

Health Tourism: A Demographic Study on the Outbound Health Tourists from Bangladesh

Dr. Syed Rashidul Hasan^{*}
Md. Kamrul Hassan^{**}

***Abstract:** Healthcare services are obtaining tremendous growth globally. Patients particularly from developed countries are seeking to reduce their expenditures on healthcare through obtaining better treatment facilities in abroad that turns out a new concept health tourism or medical tourism. This paper basically tries to explore the present scenario and upcoming situations of health tourism around the world. Some countries in Asia like China, India, Singapore, Thailand, are getting health tourism as a promising business. The countries those are successful in health tourism usually combines a medical trip with vacation. A study on two hundred respondents who left Bangladesh for taking foreign health care services has been conducted to recognize about the inside motives of the patients. Finally some guidelines have been given on the basis of exploratory research to make Bangladesh as a health tourism destination.*

***Keywords:** Health tourism, outbound tourists, Bangladesh, descriptive statistics.*

Introduction

The rapidly growing health tourism is prevalently termed as medical tourism, medical vacation, medical travel or wellness tourism that means traveling across international borders to get health care services. The concept of health tourism refers to visit by overseas patients for medical treatment and relaxation. The health tourism activities include pick up from the airport, accommodation at a hotels, ground transportation to and from doctor's appointment and hospital, medical procedure, travel reservations, trip itinerary and much more. Many operators have also designed special packages for patients including these services.

Health tourism denotes pejoratively to the practice of healthcare providers traveling internationally to deliver healthcare (Comarow, 2008; Shaywitz 2002; Bezruchka, 2000; and Bishop & Litch, 2000). Health tourism is a mean of having quality tourists who

^{*}Professor, Dept. of Tourism and Hospitality Management, Faculty of Business Studies, University of Dhaka, Dhaka-1000

^{**}Assistant Professor, Dept. of Tourism and Hospitality Management, Faculty of Business Studies, University of Dhaka, Dhaka-1000

spend a significant amount of money in health destination. The most common treatments sought are heart surgery, knee transplant, cosmetic surgery and dental care around the world. Now a day, health travel is not limited with basic medical services nevertheless providing quality travel facilities and accommodation with luxury. For this reason health, tourism destinations can earn a lot of foreign currencies from high spending patients. Many organizations around the world are providing highly paid health policies for their employees. So people are being interested to have their health check up as well as vacation.

Obtaining health care service i.e. health tourism becomes a popular intent of traveling. The fundamental premise of medical tourism is that the same care, or even better quality of care, may be available in other countries, and obtained at a more affordable cost than in the home country (Medical Tourism Association, 2008). Therefore, cost and quality are the two foremost reasons behind health tourism between developed countries and developing countries. **Exhibit 1** shows the health tourism intention matrix which portrays the main reason why patients travel to abroad for having healthcare services. The exhibit illustrates that patient of both developed and developing country travel to another developed country for receiving quality medical services, while a patient of developed country goes a developing country for both quality services and cost saving. Again, the patient of developing country like Bangladesh, who moves towards a developing country for saving cost first and seeking quality then.

Exhibit 1: Health Tourism Intention Matrix

		Patient Country	
		Developed	Developing
Destination Country	Developed	Quality	Quality
	Developing	Quality and Cost	Cost and Quality

Source: Developed by the Authors

However, this paper focuses on health tourism that emphasizes on to obtain healthcare service from another country. In addition to that the article would search why some people of Bangladesh go to another country to have medical health care as well as how the country can reduce the outflow of medical tourists and how the country can become a successful health tourism destination.

Literature Review

There are thousands of individual research have been conducted on health tourism around the world. Very few but very much relevant and excellent research works are obtainable on the topic of the study. This paper attempts to assess several articles and thesis from there.

Health is a constitutive part of development (Sen, 1999). Hasan et. al., (2002) articulates that Bangladesh is unable to allocate adequate resources for health sector. And, the numbers of health care seekers in foreign countries from the country are increasing each year (Hasan, 1997). The prime reasons why the patients of Bangladesh like to go abroad are poor quality of medical care; discourteous behavior of medical staffs; lack of skilled doctors, nurses and technicians; treatment costly; and deficiency of modern medical equipments, in home (Hasan, 2007). Patients go to abroad from Bangladesh for treating heart disease, cancer, kidney problem, eye disease, neurological disease, diabetes & urinary disease, liver disease (hepatitis), gynecological disease, skin disease and some other diseases (Rahman, 2000).

HDC and UPL (1999) shows that Singapore, Malaysia, Thailand, India are having higher rank in terms of number of doctors and nurses in per 1,00,000 people than Bangladesh. India becomes the primary destinations of medical treatment for the people of Bangladesh (Hasan, 2007). Rahman (2000) indicates 15% patients go to India for treatment because the treatment is not available in Bangladesh and rest of the 85% for better treatment. Moreover, his survey shows that 72% of the respondents went to India purely for medical purpose and the remaining 28% went for both medical and tourism purposes. Due to faulty diagnosis, prescription of incorrect drugs, inaccurate pathological reports and negligence mishaps are common in private sector as it is in public sector (Round Table Conference, 1999).

There is mistrust of the public healthcare system and perceived low quality push people to seek healthcare abroad (Paul, 1999). This is the key reason of "health tourism" (Mahdy, 2009). Available information makes people aware of quality, costs and facilities of health services through out the world (Hasan, 2007). Public and private sector medical system both are required for making a country medical care destination (Hanson and Berman, 1993). Hasan et. al., (2002) identified many factors motivated patients to select hospitals in abroad.

Bangladeshi patients get high quality treatment at low price in India (Hasan, 2007). M Rahman (2000) identifies some reasons of perceiving superiority of Indian health services to local services in the eye of Bangladeshi patients in India. Those are: better quality of care, cordial behavior, reliable laboratory tests, less costly treatment, less waiting time, availability of needed treatments, and proper diagnosis of disease. Hasan et. al., (2002) compares the cost to treatment of some selected items between two countries as well as recommends some ideas of improvement regarding doctors, nurses, and hospitals.

Objectives

The main objective of this paper is to provide some guidelines how Bangladesh can be an international standard health tourism destination. To meet the broad objective this study has been carried out to elicit the following specific objectives-

1. To provide a brief idea, scope, trend, and practice of health tourism;
2. To address the economic factors affecting the health care market;
3. To find out ways to reduce the outbound health tourist flow from the country;
4. To identify the prospects and challenges of health tourism.

Methodology

Understanding the characteristics of outbound health tourist would be an easy source of getting data regarding health tourists. Revising the data from the respondents can help to identify the challenges of becoming health tourist destination. This is the rationale of the study. This paper is formed by using both qualitative and quantitative data from both primary and secondary sources.

For collecting primary data survey, in-depth interview have been conducted. In survey (personal interview with questionnaire) both structured and open ended questions are organized to obtain data. This study surveyed on a sample of 200 respondents who are health tourist or closest relative (father, mother, brother, sister, wife, son or daughter etc.) who knew every details of the patient. The respondents are selected by using non-probability judgmental sampling technique as an element of the sample. The eligible respondents would visit at least one country for health treatment within last two years from this study. The collected data for this study has been analyzed by statistical software package (SPSS). All the variables of the study are analyzed by using descriptive statistics techniques. In depth interview some unstructured questions are asked to several doctors and experts. Different articles, and web site information is being used as secondary source in the study.

Business Thoughts of Health Tourism

The global medical tourism industry is estimated to generate around US\$20 billion of dollars per year, and by the coming years it is expected to more than double this amount of revenue.¹ In terms of money circulation health tourism has an immense business value. Marketing health tourism and other health care services is some what different than offering retail products that are often considered tangible goods. In addition to considering the traditional product marketing mix, health care marketers need to think some more elements to meet the needs of health tourists.

In general sense, a product (here health care service) is anything that can be offered to the market to satisfy a patient's need or want. George & Swamy (2008) identified some of the products (**Table 1**) that are 'sold' under the banner of health tourism. Besides allopathic system India is enjoying a unique advantage in alternative therapies like ayurveda, yoga, and siddha, too. Some other destinations in Asia are particularly popular for orthopedic and cardiac surgeries (Ben-Natan, et. el. 2009). Thailand has distinctiveness in accredited hospitals for cosmetic surgery and heart treatment.² At the same way Thailand's international hospitals have a reputation for having modern, high-tech equipment, excellent quality medical care, and superior hospitality services (Horowitz et al., 2007; Horowitz & Rosensweig, 2007).

Table 1: Health tourism products

Wellness	Treatment	Rehabilitation
Spas	Elective surgery	Dialysis
Lifestyle/Healthy vacations	Cosmetic surgery	Addiction programs
Nature tourism	Joint replacement	Elderly care programs
Ecotourism	Cardiothoracic services	Counseling services
Community tourism	Eye surgery	
Resorts	Diagnostic services	
Herbal treatments	Reproductive treatment	
Complementary healing	Cancer treatment	
	Delivery	

Globally, world tourism flow shows a significant shift from traditional source markets (Western Europe, USA, Canada, Japan) to alternative ones like Central and Eastern Europe, China, Republic of Korea, Singapore, Middle East, Mexico, the Russian Federation, India etc.³ Costs of treatment in developed countries are increasing day by

day. The spiraling high cost of healthcare, has contributed to this worldwide explosion of medical tourism (Connell, 2006; Garcia-Altes, 2005). The developing countries are taking the advantages of escalating costs. They are providing low cost but quality health care services to grab the international markets.

Providers of medical travel typically offer all inclusive packages that include the cost of treatment, accommodation and flights, and they make all arrangements for the patient including hospital appointments, aftercare and even sightseeing tours. Usually the details are finalized in the patient's home country and then the patient is met in the country of treatment upon arrival by a representative, who will then help them with any further arrangements thereafter. Sometimes the patients directly contact with the hospitals or doctors for having a foreign treatment.

Health Tourism: A Brief Depiction of Major Exporting Countries in Asia

Health tourism is becoming a multi-billion dollar industry all over the world. Over 50 countries have identified health tourism as a national industry (Gahlinger, 2008). According to the UNWTO (2008), depending on the location and procedure, a medical vacation can cost up to 50 per cent, 30 per cent, or even 10 per cent of what one would normally pay at home country. There are currently 28 countries catering to health tourists, providing care to more than two million foreign patients annually. The global health tourism industry is estimated to generate around US\$20 billion of dollars per year, and by 2010 it is expected to more than double this amount of revenue.⁴ So, many countries (**Table 2**) are harvesting form this fast growing industry.

Table 2: Popular health tourism destinations around the world⁵

Asia	The Americas	Europe	Africa	Oceania
China	Argentina	Belgium	South Africa	Australia
India	Bolivia	Germany		
Israel	Brazil	Hungary		
Jordan	Columbia	Lithuania		
Malaysia	Costa Rica	Poland		
Philippines	Jamaica			
Singapore	Mexico			
Thailand	United States			

Asia has become the most popular destination for health tourists around the world. Asia is the founder of health tourism and has more than 75% of the globe's health tourism infrastructure whether it is hospitals, spas, alternative health facilities.⁶ Asia offers high quality, world-standard medical treatment at only 20 percent of the cost of treatment in

the USA and the UK. The quality of treatment here is of world-class standard with many of the doctors holding western qualifications. Health tourism is rapidly growing in Asia with the number of health tourists to Asian countries increasing by about 20 to 30 percent each year. It is estimated that the health tourism in Asia will be worth US\$ 4 billion by the year 2012. Health tourism in India is growing at a rate of 30 per cent per year. It is estimated that India will earn US\$2.2 billion a year through health tourism by 2012. Singapore, which is another important center for health tourism in Asia aims to receive one million foreign patients every year. It is estimated that medical tourism in Singapore will earn it above US\$1.6 billion annually. Malaysia, which is also among the top four health tourism centers of the world, expects to earn up to US\$590 million within five years. Altogether, health tourism in Asia is expected to earn it US\$4.4 billion by 2012. Currently, the number of health tourists is estimated to be 1.32 million. These health tourists to Asia come to seek medical treatment from all over the world. Health tourists come from US and Europe, but it is estimated that most of the health tourists to the health tourism centers of Asia come from within Asia.⁷ A number of countries in Asia such as India, Thailand, Singapore and Malaysia have invested in attracting tourists for this specialist market (Henderson, 2004). The domestic healthcare industry in India is trying all out to grab its pie from the evolving global demand for affordable healthcare. This silent revolution is worth capturing since it is widely anticipated that India will soon emerge as a major medical tourism hub (George and Nedelea, 2009). Many foreign patients who arrive in India have already acquired some exposure to and confidence in Indian medical experts and nurses who maintain a ubiquitous presence in hospitals in the USA, Canada, UK or even Australia.⁸ According to market research, India's share in the global medical tourism industry will climb to around 2.4% by the end of 2012.⁹ Thailand is another leading Asia as a medical tourism destination. Health tourism in Thailand is booming; pushing other nations down the list. The major reasons that have enabled Thailand to dominate this growing market are: the low cost of medical treatment, the quality treatment provided by hospitals and private clinics, and the highly developed tourism industry. The number of medical tourists that come in Thailand has been steadily increasing since the early 2000's. This has resulted in the country taking its place on the top of the global medical tourism market.¹⁰ Singapore is enjoying a unique advantage in Asia. Many of Singapore's health care professionals have been trained in the US, and the country's spotlessly clean streets are a lure for those patients who just don't feel comfortable traveling to the busier cities of Thailand and India. The government of Singapore is promising to serve one million medical tourists a year by 2012, thus hoping to create more than 13,000 jobs in the industry. Private hospitals such as Mount Alvernia Hospital and Thomson Medical Centre are used to catering to international patients and receive hundreds of medical tourists each year.¹¹ Malaysia is another fastest emerging destination for medical tourism in Asia, mainly catering for Asian health travelers. There

are at least 35 hospitals in Malaysia that are being geared towards health tourism.¹² Some other countries of Asia such China, Israel, the Philippines, Jordan and Lebanon Turkey are doing well in health tourism.

Potentials of Global Health Care Market

Traveling abroad for medical treatment has now become an accepted and even preferable option. It is now a welcome alternative to spending huge amounts of money to get the required level of treatment or spending inordinate amounts of time waiting for the qualified health care professionals to be available in the patient's own locality.¹³

Factors that have led to the increasing popularity of medical travel include the high cost of health care, long wait times for certain procedures, the ease and affordability of international travel, and improvements in both technology and standards of care in many countries (Goering, 2008).

Medical tourists believe that for a considerably lower cost and with a shorter waiting period they can obtain treatment that is equal to, if not even better than what they would receive at home (Horowitz & Rosensweig, 2007; MacReady, 2007). **Table 3** shows comparative health traveling costs among USA, Singapore, Thailand, and India. As the costs of medical treatment and hospital queues gradually increase in western countries, the demands for medical services in developing countries are gradually increasing (Lee, 2007).

Table 3: Comparing Medical Treatment Pricing¹⁴

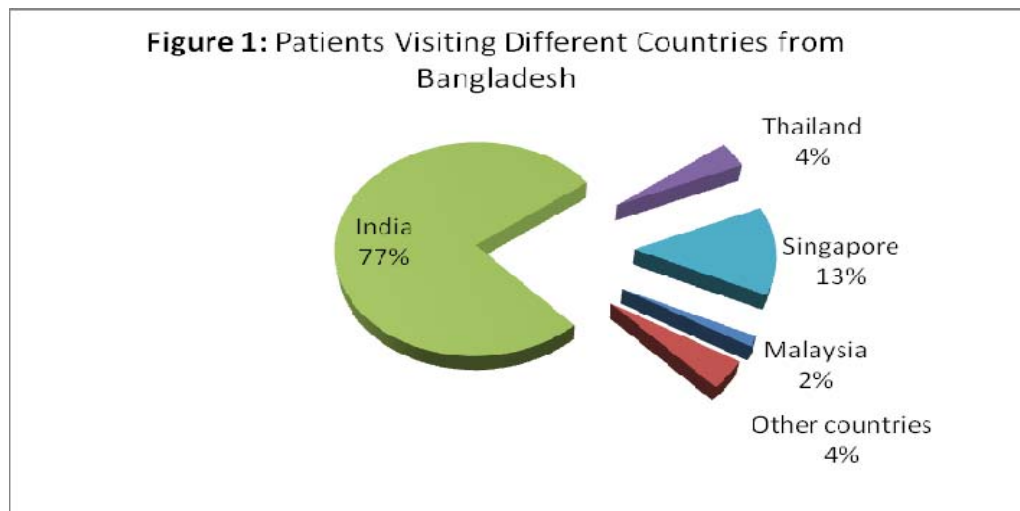
Procedure	USA	Singapore	Thailand	India
Hip Replacement	\$24,000	\$15,000	\$10,000	\$6,300
Breast Augmentation	\$10,000	\$8,000	\$3,150	\$2,200
Spinal Fusion	\$62,000	\$9,000	\$7,000	\$5,500
Coronary Angioplasty	\$41,000	\$11,250	\$4,150	\$3,500

The expansion of the European Union from 15 to 25 countries raises some important public health issues. For instance, there are issues of scale. The EU surface area has increased by 34% and its population by 28% (McKee and Nolte, 2004). Four basic groups of North Americans who are most interested in medical travel and the cost savings it provides.¹⁵ Those are 47 million uninsured Americans, 250 million insured Americans with restricted coverage due to pre-existing conditions, resulting in out-of-pocket

expenses, 34 million Canadians receiving socialized medicine and enduring long wait lists for many popular surgeries, potentially, 330 million North Americans seeking elective cosmetic and/or dental surgery. British patients often have to wait many months for vital operations on the NHS (National Health Service).¹⁶

Health Tourism: Outflow from Bangladesh

To understand the characteristics of outbound health tourists in Bangladesh this paper has studied the patients who visited other countries to take medical treatment. This has been done to get a scenario of health tourists visiting other country from Bangladesh. Here it is seen that most of the middle aged people usually go for foreign country medical treatment. **Appendix A** is providing a depiction in the basis of ten years age interval. This study proves that India is the most preferred destination for the patients of Bangladesh. Among the 200 patients of the study about 77% patients prefer India, 13% Singapore, 4% Thailand, 2% Malaysia and rest of 4% preferred some other countries to take medical treatment (**Figure 1**).

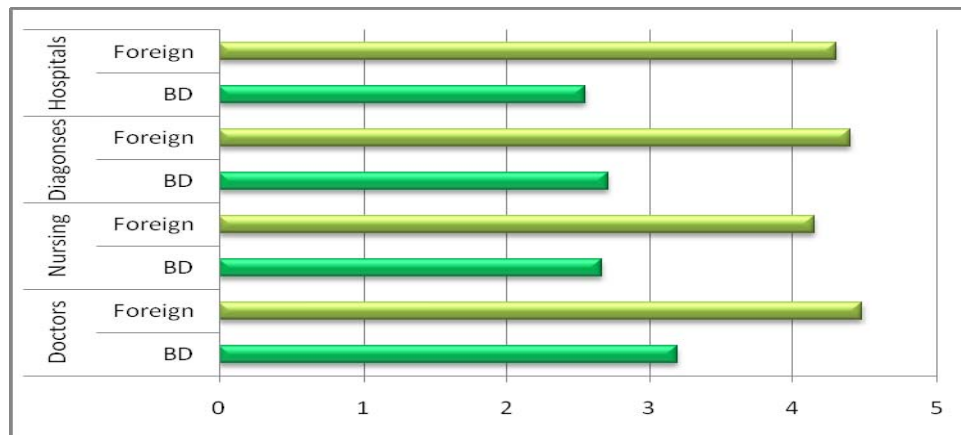


Patients of Bangladesh visit other countries for getting treatments of different diseases. Among them heart diseases (17%), kidney diseases (14.5%), orthopedics (11.5%), liver diseases (11%) and cancer (11%) are major diseases **Appendix B**. This study also show 58 % patient needs to take surgical treatment and rest of the 42% take non-surgical treatment like only medicine or therapy. Here it is also identified that about 77% patients are infrequent medical tourist, and only 23% visit frequently that means they usually visit more than one time each year for treatment. **Appendix C** shows continuation of previous treatment and check up are the major reasons of frequent visit. Most of the patients need to stay more than one week but less than one month (**Appendix D**) and average treatment

expenditure taka 250000 in abroad for treatment and related other purposes (**Appendix E**). **Appendix F** summarized some of the reasons to go abroad for treatment. Those are poor hospital facilities, unavailable treatment facilities, lack of qualified doctors, poor diagnoses facilities, low treatment costs, unavailability of information regarding treatment facilities in home. Another reason of visiting abroad is to have a vacation and treatment together. 47% arrange the treatment tour by their own, 36% take help from their friends and relatives, 11% get assistance from hospital agents and only 5.5% purchase treatment packages (**Appendix G**). Before selecting a foreign destination for medical treatment, most of the people usually try provide treatment at least one month in Bangladesh. This study identifies family income; education of the deciders of the patients play significant role to take foreign treatment. In **Appendix H** most visited patient's family income belongs to taka 20000-50000 categories and in **Appendix I** shows us the contribution of higher education on choosing foreign medical treatment.

This study identifies three major elements which contribute to the treatment satisfaction in foreign country. Those are successful treatment, quality of hospital services, and cost of treatment. Here in **Appendix J** row (p) = .510 that means there is a strong correlation between successful treatment and satisfaction of medical treatment. But high quality hospital service and low cost of treatment do not play as important factors like successful treatment. **Figure 2** shows the comparative perception of health tourists visiting other countries regarding health services between visited country and Bangladesh.

Figure 2: Comparative Perception regarding health services between Foreign and Bangladesh



Other findings of the study, treatment costs sometimes exceeds the expected cost (**Appendix K**) and recreation facilities are most often available in the foreign country (**Appendix L**). In **Appendix M** is seen that friends and relatives then doctors are the main sources of information of treatment facilities. Hospital reputations, doctors' profile, treatment

distinctiveness of the country, doctors' recommendation, are considering by the health tourists for choosing overseas treatment (**Appendix N**).

Proposition for Developing Health Tourism Facilities in Bangladesh

In order to develop Bangladesh a sustainable health tourism destination both public and private sector need to work together. Government can make health tourism friendly policy so that private and public hospitals can provide healthcare services to foreign patients. For this purpose the country requires enlarged and improved medical facilities. All the private hospitals and new entrepreneurs of healthcare services should become specialist on few areas say for an example heart disease, liver disease, and/or Orthopedics and so on combinations. This will provide the country a comparative advantage.

This study identified some opportunities and threats of establishing health tourism in Bangladesh. The concerned bodies should consider those while surfacing the sector. The opportunities are boosted demand for healthcare services from Japan, many European Countries, Canada and United States;¹⁷ escalated average age of living creates new markets; shortage of supply of national healthcare facilities in developed countries; rich people of underdeveloped countries; easy and accessible traffic and communication system around the world; bigger demand of low cost treatment, diagnosis, and medicine; worldwide acceptability of low cost but standard treatment facilities of developing countries. The threats are strong competition from some countries of Asia like Thailand, Malaysia and Singapore;¹⁸ and terrorism in developing countries. In case of health tourism it is difficult to find out strengths in comparison to neighboring countries except available drugs in the country. Nevertheless the country has a lot of weakness in this sector like lack of international accreditation of hospitals and diagnosis centers; inadequate international health insurance policies; lack of quality doctors; lack of service attitude in nurses and medical staffs; lack of hospitals quality; security system is insufficient for foreign patients; healthcare service is centralized in Dhaka city only.

With the aim of inviting foreign patients and reducing the outflow of domestic patients Bangladesh ought to take immediate action according to the problem identified by this study. Besides the country can pursue some strategies adopt from American Medical Association (AMA). Those are:

- Developing accredited health care institutions such hospitals, diagnosis center, nursing home etc.
- Making available facilities to inform the foreign patients' rights, potential risks of combining surgical procedures with long flights and vacation activities.
- Following the patients' home countries health insurance portability and accountability act guidelines.

- Giving access to licensing, outcome, and accrediting information when seeking care (Reed, 2008).

Concluding Remarks

It is a challenge for developing health tourism in Bangladesh that images of the country tend to focus on poverty and on the less than hygienic living conditions of most people. By isolating awful images and maintaining desired quality of healthcare services Bangladesh can become an unbeaten health tourism destination. In order to export the healthcare services through health tourism, Bangladesh needs to develop efficient medical infrastructure and technology with target markets (health tourists) required standard is indispensable. Here, selecting the target markets and identifying their healthcare needs definitely open a scope of further research. Moreover, strong government support, private sector's development initiative, appropriate coordination between the various players in the industry- airline operators, hotels, and hospitals, uniform pricing policies across hospitals, keeping politics away from the industry are required to establish a country as a health tourism destination. Other constituents of becoming a successful health tourism destination are competent business management.

Notes

<http://www.discovermedicaltourism.com/statistics/>

http://www.joli-triste.com/classic_entertainment/insights_on_popular_medical_tourism_destinations_in_asia.html

http://www.asianhbm.com/healthcare_management/health_tourism.htm

<http://www.discovermedicaltourism.com/statistics/>

<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol142009/No3Sept09/Articles-Previous-Topics/Medical-Tourism.aspx#table1>

<http://sosmedicaltourism.com/>

<http://www.healthtourisminasia.com/>

<http://economictimes.indiatimes.com/news/economy/indicators/India-becoming-major-medical-tourism-destination-in-Asia/articleshow/5940630.cms>

http://www.reportbuyer.com/leisure_media/tourism_travel/booming_medical_tourism_india.html

<http://www.health-tourism.com/thailand-medical-tourism/>

<http://www.discovermedicaltourism.com/singapore/medical-tourism/>

<http://www.health-tourism.com/malaysia-medical-tourism/>

<http://www.asiasmedicaltourism.com/>

http://www.business-in-asia.com/asia/medical_tourism.html

<http://www.medretreat.com/>

Accessed from Internet: <http://www.dailymail.co.uk/health/article-348669/Package-holiday-surgery-beat-NHS-queue.html#ixzz0q3FOhBKu>

<http://europeanmedicaltourismcongress.com/>

<http://dSPACE.iimk.ac.in/bitstream/2259/577/1/357-364+Kalyan.pdf>

References

- Ben-Natan, M., Ben-Sefer, E., Ehrenfeld, M., (July 22, 2009). Medical Tourism: A New Role for Nursing? *OJIN: The Online Journal of Issues in Nursing*, Vol. 14, No. 3.
- Bezruchka, S. (2000). Medical Tourism as Medical Harm to the Third World: Why? For Whom? *Wilderness and Environmental Medicine*, 11, 77-78.
- Bishop, R., & Litch, J.A. (2000). Medical tourism can do harm. *BMJ*, 320(7240), 1017.
- Comarow, A. (2008). Under the knife in Bangalore. *US News World Report*, 144(13), 47-50.
- Connell, J. (2006). Medical tourism: Sea, sun, sand and ... surgery. *Tourism, Management*, 27(6), 1093-1100.
- Gahlinger, PM. *The Medical Tourism Travel Guide: Your Complete Reference to Top-Quality, Low-Cost Dental, Cosmetic, Medical Care & Surgery Overseas*. Sunrise River Press, 2008.
- Garcia-Altes, M. (2005). *The development of health tourism services*. *Annals of Tourism Research*, 32(1), 262-266.
- George, Babu P. and Nedelea, Alexandru (2009). Medical tourism: an analysis with special reference to its current practice in India. *International Journal of Leisure and Tourism Marketing* Issue: Volume 1, Number 2, Pages: 173 – 182.
- George, Babu P., & Swamy, G. Anjaneya (2008). Medical Tourism: An Analysis with Special Reference to India. *JOHAR- Journal of Hospitality Application & Research*, Vol. 2, No. 1
- Goering Laurie, (2008). For big surgery, Delhi is dealing, *The Chicago Tribune*, March 28, 2008.
- Hasan, A H R. (2007). Cross-Border Trade in Health Services between Bangladesh and India: Implications for Global Health Systems, *Proceedings, 9th South Asian Management Forum*
- HDC and UPL, 1999. *Human Development in South Asia 1999: The Crisis of Governance*; Published for The Mahbul ul Haq Human Development Centre (HDC) by The University Press Limited (UPL), Dhaka.
- Hanson, Kara. Berman, Peter. (1993). *Private Health Care Provision in Developing Countries: A preliminary analysis of levels and composition, Data for Decision Making Project*, Department of Population and International Health, Harvard School of Public Health, Boston, Massachusetts
- Hasan, M (1997), every year Tk. 3.5 billion drain to foreign countries for medical treatment, *The Daily Inkelab*, August 4.

- Hasan A H R., Howlader S R., Islam K. (2002). Cross-Border Use of Health Care by Bangladeshi Patients in India: A Study of Determinants. Institute of Health Economics, University of Dhaka, Dhaka
- Hasan A H R., A Rahman, S. (2002). Private medical clinics in Dhaka: An Analysis from management perspectives, *Journal of Business Studies*, Vol. xxiii, No. 2, December, Hasan and A Rahman (2002) describes private medical services in Bangladesh is very much inadequate for the citizens.
- Henderson, J.C. (2004), Healthcare tourism in Southeast Asia. *Tourism Review International* 7(111-121).
- Horowitz, M.D., & Rosensweig, J.A. (2007). Medical tourism-Health care in the global economy. *The Physician Executive*, 12, 24-30.
- Horowitz, M.D., Rosensweig, J.A., & Jones, C.A. (2007). Medical tourism: Globalization of the healthcare marketplace. *Medscape General Medicine*, 9(4):33-41.
- Lee, Christine (2007). Medical tourism, an innovative opportunity for entrepreneurs *Journal of Asia Entrepreneurship and Sustainability*
- MacReady, N. (2007). Developing countries court medical tourists. *Lancet*, 369, 1849-1850.
- Mahdy, H. A. (2009). Reforming the Bangladesh healthcare system. *International Journal of Health Care Quality Assurance*, 22(4), 411-416.
- McKee, M., and Nolte E. (2004). The Implications for Health of European Union Enlargement. *British Medical Journal*,; 328:1025-1026.
- Medical tourism association. (2008). Retrieved December 11, 2008 from: www.medicaltourismassociation.com/.
- M Rahman (2000), Bangladesh-India Bilateral Trade: An Investigation into Trade in Services, South Asia Network of Economic Research Institute, New Delhi, India.
- Paul, B. K. (1999). National health care by-passing in Bangladesh: A comparative study. *Social Science and Medicine*, 49, 679-689.
- Rahman, Mustafizur (2000). Bangladesh-India Bilateral Trade: An Investigation into Trade in Services, South Asia Network of Economic Research Institutes (SANEI) Study Programme and Centre for Policy Dialogue (Dhaka)
- Reed, C.M. (2008). Medical tourism. *Medical Clinics of North America*, 92, 1433-1446.
- Round Table Conference (1999), Why do Bangladeshi patients go abroad for treatment? How to reduce this tendency? Joint conference by Public Health Association of Bangladesh, Forum on Health Care Financing and Organization and Daily Bhorer Kagoz; March 19,1999.
- Sen, A. (1999). Health in development. *Bulletin of the World Health Organisation*, 77(8), 619-623.
- Shaywitz, D.A., & Ausiello, D.A. (2002). Global Health: A Chance for Western Physicians to Give - and Receive. *The American Journal of Medicine*, 113, 354-357.
- UNWTO (2008) - United Nations World Tourism Organization, World Tourism Barometer, Vol. 6, N.1, January 2008.