicine, then the number of doctors with higher medical education will increase. Given this, there will also be a slight increase in the number of unemployed doctors or doctors leaving the country.

Conclusion and suggestions

Outbound medical tourists from Azerbaijan increased continuously in the period before and after the COVID-19 pandemic. Turkey, Iran, and Georgia occupy an important place among the destination countries in outbound medical tourism trips. The choice of destination for medical tourists to these countries depends on various determinants, including distance to medical facilities, consumer price index in the countries, quality of medical services, cost of medical services, language and cultural proximity, and other factors.

The study of the main determinants of outbound medical tourism from Azerbaijan suggests that the choice of destination countries is mainly related to two factors: 1) expensive medical services; and 2) quality of medical services. The first factor is gradually regulated by the introduction of health insurance in Azerbaijan and the increase in the number of services included in the health insurance package. However, since an important part of medical expenses in Azerbaijan is out-of-pocket, this factor will remain the main factor in the near future. Another important factor is related to the quality of medical services. Eliminating this factor will not be possible in the near future for two reasons. First, it does not seem possible to develop medical services to a level comparable to other large neighboring countries, especially Turkey. Healthcare costs in large countries, including Turkey, will always be higher than in Azerbaijan. This means that the healthcare infrastructure in Turkey will develop more. On the other hand, since healthcare costs in Azerbaijan are low compared to Turkey, there is a danger of emigration of highly qualified medical personnel from Azerbaijan to different countries every year. Such "brain drains" directly affect the quality of medical services. Although it is impossible to

eliminate this process, it is possible to weaken it a little. This is also related to the provision of highly qualified medical personnel with high salaries. In order to improve the quality of medical services, it is important to constantly develop and improve the health infrastructure.

- Limitations of the study

In our research to evaluate the determinants of outbound medical tourism trips from Azerbaijan, there is a lack of statistics, a lack of coverage of all determinants, impossibility of conducting surveys with a significant part of outbound medical tourists. Other shortcomings are related to the applied methodology. Thus, the fact that the determinants are more subjective makes it difficult to predict outbound medical tourism.

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