



**PROCEEDINGS OF
15TH MEETING OF THE COMCEC TOURISM WORKING GROUP
(September 24th -25th, 2020, Virtual Meeting)**

1. The 15th Meeting of COMCEC Tourism Working Group was held virtually on September 24th -25th, 2020, with the theme of “Developing Medical Tourism in the OIC Member Countries”.

(The Agenda and Program of the Meeting are attached as Annex-I and Annex II)

2. The meeting was attended by 18 Member States. The meeting was also attended by the representatives of the UNWTO, WTTC, ICDT, ICCIA, SMIIC, and COMCEC Coordination Office (CCO).

(The List of Participants of the Meeting is attached as Annex-III)

3. The Meeting started with a recitation from the Holy Quran.
4. At the outset, Mr. Fatih ÜNLÜ, Acting Director General of the CCO, delivered his opening remarks. Highlighting the growing popularity of medical tourism, Mr. ÜNLÜ expressed that medical tourism represents a worldwide multibillion-dollar phenomenon that is expected to grow considerably in the next decade. In this respect, it is estimated to generate around 28 billion USD revenue by the end of 2024.
5. Mr. ÜNLÜ mentioned that inadequate health infrastructure, poor service quality, limited institutional and human capacity, restrictive visa procedures and insufficient incentive schemes are some of the major challenges faced by the OIC member countries with respect to the medical tourism. He also stressed that COMCEC is a pertinent platform for enhancing cooperation and dialogue among the member countries for addressing the common challenges in this area.
6. Ms. Başak ÖNSAL, Acting Head of Department, Ministry of Tourism and Culture of Highways of the Republic of Turkey, moderated the sessions during the meeting. Welcoming the participants, Ms. Başak ÖNSAL briefly informed the attendees of the agenda and program of the meeting.

I. Global Trends, Approaches and Success Factors in Medical Tourism

7. Mr. Michel JULIAN Representative of UNWTO; made a presentation about “Exploring Health Tourism and seizing its opportunities”. He mainly pointed out the worldwide tourist arrivals and the current situation amid Covid-19. Mr. JULIAN underlined the following remarks regarding medical tourism:

- Not too well defined and sketchy data
 - Different estimates of size and value
 - Fast-growing phenomenon, growing interest from tourists for prevention and wellness
 - Overall importance of adequate healthcare infrastructure for tourism destinations
 - COVID-19 is triggering and accelerating changes: safe and seamless travel more important than ever
8. Afterwards, Mr. JULIAN mentioned about the opportunities and challenges about medical tourism. While demographic changes, new lifestyles and new segments (youth), product development, technological advances, digitalization (digital healthcare, telemedicine) and innovation can be considered as opportunity, safety and health protocols, accessibility (visas, travel restrictions, connectivity), collaboration health + tourism + other entities and public-private partnerships, skills & training, sustainability (healthcare, wellbeing of citizens and tourists), regulation and ethics can be accepted as risk factors for medical tourism.

II. Medical Tourism in the OIC and Selected Case Studies and Lessons Learnt

9. Mr. Akif KOCA, representative of PwC Turkey, public sector advisory department, presented the main findings of the research study titled “Developing Medical Tourism in the OIC Member Countries”. The study aims to deep dive on the characteristics of best practice countries by analyzing their strategies and models on healthcare provision, infrastructure, financing, marketing as well as legislative arrangements regarding medical tourism. As a result of this comparative approach, policy recommendations were constituted for boosting medical tourism and increasing regional collaboration among OIC member countries. Case countries have been selected with a set of 3 criteria that takes into account indicators such as Medical Tourism Index, health related travel export value and country references. As a result of this selection 4 OIC countries (Azerbaijan, Jordan, Malaysia and Turkey,) and 3 non-OIC countries (Germany, India, US) were selected for country benchmark.
10. In the beginning of the presentation, Mr. Koca explained that there is no universally accepted health tourism and medical tourism definition. For this reason, the research team tried to make a synthesis of several definitions and elaborate the topic on this basis in the study. From this point of view, the definition of health tourism that is used in the report can be summarized as “travelling from one place to another for a certain period of time to receive medical, wellness or other health-related services in order to improve, protect or consult health status”. Following the definition, he pointed out the pull and push factors; benefits and risks; and trends of medical tourism.
11. Mr. KOCA underlined that in terms of supply and demand potential of the both OIC and non-OIC countries, a detailed analysis was conducted on quantitative indicators such as market size, growth of treatment types, health infrastructure capacity, health expenditure and inbound/outbound patient flow. In non-OIC regional comparison, North America comes to forefront in medical tourism as the leader of the market, however, Asia-Pacific and LAMEA regions emerge as the closest competitors. North America has the highest health expenditure value as well as an improved health infrastructure. Europe follows North America in health expenditure with its high quality of services and developed

healthcare infrastructure. Despite its small share in the medical tourism market and the number of international tourists, Europe has one of the best healthcare infrastructure. Europe is a prominent destination for medical tourists for many treatments as a result of its high levels of expertise, experienced medical personnel and advanced equipment.

12. He also mentioned that Asia-Pacific is another prominent region in the medical tourism market with its high capacity, world-renowned medical personnel and service quality. LAMEA is the rising star of the medical tourism market with its lucrative market growth regarding market size and international patient arrivals. The degree of heterogeneity in the macroeconomic and development profiles of the OIC member countries indicate their divergent performance in terms of healthcare capacity. Arab and Asian Groups come to forefront among the OIC countries in terms of health infrastructure with their high government contribution to health sector while African region lags behind in healthcare capacity, medical personnel and health expenditures. Among the OIC countries, the Arab Group – especially Egypt, Oman, Maldives, State of Palestine and Libya – have high travel related import values that are above both OIC and World averages. High health related import values followed by high share in personnel travel which is used to identify demanding countries for medical tourism market, indicate that these countries might be dependent on outsourcing the healthcare needs of the citizens via medical tourism.
13. Furthermore, Mr. KOCA touched upon the lessons learned from case studies. He stated that Azerbaijan is especially known with its globally recognized and unique wellness tourism destinations. In terms of medical tourism, the market can be considered as in the emerging phase. However, the number of medical tourists preferring Azerbaijan for medical purposes is limited. Pull factors that may attract international patients to the country can be identified as wellness opportunities, geographical location, cost competitiveness and touristic attractions while push factors are insufficient medical service quality, obstacles in accessing healthcare services due to high out-of-pocket expenditures and privacy concerns.
14. He continued the presentation by expressing that Jordan is a strong actor in medical tourism market with 503 million US dollar export and 160 million US dollar import value according to health-related travel data. Geographical proximity, cultural affinity, use of common language and religious similarity with the Middle East and North Africa regions make Jordan an important destination country in the medical tourism market. Jordan offers high quality medical services at relatively low costs which give the advantage of price competitiveness to the country. In addition to these factors, Jordan is also preferred in the region due to its service quality and advanced treatment methods. The country has constantly increased its health infrastructure by promoting quality and international standards. The country has also developed its national healthcare standards. On the contrary, some other factors such as high out of pocket expenditure due to lack of insurance make some citizens of Jordan consider meeting their medical needs abroad.
15. Afterwards, Mr. KOCA explained that Malaysia is one the emerging markets of medical tourism sector with 294 million US dollar export and 23 million US dollar import value regarding health-related travel. The country was recognized as the “Best Country in the World for Healthcare” from 2015 to 2017 and in 2019. Malaysia positioned itself in global medical tourism market as a low-cost destination where high quality health services are available with a comprehensive range of treatment types. Various branch hospitals have been established in order to improve the quality of health services and to develop

specialization areas in order to improve certain areas of expertise. To sustain the high-quality level of the health services provided, both global and local accreditation mechanisms play major role. Also, the country attracts Muslim patients with special services such as halal food, prayer rooms and halal medical treatment. On the other hand, high out-of-pocket expenditure and long waiting times in public facilities are the main driving factors for some Malaysian citizens to get treatment outside their country.

16. He expressed that Turkey is an increasingly recognized and preferred destination in medical tourism market with 763 million US dollars of export and 700 thousand of medical visitors hosted in 2017. The medical tourism in Turkey constitutes 3.4 percent of the country's tourism sector while it has 7 percent share in the global medical tourism market. High performance in indexes which help to determine the country's global competitiveness indicate that Turkey has been improving its position in the global medical tourism market. The factors attracting patients to Turkey for medical tourism can be identified as high-quality medical care with affordable prices and geographical proximity. To sustain the quality in healthcare services Ministry of Health along with Turkish Medical Association determine the local standards and guidelines that are followed by hospitals, healthcare facilities, and medical practitioners in addition to Joint Commission International (JCI) accreditation. Turkey has 42 health facilities accredited by the JCI which has the second highest rank in the world.
17. Mr. KOCA expressed that Germany is one of the leading countries in the field of health thanks to its well-established healthcare system, research and development capacity. The citizens are under coverage of national health insurance program which allows them to access health services in public hospitals and clinics. Although public hospitals do not require additional payment from the patients, they maintain a good level of service quality. The medical tourism in Germany does not constitute priority topic at government level. All international patients coming for treatment in Germany arrange their affairs on their own or through some private intermediary agents. Even though there is no attraction material used for encouragement of foreign patients to meet their medical needs in the country, international patients prefer Germany due to its developed medical infrastructural capacity and expertise of medical personnel. On the other hand, the reasons that German patients consider traveling abroad for medical needs can be summarized as cost of treatments and waiting times for specific treatments.
18. Moreover, Mr. KOCA expressed that India secures its position as an important destination for medical tourism and become a leading example with 305 million US dollars of export ranking in the 10th place in 2017. The country is globally recognized with its excellence in health sector offering advance technologies in high quality of medical services at affordable prices. In relation with improvements in the medical sector, the Indian government has become one of the first authorities in Asia to recognize the potential of medical tourism. The government support has also played a crucial role in the expansion of health tourism sector. This support included the improvement of airport infrastructure and execution of a marketing strategy to promote health tourism and medical treatment. India's competitiveness in the medical tourism industry relies on advantages such as cost effectiveness, quality of medical services, diversity of tourism destinations and technology.
19. Furthermore, Mr. KOCA presented the case study on USA. He stated that the USA ranks as the first country in medical tourism market with its 3.9 billion USD of export. The main

motivation of patients who prefer the USA as a destination for treatment is mostly due to quality of treatments rather than prices. Especially for serious diseases, the USA becomes a respectable option as regards its know-how and skills developed through continuous investments in healthcare infrastructure. However, more and more Americans seek to receive health services abroad. Because of the high treatment cost, lack of insurance coverage, and difficulties in accessing healthcare; USA citizens tend to prefer receiving medical services in more affordable destinations rather than being obliged to pay higher prices in their home country. Despite the motivations which lead USA citizens to seek medical treatments in other destinations, the US health system continues to attract foreigners.

20. At the end of the presentation, Mr. KOCA highlighted the general policy recommendations for the OIC member countries. In the policy recommendation section, it was underlined that all countries have their own unique approach in governance, healthcare provision and financing schemes. Therefore, components such as infrastructure, marketing, stakeholders and legislation become the main domains for policy recommendations. The target of the recommendations is to define the actions that would increase medical mobility, improve healthcare quality and infrastructure and improve intra-OIC cooperation in medical tourism.

Concerning the infrastructure related policy recommendations;

- strengthened health infrastructure through investments in education and research and development (R&D) activities related to healthcare, specialization in the fields of health in order to provide a range of medical services and treatments and arranging exchange programs for medical personnel among OIC countries to boost knowledge sharing can be taken into considerations.
- To facilitate the coordination and setting standards in the ecosystem, it may be useful to set up an accreditation body within the scope of medical tourism and establishing education council for the personnel exchange program.
- In order to make the accreditation and coordination bodies unique to OIC countries, additional standards that OIC countries specifically demand in healthcare provision can be included such as halal tourism requirements. Such developments will increase the competitiveness of countries in medical tourism at the OIC and global level.

As for the marketing strategies,

- using combination of online platforms and conventional methods is essential to reach out target groups as well as staying updated about the novelties in the sector.
- Also, establishment of a database on health tourism supports the marketing activities as it will allow tracking of the demand and the supply across the countries.
- Furthermore, government level actions such as introduction of a priority visa specific to medical tourism or bilateral arrangements between governments and protocols between government and private insurances can facilitate the mobility of international patients.

III. Member States' Experiences in Medical Tourism

Turkey

21. Mr. Uluç İÇÖZ, Director, USHAS International Health Services INC. from Turkey made a presentation on Medical Tourism in Turkey.
22. At the outset, he gave brief information on USHAS. He mentioned that USHAS is a state owned health services agency possessing a wide array of functions. He shared some figures on health tourism in Turkey. He emphasized Turkey is one of the leading health bases of the world with its qualified human resources, competitive prices, advanced technology and evidence-based service provision at international standards.
23. He continued his presentation by giving a best practice example on medical tourism in Turkey. He concluded his presentation by underlying activities for promoting health tourism in Turkey.

Malaysia

24. On behalf of Republic of Malaysia, Mr. Mohd Shahril Zainal, Expert, Marketing Services and Government Relations, Malaysia Healthcare Travel Council, made a presentation on Medical Tourism Industry in Malaysia.
25. At the outset, he provided background information of the Malaysia's healthcare system. He shared some figures on the performance of Malaysia Healthcare. He also informed the participants that healthcare travel is a key economic growth area under: Economic Transformation Programme (ETP), 11th Malaysia Plan (RMK-11) and National Export Council (NEC). Lastly, he shared the challenges in healthcare travel industry and the future focus areas in Malaysia healthcare.

International Institutions' Contributions

26. Under this agenda item, Mr. Nejc Jus, Economic Research Manager at World Travel & Tourism Council, made a presentation titled "Medical tourism, an opportunity for growth." Starting with some information on the WTTC's activities, Mr. JUS highlighted the trends and the last interview they made and gave the results of this interview about tourism. He mentioned that Security & Travel Facilitation, Crisis Preparedness, Management & Recovery and Sustainable Growth are the key priorities for medical tourism. He also gave some information about medical tourism as the followings;
 - 330 million people are supported by travel and tourism
 - 1/10 jobs are supported by tourism
 - 1/4 new jobs are created by tourism
 - 3.5% growth Travel& Tourism share in World share
27. Mr. JUS emphasized that a global recovery from Covid-19 might be possible but it would take time. According to his presentation, 121.1 million people lost their jobs during Covid-19 pandemic. GDP has decreased by 3,45 billion USD and the number of global visitors declined by %53.

28. Furthermore, Mr. JUS expressed that growing number of countries have recognized the opportunities of medical tourism as a catalyst for socio-economic development as medical tourism supports: quality education, highly skilled workers, favourable visa policies, accessible and well-developed infrastructure, promotion of a country's attractiveness.
29. At the end of his presentation, Mr. JUS pointed out that medical tourism has become an important niche market, supported by public policies and private sector initiatives. WTTC expects that with the right policies, incentives and regulations, medical tourism would continue to grow across developed and emerging economies.
30. Afterwards, Mr. Muhammad IDRIS, in charge of Meetings and Events from Islamic Chamber of Commerce, Industry and Agriculture (ICCIA), made a presentation titled "Importance of Medical Tourism for OIC Member States".
31. At the outset, he mentioned that medical tourism contains all the services associated with tourism like transport, accommodation, and hospitality. He stated that although medical tourism directly or indirectly is linked with the promotion and development of all SDGs, but it is mainly related with the goals 1, 2 and 3 of the SDGs, which focus on "end poverty in all its forms everywhere, end hunger and ensure healthy lives promote well being for all at all ages". He also shared some figures on top global and OIC medical travel destinations.
32. He expressed that medical tourists travels to developing countries mainly due to the following reasons: Lower costs of medical services and drugs in developing countries, minimum waiting time for patients, low prices of airlines and developing countries offering world class medical services.
33. Lastly, he shared some suggestions such as establishment of a forum on medical tourism and digital transformation in health tourism and award to those institutions, who extended outstanding services to Health Tourism.

IV. Policy Debate Session on the Developing Medical Tourism

34. Under this agenda item, the participants deliberated on the policy options developing medical tourism in the member countries. Ms. Başak ÖNSAL, Acting Head of Department, Ministry of Tourism and Culture of the Republic of Turkey, moderated the roundtable session. At the outset, Mr. Gökten DAMAR, Expert at the COMCEC Coordination Office, briefed the participants on the responses of the member countries to the Policy Questions circulated by the CCO and introduced the room document including the policy recommendations. After fruitful discussions and deliberations, the Working Group has come up with the following policy recommendations to be submitted to the 36th Ministerial Session of the COMCEC for consideration.
 - **Policy Recommendation I:** Encouraging marketing and branding activities in order to boost the image of the destination country with a view to attract international patients.
 - **Policy Recommendation II:** Using online platforms for customized marketing strategies towards target groups

- **Policy Recommendation III:** Promoting development/implementation of exchange programs among the OIC Member Countries for medical personnel in order to boost knowledge and experience sharing
- **Policy Recommendation IV:** Encouraging bilateral or regional/multilateral arrangements (such as patient exchange programs, pre-diagnosis services, alliances between healthcare providers and streamlining health insurance schemes etc.) between public/private stakeholders including insurances and hospitals in order to sustain the exchange of patients.
- **Policy Recommendation V:** Establishing a database on health tourism for the use of OIC member countries for further cooperation in terms of patient-treatment exchange and capacity building in healthcare provision

(The Policy Recommendations and their rationale are attached as Annex-IV)

V. Utilizing the COMCEC Project Funding

35. Mr. Mustafa Adil SAYAR, Program Coordinator at the COMCEC Coordination Office, briefed the participants regarding the COMCEC Project Funding and COMCEC COVID Response Program
36. At the outset, Mr. SAYAR informed the participants on the 8th Call for Project Proposals started on September 1st, 2020. In this regard, he stated that the Member Countries can submit their project proposals through the Online Project Submission System until the end of September and they can reach all documents on the System by using the username and password, provided for the focal points.
37. He also reminded the participants to read the application documents particularly the Project Preparation and Submission Guidelines as well as supported sectoral themes before designing and submitting their project proposal. Moreover, Mr. SAYAR invited the Member Countries and OIC Institutions to submit their project proposals and wished all the success in the project submission period.
38. Furthermore, Mr. SAYAR informed the participants regarding the new CCO initiative to address the current and future negative impacts of the pandemic, which is COMCEC COVID Response Program. The Program was designed based on the feedback received from member countries during COVID Consultative Meetings and the questionnaire sent in July 2020. The Program will directly address the needs and demands of member countries in order to alleviate the situation in certain sectors.
39. At the end, Mr. SAYAR briefed the participants that the modus operandi of COMCEC COVID Response Program which would be finalized and the call for project proposals under this Program which would be made in October 2020. He also announced that the CCO will organize a training program regarding the CCR program and inform the focal points about its details and novelties when its procedures complete.

Preparations for the Ministerial Exchange of Views Session (September 25th)

40. In line with the relevant resolution of the 35th Ministerial Session of the COMCEC, the 15th Meeting of the TWG has also served as the preparatory platform for the Ministerial Exchange of Views Session of the 36th COMCEC Session held on November 25th, 2020 with the theme of “Promoting Entrepreneurship for Tourism Industry Competitiveness.”

Main Challenges and Success Factors for Promoting Entrepreneurship for Tourism Industry Competitiveness

41. Under this agenda item, Mr. Gürel ÇETİN, Consultant, COMCEC Coordination Office, made a presentation titled “Tourism Entrepreneurship in OIC Countries”.
42. At the outset, Mr. ÇETİN informed the participants on entrepreneurship process in tourism. He stated that tourism entrepreneurship not only brings many positive results to individuals and businesses, but also directly contributes to the development of the regions concerned. Besides its direct effects on employment, income and innovation, tourism entrepreneurship has indirect and induced effects on other industries because of its higher multiplier.
43. He continued her presentation by giving information about benefits of entrepreneurship as the following;
- Facilitating Innovation and change
 - Effective use of resources to create more value
 - Competitive advantage
 - Increased GDP
 - Decreasing unemployment and underemployment
 - Providing role model and benchmark
 - Increased export revenues
 - Creating new markets and enhancing efficiencies
 - Creating quality products and more competitive destinations
 - Ability to franchise
44. Afterwards, Mr. ÇETİN underlined the following challenges faced in the area of tourism entrepreneurship;
- Inadequate qualified human resources
 - Frequent Crises
 - Intangibility, heterogeneity, and perishability
 - Dependency on specific products and markets
 - Fluctuating demand and seasonality
 - Diversities in customer needs and the need for customization
 - Weak domestic demand
 - Low per capita tourist spending
45. At the end of the presentation, Mr. Çetin highlighted the general policy recommendations for the OIC member countries in terms of financial support, capacity building and environmental facilitators.

- tourism entrepreneurs should be supported with credit and micro-funding

- opportunities, land allocations, tax holidays and other financial support.
- OIC countries should also focus on entrepreneurship on entertainment, sports, recreation, arts and cultural industries and so on.
 - The entrepreneurs should be encouraged to accumulate knowledge, experience, and receive certification in tourism industry.
 - Entrepreneurs with experience, certification and education in tourism or a related industry and discipline should be positively discriminated.
 - Local entrepreneurship should also be encouraged in order to minimize leakages from local economy and improve community benefits.
 - Customized micro-financing should be developed for such initiatives that are not profit oriented but offer significant social and environmental outcomes.
 - Encouragement should be provided to entrepreneurs for internationalization and franchising efforts in order to be able to create international brands from OIC.
 - Creating international brands through entrepreneurship should be one of the focus areas in OIC tourism strategy.

Policy Recommendations for the Exchange of Views Session of the 36th COMCEC Ministerial Meeting

46. Under this agenda item, the participants deliberated on the policy options developing medical tourism in the member countries. Mr. Gürel ÇETİN, moderated this session. After fruitful discussions and deliberations, the Working Group has come up with a set of policy recommendations under the following headings for their submission to the Ministerial Exchange of Views Sessions of the 36th COMCEC Meeting :

- Public Investments and Infra-structure
- Capacity Building, Certification and Training
- Financing & Subsidization
- Legislative Actions
- Risk Management
- Sustainability
- Intra-OIC Collaboration

(The Policy Recommendations are attached as Annex-V)

Closing

47. In his concluding remarks, Mr. Fatih ÜNLÜ, Acting Director General of the COMCEC Coordination Office (CCO), expressed his thanks to all the presenters and participants for the fruitful deliberations made during the meeting. He expressed that the project call within the framework of COMCEC Project Funding was made in the beginning of September 2020 and invited the member country participants to make use of this important facility for furthering the cooperation among the member countries.



15th MEETING OF THE COMCEC TOURISM WORKING GROUP

(September 24-25th, 2020 Virtual Meeting)*

“Developing Medical Tourism in the OIC Member Countries”

AGENDA

1st Day

Opening

September 24th, 2020

1. Global Trends, Approaches and Success Factors in Medical Tourism
2. Medical Tourism in the OIC Member Countries
3. Member State Presentations
4. Policy Options for Developing Medical Tourism in the OIC Member Countries
5. Utilizing the COMCEC Project Funding

2nd Day (Preparations for the Ministerial Exchange of Views Session)

September 25th, 2020

1. Main Challenges and Success Factors for Promoting Entrepreneurship for Tourism Industry Competitiveness
2. Policy Recommendations for the Exchange of Views Session of the 36th COMCEC Ministerial Meeting

Closing



PROGRAMME

15TH MEETING OF THE COMCEC TOURISM WORKING GROUP (September 24th-25th , 2020, Virtual Meeting)

“Developing Medical Tourism in the OIC Member Countries”

1st Day September 24th, 2020

- 13.15 – 13.30** **Joining the Online Meeting**
(The link for the participation will be conveyed in advance of the Meeting)
- 13.30 - 13.40** **Opening**
- Overview of the Developing Medical Tourism in the World**
- 13.40 – 13.55** *Presentation: “ Exploring Medical Tourism and Seizing its Opportunities”*
Mr. Michel JULIAN
Senior Officer
Tourism Market Intelligence and Competitiveness Department
UNWTO
- 13.55 – 14.05** *Questions and Answers (Q & A)*
- 14.05 – 14.35** **Medical Tourism in the OIC and Selected Case Studies and Lessons Learnt**
Presentation : Mr. Akif KOCA
Director
PwC
- 14.35 – 14.55** *Q & A*
- 14.55 – 15.25** **Member Country Experiences**
- International Institutions’ Contributions**
- 15.25 – 15.40** *Presentation: “Medical tourism a prescription for healthier economy”*
Mr. Nejc JUS
Economic Research Manager
WTTC
- 15.40– 15.50** **“Importance of Medical Tourism for OIC Member States”**
Presentation: Mr. Muhammad IDRIS
Incharge Meetings and Events to Represent ICCIA
ICCIA
- 15.50– 16.00** *Q & A*

- 16.00 – 16:40** **Policy Debate Session on the Developing Medical Tourism**
There will be a policy debate session to come up with a set of policy options for ensuring developing medical tourism in the Member Countries. At the outset, the CCO will make a short introduction on the room document and responses of the Member Countries to the policy questions which have already been conveyed to the Member Country Focal Points.
- 16.40- 16.50** **8th Call for Project Proposals under COMCEC Project Funding and Introducing COMCEC COVID Response Program**
- 16:50** **Closing**

2nd Day September 25th, 2020

- 13.15 – 13.30** **Joining the Online Meeting**
(The link for the participation will be conveyed in advance of the Meeting)
- 13.30 - 14.00** **Main Challenges and Success Factors for Promoting Entrepreneurship for Tourism Industry Competitiveness**
*Presentation: Associate Professor Gürel ÇETİN,
Consultant, COMCEC Coordination Office*

Q & A
- 14.00 – 15.30** **Policy Recommendations for the Exchange of Views Session of the 36th COMCEC Ministerial Meeting**
*Moderator: Associate Professor Gürel ÇETİN,
Consultant, COMCEC Coordination Office*
- 15.30 – 15.35** **Closing Remarks**

LIST OF PARTICIPANTS
15th MEETING OF THE TOURISM WORKING GROUP
(24-25 September 2020, Ankara)

A. MEMBER COUNTRIES OF THE OIC

REPUBLIC OF AZERBAIJAN

- Mr. AZER ORUCOV
Senior Consultant, Tourism Policy and Strategy, State Tourism Agency

PEOPLE'S REPUBLIC OF BANGLADESH

- Mr. MALLICK ANWAR HOSSAIN
Joint Secretary, Ministry of Civil Aviation and Tourism

REPUBLIC OF BENIN

- Mr. A. BACHIROU A. ADEKPEDJOU
Head of Division, Directorate of Programme

- Mr. GBESSOU FULBERT BILLY C. GODONOU
Expert, Direction of Forum Development, Ministry of Tourism and Culture

BURKINA FASO

- Mr. SALIF HERMAN BARRO
Doctor, Ministry of Health

- Mr. BOUKARY OUEDRAOGO
Counsellor, Ministry of Commerce

- Mr. EMMANUEL SOME
Legal Advisor, Ministry of Culture Arts and Tourism

REPUBLIC OF COTE D'IVOIRE

- Mr. LAETITIA MOCKEY
Advisor, Ministry of Tourism and Leisure

ARAB REPUBLIC OF EGYPT

- Ms. REDA ABDEL GHANY AHMED
Senior Tourist Specialist, Ministry of Tourism and Antiquities

- Mr. ABDELMOHSEN SHAFEY
Supervisor on Public and International Relations Department,
Ministry of Tourism and Antiquities

REPUBLIC OF GAMBIA

- Mr. ALAGIE LAYE
Acting Senior Manager, Gambia Tourism Board

ISLAMIC REPUBLIC OF IRAN

- Mr. AMIN HAGHIGHAT
The Secretary of Country Health Strategic Council,
Ministry Cultural Heritage, Tourism and Handicrafts
- Mr. MOHAMMAD GHASEMI
General Director of Tourism Marketing Promotion,
Ministry of Cultural Heritage, Tourism and Handicrafts

THE STATE OF KUWAIT

- Ms. SARA ALMEGLED
Senior Political Science Researcher,
Ministry of Information – Tourism Sector

KYRGYZ REPUBLIC

- Mr. DASTAN DAYIRBEKOV
Specialist, Ministry of Culture Information and Tourism
- Mr. KUTMAN MAMYTOV
Attache, Ministry of Foreign Affairs

MALAYSIA

- Mr. MOHD DAUD MOHD ARIF
Expert, Tourism Policy and International Affairs,
Ministry of Tourism, Arts and Culture
- Ms. NUR NAJIHAH MD ABAS
Expert, Tourism Policy and International Affairs,
Ministry of Tourism, Arts and Culture
- Ms. NUR ALYSSA CORALINE YUSSIN
Expert, Research and Training Department, Islamic Tourism Centre
- Mr. JAYAPPRAGAS MUTHUVEEROO
Expert, Tourism Policy and International Affairs,
Ministry of Tourism, Arts and Culture
- Mr. ALI ABDUL AZIZ
Expert, Marketing Services and Government Relations,
Malaysia Healthcare Travel Council
- Mr. MOHD SHAHRIL ZAINAL
Expert, Marketing Services and Government Relations,
Malaysia Healthcare Travel Council

ISLAMIC REPUBLIC OF MAURITANIA

- Mr. YACOUB HAMZA
Director Assistant,
Ministry of Trade, Industry and Tourism

REPUBLIC OF MOZAMBIQUE

- Mr. JOSE FARIA
Expert, Research and Statistics Department,
Ministry of Culture and Tourism

FEDERAL REPUBLIC OF NIGERIA

- Mr. ABANA ALIYU
Deputy Director, Ministry of Information and Culture
- Mr. EUCHARIA ORAKWE
Assistant Chief, Ministry of Information and Culture

SULTANATE OF OMAN

- Mr. ZAHER HAMED AL RIYANI
Deputy Director, Ministry of Heritage and Tourism
- Ms. WADHA AMER EL MAHRIZI
Head of International Organization Department, Ministry of Heritage and Tourism

REPUBLIC OF TOGO

- Mr. KOSSI MAWUKO AFANDALOR
Head of Division, Ministry of Culture and Tourism
- Mr. YAO SENYO SAMTU
Chief of Division, Ministry of Culture and Tourism

REPUBLIC OF TURKEY

- Ms. BAŞAK ÖNAL DEMİR
Acting Head of Department, Ministry of Culture and Tourism
- Mr. ULUÇ İÇÖZ
Director, Ministry of Health
- Mr. FARUK ÇUBUKÇU
Expert, Ministry of Culture and Tourism
- Ms. YASEMİN ÇELİK
Translator, Ministry of Culture and Tourism
- Mr. GURDAL BOZKURT
Expert, Ministry of Culture and Tourism

REPUBLIC OF YEMEN

- Mr. AFAF ALYAZEEDY
General Manager of Tourism Affairs Services,
Ministry of Tourism

B. THE OIC SUBSIDIARY ORGANS

ISLAMIC CENTER FOR DEVELOPMENT OF TRADE (ICDT)

- Ms. LATIFA EL BOUABDULLAHI
Director General, Trade Investment Promotion

- Ms. KADIATOU DIALLO
Head of Department

STATISTICAL, ECONOMIC, SOCIAL RESEARCH AND TRAINING CENTER FOR ISLAMIC COUNTRIES (SESRIC)

- Mr. CEM TINTIN
Senior Researcher, Economic and Social Research Department

- Ms. FATIMA ZAHRA KAMAL BASTAS
Technical Cooperation Officer, Training and Technical Cooperation

- Mr. THIerno BALDE
Assistant Project Officer

ISLAMIC CHAMBER OF COMMERCE, INDUSTRY AND AGRICULTURE (ICCIA)

- Mr. MUHAMMAD IDRIS
In charge Meetings and Events to Represent

STANDARDS AND METROLOGY INSTITUTE FOR ISLAMIC COUNTRIES (SMIIC)

- Ms. EMEL GONC
Executive Assistant

C. INVITED INSTITUTIONS

WORLD TOURISM ORGANIZATION

- Mr. MICHEL JULIAN
Senior Officer, Tourism Market Intelligence and Competitiveness Department

WORLD TRAVEL & TOURISM COUNCIL (WTTC)

- Mr. NEIC JUS
Economic Research Manager

- Ms. CLAUDIA ARTUSO
Event Coordinator

PRICE WATER COOPERATION

- Mr. AKIF KOCA
Director

- Ms. ESRA OZPINAR
Expert

- Ms. MERVE DUMAN
Expert

D. COMCEC COORDINATION OFFICE

- Mr. FATİH UNLU
Director General, Head of COMCEC Coordination Office
- Mr. SELÇUK KOÇ
Head of Department
- MEHMET ASLAN
Head of Department
- Mr. GOKTENDAMAR
Expert
- AYTEN AKMAN
Expert
- MUSTAFA ADIL SAYAR
Expert
- GUREL ÇETİN
Consultant

**POLICY RECOMMENDATIONS OF
THE 15TH MEETING OF THE COMCEC
TOURISM WORKING GROUP**

The COMCEC Tourism Working Group (TWG) has successfully held its 15th Meeting on September 24th-25th, 2020 in Ankara, Turkey with the theme of “Developing Medical Tourism in the OIC Member Countries.” During the Meeting, Tourism Working Group, made deliberations on medical tourism in the OIC Member Countries. Accordingly, the participants has come up with some policy recommendations.

Policy Advice 1. Encouraging marketing and branding activities in order to boost the image of the destination country with a view to attract international patients.

Rationale:

Countries attract international patients with their capacity and capabilities in health provision. However, they increase their chance to be preferred as a destination country as much as their country image allows this position. In this sense, security and trustworthiness step forward as factors which influence country’s brand image. When country image is problematic as regards economic or other circumstances, it becomes important to obtain an improved image in the first place. In order to convince international communities towards a shift in their perception about the country, rebranding strategies can be introduced. Rebranding helps spread the message that the destination country is safe and trustworthy for all activities undertaken within its borders, including healthcare provision as well. For instance, integration of insurance systems is defined as an effective model for medical tourism activities regarding ease and secure payment procedures available in different countries. Medical tourism is not solely about health provision and medical services. Instead, second pillar of medical tourism consists of the tourism component. As a supporting factor to medical tourism, other tourism facilities (i.e. historical sites, cultural heritage etc.) can be promoted.

Policy advice 2. Using online platforms for customized marketing strategies towards target groups

Rationale:

Online platforms, especially popular social media channels such as YouTube, Facebook, Instagram, Twitter, Pinterest, etc. provide virtual environments to express opinions and preferences. Although these platforms are not particularly designed for marketing, advertisements are usually permitted. Data collection from the registered accounts enables algorithms to suggest personalized advertisements in parallel to the users’ activities. From the medical tourism perspective, such platforms can be used in order to attain the target groups. Based on their personal choices, matching treatments can be displayed on the channels they frequently use. Such advertisement strategy on medical products and services is especially applicable for cosmetic procedures towards those who are interested in wellbeing and beauty products. As for the OIC member countries, such an interactive tool can be used in order to understand the needs of target population. This would allow to develop segmentation strategy with the objective to respond in the most effective way to the needs of target population within the segment.

Policy advice 3. Promoting development/implementation of exchange programs among the OIC Member Countries for medical personnel in order to boost knowledge and experience sharing

Rationale:

In response to the medical needs of individuals and societies, health sciences discipline work on development of new techniques and tools. The way to treat diseases may vary across countries. Countries develop their own unique approach in relation to their level of health infrastructure in terms of medical education and R&D capacity. From this point of view, knowledge and experience sharing becomes important for medical personnel in order to adopt different approaches into their practices. The communication between medical personnel as regards the advancements in the healthcare sector facilitates dissemination of best practices in the field. Such a blend of knowledge between healthcare professionals can create a larger impact. It has, in fact, the potential to boost the industry as well. Therefore, exchange programs can nurture the healthcare industry at healthcare personnel and healthcare provision levels among the OIC member countries.

Policy advice 4. Encouraging bilateral or regional/multilateral arrangements (such as patient exchange programs, pre-diagnosis services, alliances between healthcare providers and streamlining health insurance schemes etc.) between public/private stakeholders including insurances and hospitals in order to sustain the exchange of patients.

Rationale:

Bilateral, regional and multilateral arrangements can increase health mobility between the signing parties and serve as a stimulating factor to boost trade relations. In this respect, partner countries may benefit from the increase in health mobility through filling the gap in demand towards medical treatment. This may also enable the other side of the arrangement to provide healthcare services and meet its potential in medical tourism. These arrangements may take multiple forms such as patient exchange programs, pre-diagnosis services, alliances between healthcare providers and streamlining health insurance schemes. For instance, opening a pre-diagnosis center in a partner country would give the opportunity to the supplier country to display its medical services. On the other side, the partner country would benefit from medical knowledge and experience of the visiting medical staff coming from the partner country. As for protocols signed between healthcare providers and health insurances, it is possible to affirm that both sides would benefit from medical tourism schemes.

Policy Advice 5. Establishing a database on health tourism for the use of OIC member countries for further cooperation in terms of patient-treatment exchange and capacity building in healthcare provision

Rationale:

Data collection in medical tourism constitutes a big problem. Countries experience challenges in finding the appropriate information as regards activities taken place in medical tourism industry. The lack of data collection methodology and database creates obstacles in terms of marketing as well. Both side of the medical tourism actors (suppliers and demanders) can take data-based concrete actions for future collaborations. For instance, supplier countries can provide data on their medical services that are integrated in the medical tourism whereas demanders can list their priorities in medical treatments. Such a database can open a platform for collaboration not only in terms of patient-treatment exchange but also in terms of capacity building in healthcare provision as well. OIC level data sharing in medical tourism will facilitate both supply and demand side among the region.

Instruments to Realize the Policy Advices:

- **COMCEC Tourism Working Group:** In its subsequent meetings, the Working Group may elaborate on the above-mentioned policy areas in a more detailed manner.

- **COMCEC Project Funding:** Under the COMCEC Project Funding, the COMCEC Coordination Office calls for projects each year. With the COMCEC Project Funding, the Member Countries participating in the Working Groups can submit multilateral cooperation projects to be financed through grants by the COMCEC Coordination Office. For the above-mentioned policy areas, the Member Countries can utilize the COMCEC Project Funding and the COMCEC Coordination Office may finance the successful projects in this regard. These projects may include organizing seminars, training programs, study visits, exchange of experts, workshops and preparing analytical studies, needs assessments and training materials/documents.

- **OIC/COMCEC Private Sector Tourism Forum:** In its meetings, the OIC/COMCEC Private Sector Tourism Forum may elaborate on the above-mentioned policy areas and the sub-areas from the private sector perspective.

**Draft Policy Recommendations to be discussed by the COMCEC Tourism Working Group, in its 15th Meeting, for the Exchange of Views Session of the 36th COMCEC Session on
“Promoting Entrepreneurship for Tourism Industry Competitiveness”**

The 35th COMCEC Session agreed on “Promoting Entrepreneurship for Tourism Industry Competitiveness” as the theme for the Exchange of Views Session at the 35th Session of the COMCEC and requested the COMCEC Tourism Working Group (TWG) to come up with concrete policy recommendations on this topic and report it to the 36th COMCEC Ministerial Session. The TWG, in its 15th Meeting held on 24-25 September 2020 in a virtual-only format, considered the current level of tourism entrepreneurship and the challenges as well as possible policy options related to various aspects of tourism entrepreneurship. After intensive deliberations, the TWG has come up with a set of challenges and the policy options for enhancing tourism entrepreneurship in the member countries.

CHALLENGES

Tourism Working Group highlighted the following possible challenges and problems in enhancing tourism entrepreneurship in the Member Countries:

- *Low level of capital and limited local investment*
- *Small and fragmented nature of tourism entrepreneurship*
- *Informal economy*
- *Poor legal framework and unfair competition*
- *Inefficient and sustainable use of local tourism resources*
- *Lack of qualified Human Resources and know-how*
- *Fluctuating Demand*
- *Poor planning and community involvement*
- *Adverse effects of climate change and water supply*
- *Frequent crises and poor risk management*
- *Characteristics of Tourism Service (intangibility, perishability, heterogeneity)*
- *Dependency on specific markets and products*
- *Weak market performance and domestic demand*
- *Lack of reliable data and market intelligence*
- *Low per capita tourist spending*
- *Infra-structural problems*
- *Insufficient internationalization and branding*

POLICY RECOMMENDATIONS

In light of the above-mentioned challenges and problems, TWG came up with a set of policy recommendations as follows:

- 1. Public Investments and Infra-structure**
 - *Developing master plans for potential tourism regions to facilitate long-term entrepreneurial planning and investment decisions.*
 - *Encouraging investments in infra-structure (e.g. security), technology (e.g.*

digitalization) accessibility (e.g. transportation) and promotion (e.g. branding) at the destination.

- *Promoting technological and virtual investments.*
- *Building large-scale super-structure (e.g. airports, convention centers).*
- *Strengthening regulatory frameworks to establish and monitor standards.*
- *Providing statistical information and reliable market research data to support entrepreneurial decision-making.*
- *Developing/promoting online marketing, distribution and e-tourism applications.*

2. Capacity Building, Certification and Training

- *Promoting entrepreneurial skills development (e.g. financial management, marketing, networking, feasibility).*
- *Developing capacity building and training programs to enhance human capital required by potential entrepreneurs at the destination.*
- *Supporting entrepreneurial involvement in and collaboration through professional organizations, cooperatives and DMOs.*

3. Financing & Subsidization

- *Offering financial incentives, tax holidays, land allocations and credit facilities.*
- *Facilitating alternative forms of funding suitable with local cultural and religious norms (e.g. crowd funding).*
- *Supporting joint investments, micro financing and angel capital structures.*

4. Legislative Actions

- *Designing regulations to improve the entrepreneurial status and protect entrepreneurs.*
- *Encouraging transformation from informal economy to certification and registration.*
- *Promoting creative rather than imitative businesses.*
- *Facilitating growth, branding, institutionalization and internationalization*
- *Enhance clustering and competition.*

5. Risk Management

- *Enhancing risk management and encouraging crises mitigation strategies to protect entrepreneurs and their investments.*
- *Utilizing certification to enhance professionalism and survival rates.*
- *Encouraging diversification in tourism products based on trends in the market (e.g. nature based tourism, medical tourism)*
- *Facilitating domestic tourism.*

6. Sustainability

- *Positive discrimination towards local entrepreneurship rather than imported investments.*
- *Enhancing tourism value chain and utilizing local resources and raw materials.*
- *Facilitating social non-profit entrepreneurship and community involvement.*

7. *Intra-OIC Collaboration*

- *Facilitating investments and easing formalities for intra-OIC tourism investments and brands.*
- *Simplifying visa and border formalities within OIC.*
- *Enhancing employment mobility within the OIC.*
- *Facilitating information and experience sharing and benchmarking from best practices.*