

THE EFFECT OF COVID-19 ON MEDICAL TOURISM IN QUETTA



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CERTIFICATE

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I **Syed Raheel Shah** hereby state that my MPHIL thesis titled **THE EFFECT OF COVID-19 ON MEDICAL TOURISM IN QUETTA** is my own work and has not been submitted previously by me for taking any degree from Pakistan Institute of Development Economics or anywhere else in the country/world.

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Syed Raheel Shah

Dedication

I dedicate my dissertation work to my family and many friends. A special feeling of gratitude to my loving parents, whose words of encouragement and push for tenacity ring in my ears. I also dedicate this dissertation to my many friends who have supported me throughout the process. I will always appreciate all they have done, especially Mohammad Baqir for helping me develop my technology skills, Ikram Khan for the many hours of proofreading, and my wonderful nephew Syed Burhan Shah for being there for me throughout the entire MPhil program as my best cheerleader.

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Abstract

COVID-19 has affected every industry in the world and among them the most affected industry is tourism in which medical tourism have a major portion. COVID-19 has affected medical tourism negatively, In Quetta major portion of populous private hospitals are dependent on the medical tourists as their 70-80 percent patients are international medical tourist and medical tourists of different regions of Baluchistan. This study is qualitative in nature; for the purpose of this study 58 respondents have been interviewed. Study also analyzes the economic effect of medical tourism on the locals of Quetta as well. Locals of Quetta city has been affected from the pandemic as large amount of locals are dependent on the medical tourism industry. Due to pandemic their financial assets have been affected very badly. During the period of pandemic people were spending from the amount which they saved from their earnings, as before pandemic they were able to earn enough amount to survive and save. But now due to decrease in the amount of medical tourists they are now earning only to survive and unable to save.

Keywords: COVID-19, Medical tourism, economic effect, wellbeing

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Chapter 1

INTRODUCTION

Medical tourism is total number of people traveling from their hometown/country to another city/country for the purpose of treatment. In other words medical tourism is organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention (Carrera and Bridges, 2006). Medical tourism is provision of cost effective medical treatment that a person gets with the collaboration of tourism industry (Gupta, Jones and Coleman, 2008). People travel from their hometown to other city or country where they can get better medical facility. Within countries, people from rural areas travels to urban cities for medical treatment. At macro level people travels from one country to another for medical treatment.¹ Trend of medical tourism has been significantly increased from last few decades. In past, rich people from the low-income countries and middle-income countries used to travel the western countries for their treatment. As the quality of medical services in the western countries was considered to be good because in western countries new technologies were adopted in medical sector that were not present in the developing countries.

Both tourism and travel are reliant, because for any recreational purpose individuals need to travel. Thus, all factors that restrain travel have the same effect on tourism, ultimately, affecting the medical tourism industry. These factors include: terrorist activities, earthquakes, safety & health concerns, refugees, Tsunami and a particular factor taken in the study is the COVID-19 pandemic (Yeh, 2020) Due to COVID-19, many well renowned resorts (health facilities) are not accessible in Taiwan, for the reason that it is placed in a high-risk region and are vulnerable to disasters; a small change in weather has an extreme effect on tourist to reach their destination. Pandemic affects all activities but, the tourism industry is affected significantly worldwide. Studies have very little contribution to overcome the impact of the pandemic on tourism; a well-planned strategy is needed to alleviate this impact. A pandemic makes us possible to plan for any upcoming worst events, as we have gone through one and we have learned a lot form the pandemic, well planned strategy will help us to minimize the effect of any upcoming worst event. Just like Taiwan; has been able to benefit from SARS

¹ Country here is taken as a nation with its own government, occupying a particular territory.

(severe acute respiratory syndrome) experience as they planned strategy and in a result they got succeeded in opposing COVID-19. Events like COVID-19 pandemic can result in economic decline (Yeh, 2020).

Medical tourism can be defined as the provision of cost-effective medical care to patients in collaboration with the tourism industry (Gupta, 2008). This process is usually facilitated by the private medical sector, whereas both the private and public sectors are involved in the tourism industry. Cost of medical treatment in western countries is too high that everyone is not able to afford it. In past people from less developed countries used to travel western countries for medical treatment, but From last few decades, this trend has been changed. In 2010 around 63,000 residents of United Kingdom (Great Britain and Northern Ireland) have traveled to other countries for the purpose of medical tourism (Noree, Hanefeld and Smith, 2015). Now people from the industrialized nations travels to the developing countries in order to get medical treatment (Mechinda, Serirat, Anuwichanont and Gulid, 2010). Cost of medical treatment in developed countries have increased sharply, that unable most of the population to attain medical treatment in their home country. This increase in the cost is one of factors which compel them to go to developing countries for their medical treatment (Mechinda, Serirat, Rajabhat, Anuwichanont and Gulid, January 2010). Studies have found that Most of patients who travels for medical treatment belongs to high income countries and they travel to low-income countries and middle-income countries, because in developing countries the cost of medical treatment is comparatively lower then developed countries (Horowitz and Rosensweig, 2007).

Medical tourism concept is not new. In past people were traveling for the purpose of medical treatment. It is recorded that thousands of year back people from Greek used to travel from Mediterranean to Epidauria. In past Epidauria was considered as medical tourism hub (Muzaffar & Hussain, 2007). Medical tourism most often is for surgeries or similar treatments. Medical tourism is derived from health tourism; health tourism terminology is originated when people used to travel to another country to avail spa services for their healing, at that time. One can say that the concept of medical travel is as old as medicine itself. Medical tourism history in fact dates back to ancient times. The first recorded instance of people travelling for medical treatment dates back thousands of years to when Greek pilgrims traveled from the eastern Mediterranean to a small area in the Saronic Gulf called Epidauria. This territory was the sanctuary of the healing god Asidepios. Spa town and Sanitaria were early forms of medical tourism. In 18th-century Europe patients visited spas

because they were places with supposedly health-giving Mineral waters, treating diseases from Gout to liver disorder and bronchitis.

Traveling In search of healing is not a new thing. There is an increased number of individuals traveling long-distances for affordable medical treatment and the direction of traveling has been changed (Carrera and Bridges, 2006). Expensive medical facilities have long history where people used to travel for medical treatment in a search of better medical facility. However, for most of the European patients and North Americans, the medical facility available to them nearby is not affordable. The new phase of international medical tourism involves traveling in search of economical medical treatment. In United States, United Kingdom, and Canada and in some other countries the health-related agencies and trade organizations do not have the track of out-bound medical tourists obtaining health facility in other countries. But the tourism agencies of medical tourism destination countries publicize the number of international medical tourists attaining medical treatment facility but this is not clear that their numbers are based on the accurate information or it is just a tool of marketing, in order to attract more medical tourists. Still, the rapid increase in the brokerages, regional Medi-cities and increasing number of hospitals providing international standard medical facility suggests that something is happening. Entire new global industry is now facilitating the movement of medical tourists to those regions where they can get economical medical care. International trade agreements foster the cross-border traffic in patients such as General Agreement on Trade in Services (GATS) (Chanda, 2002).

Many countries recognised health services sector as a national industry. The notions for health services globalization are: insurance; private sector participation; patient's mobility with ease of travel and technology enhancement; rising income; quality and availability of health services; and cost differences. Factors that compels medical tourists to other countries for medical treatment includes, Unsatisfactory treatment quality, and unskilled staff in poor health services provision created suspicion and therefore people choose abroad/foreign countries for medical treatment to avail quality health services (Mamun and Andaleeb, 2013).

People mostly travel to their neighboring urban cities and neighbor countries for medical treatment, In order to decrease the cost of traveling. Some Key common reasons why patients travel to another place for treatment. Low cost at medical tourism destination which attracts the patients. Patient having a major problem and needs surgery and insurance companies are not entertaining them; they themselves are not able to afford the treatment in their home

country. Mostly people travels for cosmetic surgery, dental problem and knee surgery (Singh, 2008). Patients also travel to avoid the long waiting list or the procedures which they need, are not available at hometown. Tourism and vacation is also common reason for patients to travel. Sometimes they travel because of privacy motive. They do not want others to know about their treatment (Horowitz and Rosensweig, 2007)

In late 19th century, people from around the world (especially from less developed countries) used to travel for medical treatment to west. As west establish its supremacy in medical science. Patients from less developed countries used to travel Europe and America for treatment. In developing countries as well as in industrialized countries; healthcare scenario is changed by the medical tourism. For developing countries it is a source of revenue but for the developed countries medical tourism is dent to their economy, as money outflow effects economy negatively (Muzaffar & Hussain, 2007).

Yearly around 60 billion (US\$) gross profit had been generated from medical tourism globally; with the 20 % annually growth had been recorded in 2008. Around 50 countries of the world, medical tourism is increasing year to year. In which Asian countries are on lead. In Asia highest rate of medical tourism is in India, Singapore and Thailand. 90% of medical tourism in Asia in 2008.and these countries have increased their investments in heath sector to get more and more advantage form medical tourism (Anchana & Viroj , 2011). According to Zion Market Research report, medical tourism market valued approximately \$15.5 Billion in 2007 and it is expected to reach around \$28 Billion by the end of 2024

In the United States the out-bound medical tourism is increasing because of increasing cost of medical treatment in United States. An estimated number of Americans traveling other countries for medical treatment range from 50,000 to 500,000. Medical procedures are expensive in the United States as compare to other countries. Cost of some common procedures such as heart bypass in Thailand can be around \$11,000 compared to \$13,000 in United States, cost of knee replacement in Singapore may cost \$13,000 but in United States same knee replacement will cost around \$40,000 (York, 2008).

Increased in the number of medical tourists to Thailand have given the powerful message to the government ministries, private equity firms, hospital chains and clinics around the world (Turner, 2007). Medical facilities in the region where the wages are low, low rate of taxes or special economic zone, inexpensive real estate, favorable exchange rates and competent medical health facility could attract more medical tourists. These all factors will play role in

providing medical facility at low price. In particular, inexpensive cardiac procedure, cosmetic surgery, dental surgery, orthopedic surgery and ophthalmologic surgery, could attract customers from United States, Australia, Canada, United Kingdom and Sweden.

Medical tourism does have socioeconomic effect. It can play a vital role in alleviation of poverty in country. In developing countries most of population is poor because in developing countries people have less opportunities of income earnings, for them any kind of tourism plays a vital role. It provides more opportunities of jobs for the local people by which they can earn sufficient amount of income from which they can better their wellbeing. It also plays major role in the economic growth of the country. By increasing tourism, a lot of economic problems can be solved. Tourism is considered as one of the major Economic factor, especially in the developing countries or less developed countries (Vellas, Becherel, 1995).

Medical tourism provides long-term economic gain. It will be key player in the building of infrastructure, it will cause social and economic development, through medical tourism public and private health sector will be expanded, and it will be beneficial for the poorest member of the society as the additional revenue from the medical tourism industry will spender on the public health care centers (Chantarapitak, 2006).

Medical tourism concept gave a new way to the patients to attain medical treatment in other countries that they were not able to afford in their origin country. Travel for medical treatment will benefit some individuals. However, marketing of medical tourism fails to acknowledge the harm of medical tourism (Turner, 2007). For the purpose of profit, hospitals of Thailand, India and other countries could affect the quality of medical care at public health care centers. Brain drain might happen from the public health care to private health care centers. Private health care sector will attract medical care givers through higher salaries. Decrease in the number of health care providers at public health care center will affect health equity and will decrease the access of communities to health care. Medical tourism industry will further contribute to the commodification of health services. Countries that offer Universal health care always emphasize on the treating patients according to the need of treatment, while medical tourism industry provides health care facility based on the affordability of customer. Wealthy clients will be able to arrange medical travel package with numerous amenities, while on the other side poor client have to settle cheapest health care facility they can find. Wealthy will receive excellent care. Desire for the destination hospitals where medical tourist will maximize its profit and minimize its cost will have significant

effect on the quality of health care facility and patient safety. If client is harmed during medical procedure they might not obtain legal redress. Physicians of most of medical tourism destination pays low premium for medical malpractice insurance. In a result patient who suffers from the negligence might not be compensated for their suffering. Medical tourism industries and destination hospitals emphasize on the merit of health-related travel in their marketing campaign. Disadvantages of travelling to less-expensive medical tourism destination are not emphasized on popular media.

Thousands of citizens from UK visit foreign countries for medical treatment on self-finance. This treatment includes surgery, transplant and cosmetic treatment. UK citizens visit Abroad because of availability of treatment, price and treatment within effective time. On the other hand UK also experienced medical tourist being operated on self-finance and also in public hospitals financed by the National Health Service (NHS). Such inflow of patients was not experienced by UK to date, that created confrontation in operating patients and concerns for policymakers. It also liberated the health sector of UK. Four broad problems would result from growth in medical tourism, as follows: decision-making by patients; maintaining safety and quality; economic consequences and maintaining care (Lunt, Mannion and Exworthy, 2003).

Travel agency plays a vital role in the development or promotion of medical tourism. Such agencies provide packages to people who want to travel for medical purpose. Agencies also gave them advice about the available best options for physical treatment. They estimate the total cost including accommodation, travel and treatment. So far we have discussed the economic aspect. There are also social forces which contribute to the medical tourism market. Patients also travel to other states because the procedure which is required is not available in their own country.

Treatment facilities marketed by medical facilitators and medical brokerages have two attributes. First, there have to be a significant gap between the average price of medical treatment at destination country and average price of medical tourist origin country. There have to be the financial justification for the medical tourists to travel after taking in mind the cost of medical treatment, travel, accommodation and all other related expenses. Second, medical tourists who travel for medical treatment do not require the emergency care. Lack of health insurance and expensive health care facility at United States are important market drivers, medical brokerages mostly displays the price schedule and cost comparison charts.

That includes the cost of medical treatment, air travel and accommodation. Advertised prices for medical surgery in India are one-tenth of the price of same surgery at United States. Some medical agencies provide medical travel package to only one country, a more common contemporary marketing strategy, in which agencies provides client with multiple price point and travel option out of which client have to select as per their affordability. In a mid-range package medical agency will be responsible of transferring medical records to the destination hospital, providing accommodation, providing limousine service from airport to medical center and booking a near-by tourist destination trip. Patients searching for least expensive treatment mostly travels to Thailand, Malaysia, India, Indonesia, Philippines and some other countries (Turner, 2007).

COVID-19 has caused general destruction in the whole world. Besides health crises, it has created economic problem, social problems and cultural problems worldwide. Among other industries COVID-19 has affected medical tourism as well. Worldwide Medical tourists travelling have been slowdown as a result of outbreak of COVID-19. Medical tourists were forced to cancel or postpone their trip because of pandemic situation. Travelling abroad or to another region was uncertain and risky. In most of countries states had declared lockdown in COVID-19 pandemic situation and borders were closed. This pandemic situation has affected health care providers, tourism industry and individuals seeking medical facility (Jurkowski and Agbeh, 2020). This study will highlight the effect of COVID-19 on medical tourism industry of Baluchistan.

Number of studies has been conducted to investigate the effect of COVID-19 on different industries in Pakistan, and came up with the conclusion that COVID-19 have negatively affected the industries in Pakistan. Small number of research is conducted yet in Pakistan on the effect of COVID-19 on medical tourism industry; this study will highlight the effect of COVID-19 on medical tourism and the economic effect of medical tourism on Quetta city. Some good research is required on medical tourism at national and provisional level. This study will highlight the economic effect of medical tourism on Baluchistan province. If medical tourism has positive affect more than negative effect than how we can increase the number of medical tourists to Baluchistan, Pakistan.

In developing countries people from rural areas travels to urban cities for the purpose of treatment. As in developing countries, rural areas social infrastructure (health sector) is not developed as compare to urban cities. So people who are well off or can afford to travel to

urban cities usually prefer treatment in urban cities. This study focuses on medical tourists who are coming from outside the country (inbound medical tourism) to Baluchistan, Pakistan and also those who are residents of rural areas and travels to urban cities (Quetta Baluchistan) for the purpose of treatment.

This study has considered two out of three types of medical tourism. Those are inbound medical tourism, outbound medical tourism and intra-bound medical tourism. This study will focus on inbound medical tourism – tourists from other countries travel to Quetta, Baluchistan– and intra-bound tourism – tourists from other cities travel to Quetta, Baluchistan. The reason for choosing the above two types is because this study is about the tourists who travel to Quetta for Medical treatment.

1.1. Who visits Quetta’s hospitals?

International medical tourists who visit Quetta for medical treatment are mostly from Afghanistan and some portion is from Iran, Australia and Canada.² Patients who are coming from Australia and Canada are those who have migrated from Pakistan to those countries. At national level medical tourists from Noshki, Dera Murad Jamali, Mastung, Khuzdar, Kalat, Taftan, Pishin, Zhob, Killa Saifullah, Loralai, Khanozai and Muslim Bagh visits Quetta for medical treatment.

1.2 Statement of the Problem

COVID-19 has caused general disruption in the whole world. Besides health crises, it has created economic problem, social problems and cultural problems worldwide. Among other industries COVID-19 has affected medical tourism as well. Worldwide Medical tourists travelling have been slowdown as a result of outbreak of COVID-19. Medical tourists were forced to cancel or postpone their trip because of pandemic situation. Travelling abroad or to another region was uncertain and risky. In most of countries states had declared lockdown in COVID-19 pandemic situation and borders were closed. This pandemic situation has affected health care providers, tourism industry and individual’s seeking medical facility (Jurkowski and Agbeh, 2020). This study highlights the effect of COVID-19 on medical tourism industry of Baluchistan. That how COVID-19 have affected medical tourism industry in Baluchistan and what possible solutions we have in order to minimize the negative effect of COVID-19 on medical tourism in Baluchistan.

² People who travels to Quetta for medical treatment from Iran, Canada and Australia are those who were basically from Pakistan not the people of Iran, Canada and Australia permanent resident.

This study also analyzes the economic effect of medical tourism on Quetta city. Medical tourism has both positive effects and negative effects. Positive effects include foreign revenue, Economic gain, increase in GDP, betterment in service quality; On the other hand it also has negative effect. Increase in the price of medical services etc. Price of none exportable goods and services are determined by the demand and supply. If demand of medical facility is increased, it will increase the price of medical facility in a country. This increase in the prices is positive sign for the economy but on the other side it affects the local people negatively as they will not be able to afford better medical facility in their hometown. They will receive lesser quality of health care facility. High number of medical tourists to a country means high demand for medical professionals. If supply of medical professionals is low so only those will enjoy facility that will pay high price. In that case local residents will not be able to afford and medical tourist will enjoy medical facility (Anchana & Viroj , 2011)

1.3 Research Problem

Number of studies has been conducted to investigate the effect of COVID-19 on different industries in Pakistan, and came up with the conclusion that COVID-19 have negatively affected the industries in Pakistan, Only few researches are conducted yet in Pakistan on the effect of COVID-19 on medical tourism industry; this study will highlight the effect of COVID-19 on medical tourism and the economic effect of medical tourism on Quetta city. In Pakistan small number of research on medical tourism is conducted, and at provincial level (Baluchistan) researcher haven't found a good research. This study will highlight the economic effect of medical tourism on Baluchistan province. If medical tourism has positive affect more than negative effect than how we can increase the number of medical tourists to Baluchistan, Pakistan.

Based on the narrative of statement of problem as stated in the preceding text, I am narrowing my research problem into “The effect of COVID-19 on medical tourism in Quetta city” and have operationalized my topic into following research questions and objectives.

1.4 Research Objective

Objective of this paper is to analyze the effect of COVID-19 on medical tourism in Quetta, and also the economic effect of medical tourism on the development of Quetta city as well as Tourists' wellbeing.

1.4.1 Specific Objectives

- To assess the effect of COVID-19 on medical tourism in Quetta city?

- To assess the economic effect of medical tourism on Quetta city.
- To assess the wellbeing of medical tourists in Quetta city.
- To suggest policy recommendation on way of making medical tourism sustainable.

1.5 Research Questions

1. How COVID-19 has affected medical tourism in Quetta city?
2. What are the economic effects of medical tourism on Quetta city?
3. How medical tourism affect the wellbeing of medical tourists in Quetta city?
4. How can medical tourism be sustained in Quetta city?

1.6 Significance of Research

The purpose of this research is to identify that how COVID-19 has affected the medical tourism in Quetta and also how medical tourism is economically affecting Quetta city. COVID-19 pandemic has caused general disruption in every industry in the world. To see, that how it has affected the medial tourism industry in Quetta city this study is organized. Medical tourism is new a phenomena and it is one of fastest growing industry worldwide. In Pakistan we haven't found a good research on medical tourism. If we want to develop our industry, more research is required in this field. Among all other dimensions, in this research we will be focusing on economic effect of medical tourism. That how it affects the locals economically and also how it affects the medical tourists' wellbeing. This research will give better policy recommendation as well in order to improve medical tourism in Baluchistan.

1.7 Explanation of Key Terms

COVID-19: COVID-19 also known as corona virus pandemic. CO stands for corona VI stands for virus and D stands for disease.

Medical Tourism: Medical tourism is total number of people traveling from their hometown/country to another city/country for the purpose of treatment.

Inbound Medical Tourism: At country level people travels from one country to another country for the purpose of medical treatment. In this research people from other countries who travel to Baluchistan, Pakistan for the purpose of medical treatment will be considered.

Intra-bound Medical Tourism: Within countries, people travel from one city to another. In this research intra-bound medical tourism refers to those people who travel from rural areas to urban cities (Quetta city) for medical treatment.

Economic Effect: a financial effect of something on situation or person. In this research the economic effect (financial effect) of medical tourism on the residents of Quetta city and on the tourists' wellbeing.

1.8 Units of Data Collection

Data for this research is collected from eight (8) UDC's (unit of data collection). These eight UDC's helped out researcher in order to answer the research questions.

UDC 1: Doctors

This includes the doctors of private hospitals as well as those doctors who offer their services at Government hospital at Quetta.

Data is collected from 9 different private hospital doctors named as Gilani hospital, Nasir hospital, Akram hospital and Sajjid hospital and 6 of public hospital doctors (Civil hospital) of Quetta. Total fifteen (15) doctors are interviewed for the purpose of this research.

UDC 2: Executives of hospitals

This includes those, who are the managing bodies of private hospital, Government hospital and government officials at Quetta. 1 private hospital executive, 1 civil hospital DMS (deputy medical superintendent) and 1 government official. Total three (3) executives are interviewed for the purpose of this research.

UDC 3: Medical store owners

This includes those medical store owners who have their medical store near private or public hospital at Quetta. Total five (5) medical store owners are interviewed for the purpose of this research.

UDC 4: food vendors

This includes those food vendors who sell their food near private hospitals or public hospital at Quetta. Total five (5) food vendors are interviewed for the purpose of this research.

UDC 5: Restaurant owners

This includes those restaurants that have their restaurants near private or public hospital at Quetta. Total five (5) restaurant owners are interviewed for the purpose of this research.

UDC 6: Hotel owners

This includes those hotel owners who have their hotels near private or public hospital at Quetta. Total five (5) hotel owners are interviewed for the purpose of this research.

UDC 7: Transporters

This includes those transports that were near the private and public hospitals Quetta, which includes taxi drivers, rickshaw drivers and ambulance drivers. Total ten (10) transporters are interviewed for the purpose of this research.

UDC 8: Medical tourists

This includes those people who came to Quetta for the purpose of medical treatment. Total ten (10) patients are interviewed for the purpose of this research.

1.9 Organization of study

The rest of study is organized as follows. In chapter 1 of this study, the background and introduction of the study are discussed along with the statement of the problem, research problem, research objective, research questions, explanation of key terms and units of data collection will be discussed. Chapter 2 will include the review of empirical literature; all the relevant and recent literature will be analytically assessed. Chapter 3 provides insight into the methodology of the study, highlighting research strategy, research design, method of data collection, sampling techniques, interview and transcription analysis. Chapter 4 includes data analysis and discussion, Chapter 5 consists of conclusion and recommendation. In last bibliography and appendix of the study is present.

Chapter 2

LITERATURE REVIEW

In the last few decades the medical tourism industry has groomed tremendously, now the health care facility is a global industry (D Horowitz, Rosensweig and Jones, 2007). With the liberalization of trade new opportunities as well as challenges have been created in health care sector, especially in middle income countries and low income countries to provide efficient and effective healthcare services. (Siddiqi, Shennawy, Mirza, Drager and Sabri, 2010)

Individuals are searching ways to attain affordable health care. Media report documents the travel of medical tourists. Who is leaving United States for medical treatment to India, Mexico, Thailand and Singapore (Arellano, 2007). Some patients use the internet source to find doctors and hospitals advertising low cost medical treatment. Since organizing health care in country is quite tough job, as it requires airline tickets, finding suitable qualified and experience physician and appropriate medical facility, reserving hotels, negotiating prices and transferring medical records. In order to fill this gap between patient and caregiver, medical tourism industries, medical travel agents and medical brokerages are emerging. These agencies link the medical treatment seeker and the caregiver.

In developing countries access to health facility is already not equal. We have seen inequality in rural and urban areas. Rural areas of country are already facing problem to attain better health facility at hometown. Medical tourism is urban biased which attracts the health professionals to urban areas which worsen the condition of health sector in rural areas. Medical tourism is a compliment but also a challenge to national health care (Connell J. , 2011).

In developing countries healthcare is among the fastest growing industry, especially the Asian market that include Singapore, Thailand and India. Unfortunately small number of researches has been conducted about the potential of Pakistan in the field of medical tourism in Asian market. Pakistan is still remained as untapped market because of the issues related to the security. Pakistan can improve its medical tourism industry by providing security to the medical tourists; reduce the brain drain and support of government in accreditation (Kabani, 2015).

COVID-19 have affected the tourism industry worldwide (Ugur & Akbıyık, 2020) study was conducted in turkey with the Aim to present the reaction of travelers at the time of pandemic, text mining technique was adopted in the research from 30 December2019 till March 15,2020. Data was collected from trip advisory which consist of 75000 messages and 23,515 cases from US, Europe and Asia forums have been analyzed. Come up with the conclusion that tourism industry has easily been affected by pandemic. When the news spread around the globe that was the same day when travelers cancelled their trips or postponed them. Study also revealed that through in-depth analysis study have uncovered several topics. Due to travel cancellation travelers got the benefit from travel insurance and refunded their amount.

COVID-19 have affected the admission of hospitals (Birkmeyer, Barnato, Birkmeyer, Bessler, and Skinner, 2020) in this study cases other than COVID-19 were focused. Approximately 1 million medical admissions were collected from a big nationality representative hospitalist group. It was found that the medical admissions fell drastically with the spread of COVID-19 in both March and April, 2020. Only 6 percent of acute medical admissions were sent to the sound physicians. There was a decline in the admissions nationwide; these were decreased by 0.7 million in 2020 as compared to April 2019 in United State. The reason behind this decline was that the patients started avoiding hospital care as they are afraid of the COVID-19. The strict government policies also resulted in this decrease. The non-COVID-19 admissions fell by 39.5 percent, this is the rate of the hospitals that experiencing the minimal COVID-19 impacts while the hospital exposed to higher impacts have faced 50% decline in the admissions as compared to 2019. Furthermore, this is highlighted that in a period of April the admissions varied moderately by the terms of demographic factors (Birkmeyer, Barnato, Birkmeyer, Bessler, and Skinner, 2020)

COVID-19 affected almost all the world and became a threat for the humanity. One of the major factors is the rights of individuals to participate in Hospitality and tourism has also been affected (Baum & Thanh Hai, 2020). This impact was analyzed through current events on the basis of human rights interpretation. The major concern was the "real time" analysis of the effect of COVID-19 pandemic on the participation rights for tourism and hospitality. The study mainly focuses geographically on the parts of Asia, Europe and North America and concludes that the pandemic has affected the participation rights of tourism and hospitality in the regions.

The challenging factor of the COVID-19 Pandemic is that the world has to face the pandemic without any vaccination and proper medical capacity and ability to treat it. The travel restrictions around the globe and isolation to prevent the spread of the disease have affected the overall economy (Gössling, Scott & Hall, 2020). The international bans on tourism and gatherings have affected almost 90% of the world population. The study compares the pandemic to the previous pandemics and epidemics and concludes that none of the previous diseases had such severe impact. It shows that there is a need of researches that whether people should return to the normal routine, businesses as usual or the restrictions would be needed in longer-term. And if the long term restrictions on travel and tourism was needed than what would be the future of the workers and employment associated to the field.

Medical tourism do have effect on the economy health service and medical cost (Anchana & Viroj , 2011) Data collection method which they used was in-depth interviews and focus group discussion (FGD) with the executives of hospital and concerned authorities. They found that medical tourism contributes 0.4% of Gross domestic product (GDP) of Thailand. Health sector because of medical tourism is facing high shortage of medical staff. It is attracting people from public as well as from private sector to participate in health sector. That makes private hospital treatment more expensive. Concluded with the statement, that medical tourism has both positive and negative effects. If policies regarding tourists arrival is revised, tax the tourists coming just for treatment will give Thailand more economic profit.

Several factors play role in the expansion of medical tourism. Few factors which plays major role in expansion of medical tourism are high quality facilities, cost effective and English speaking capability of medical professionals (Gupta, 2008). Cost of medical facility is around 10 to 20 times lower in India. In Britain open heart surgery costs 70,000 dollars and in US (United States) it costs around 150,000 dollars but in India it costs from \$3000 to \$10,000. Same is the case in knee surgery, eye surgery, dental surgery, and cosmetic surgeries. In India, travel agents offer package deals to the medical tourist that includes flight tickets, hotel and treatment. This study also highlights two more factors that include hospital chain in India and government promotion of medical tourism as part of public policy.

In most of the countries the medical tourism in increasing rapidly, that is because of the availability of skilled labors in medical tourism industry. Another reason for rapid growth in the medical tourism is ease of travel, with the globalization there has been ease in the travel from one country to another (Carrera and Bridges, 2006). Factor that drives medical tourism

is the convenience of internet using. Internet is used by the individuals in order to gather information about the medical facilities at other countries with economical cost (Henderson, 2004). With the emergence of cheap air travel and low cost telecommunication medical tourism industry have showed a rapid growth, and these factors are playing a major role in the feasibility of medical tourism (Turner, 2007) this cheap air travel and low cost telecommunication is a result of globalization. Because of globalization the number of medical tourists who leave their country and avail medical treatment at another country is increased, in search of dental surgery, cardiac surgery, orthopedic surgery and other medical treatments. Reduction in the health care facility by states will increase the out-bound medical tourism, as individuals will be looking for an affordable medical care in the global market.

Medical tourism industry is created, that advises the patients about appropriate facility available in other countries. Medical agencies handle all the arrangements of travel, transferring medical reports to the concern hospitals and arranging teleconference with physician. With the growth of medical tourism, the joint commission (formerly the joint commission on accreditation of health care organization) initiated the joint commission international (ICJ) to certify hospitals worldwide. Medical tourism benefits uninsured individuals, underinsured individuals and private entities. Stopping patients from traveling to another country for medical treatment are because of the legal remedies in those countries where patient will get medical treatment and the possibility that traveling will risk the life of patient. For instance, lengthy air travel where patient is at same position for couple of hours may cause embolism. If the trend of medical tourism continues, so credentialing, continuing education and certification service is required for the safety of patient (York, 2008).

Study was conducted in Bangladesh that highlighted the notions behind Bangladeshi patients travelling to foreign countries for medical treatment. Research also recommends the bases to develop medical tourism sector to serve abroad patients. For the purpose of that research both primary and secondary data was collected through questionnaires and from books, journals and reports. Notions that study found includes, Provision of poor quality health services, Weak marketing strategy, Lack of information regarding service provision in local hospitals, Quality evaluation of physicians and nursing care, Recommending unnecessary diagnostic tests, Supply and trade of healthcare services, Overpriced and low capacity of quality hospitals. All these are obstacles for both local and foreign patients utilizing healthcare services in Bangladesh (Mamun and Andaleeb, 2013). Study recommended that quality of health care services to be ameliorated, services to be provided with effective diagnostic tests

and proper treatment. Doctors should be highly educated, skilled and effective in communication with patients. All processes including diagnosing at the lab and treatment must be conducted within the short and effective time. Maintenance of hospitals has vital role including cleanliness and skilled staff.

Demand and supply factors play a vital role in medical tourism industry. Demand factors are those factors which attracts the medical tourist to the destination country for the purpose of medical treatment. One of the major Demand factors is the cost of medical treatment at destination country. If the cost is low at destination country compare to origin country so more international patients will be willing to go for treatment at that country (L. Gan & Frederick) (Heung , Kucukusta & Song, 2010) another major factor is the quality of services available at host country compare to the origin country. If the quality of medical treatment is better in the host country, more medical tourists will be willing to visit that country in order to get better medical facility (Glinos, Baeten, Helble & Maarse, 2010).

Service quality is a key driver of medical tourism (Veerasoontorn, Zee, Sivayathorn, January 2011) study analyzes that, increase in medical tourism is because of service quality. Cost factor attracts the patients for single time. In case of Thailand service quality plays major role. Patient centered behavior, doctor and nurses' interaction and bonding with the patients increases the return visits of patients.

Geographical location also affects the medical tourist destination choice. Nearest the place to their city or village they will prefer (Adams & Wright, 1991).Same is the case of international tourists, they will prefer the nearest country to visit for medical treatment as their cost will be low as well as the culture of destination country is somehow known to them. Cultural distance has the effect on the medical tourism. If there is a huge difference in culture of medical tourist own country and the culture of that destination country where the patient will get medical treatment, so the medical tourist may not go there for medical treatment. Choice of destination is dependent on the cultural difference (Esiyok, Çakar & Kurtulmuşoğlu, 2016).

In recent time China has attracted medical tourist, mostly from the geographically closed countries and from cultural familiar countries such as Hong Kong and Taiwan (Houyuan, 1998). Same like India attracts medical tourists from the nearby countries such as Bangladesh, Sri Lanka, and Nepal. As these countries have almost same customs as of India (Gupta, Goldar & Mitra, 1998)

Loyalty factor do play role in medical tourism (Mechinda, Serirat, Rajabhat, Anuwichanont and Gulid, January 2010). This Study explores the loyalty factor role, in medical tourism. For this purpose of study, sample was collected from Pattaya, Thailand. Study concludes that loyalty towards medical tourism comes from satisfaction, destination familiarity, trust, destination image and perceived values. Study explores loyalty of tourists who are hospital tourists and clinic tourists. Study concluded that trust factor is important for the hospitals tourists and satisfaction factor is most for the clinic tourists.

Perception of service quality is also a major factor which affects medical tourist's decision about medical tourism destination (Lertwannawit and Gulid, 2011) in Thailand study was conducted. In that study quantitative approach was used in order to analyze this factor, for which they took a data of 400 international tourists and Study concludes that Satisfaction, trust, service quality and value plays an important role in loyalty of medical tourist. These factors have significantly positive impact on medical tourists

Study conducted in Bangladesh (Ali, 2012) in which the author highlighted that Bangladesh is a country which least developed and its health care industry is also not developed. Key factors which author highlighted in the research which causes health care industry underdeveloped is inefficient human resources, corruption in the health sector and lack of human capital. These are the factors which compel people to travel another country for to get better health facility. As per research people travel to another country because of high cost of medical treatment, low quality service and treatment at home country is not satisfactory. On another hand, in developed countries health sector is more developed compare to Bangladesh. New technologies are adopted in developed countries their service quality is better, decrease in transportation cost because of technology and marketing strategies adopted by the developed countries plays role in expansion of medical tourism from Bangladesh to another Countries.

With the positive aspects of medical tourism it also has the negative aspects as well which need to be highlighted. In most part of the world medical treatment at other countries are not compensated by the insurance sector, patients have to pay for their medical treatment out of their own pocket, that effects the well-being of medical tourists. Another negative aspect of medical tourism is inadequate follow-up care. As medical tourists cannot stay at the host country for a long period of time, they stay there for few days or a week and then return to their home country. If they have any complication after their treatment or side effects they

will face the dilemma. Furthermore, if any complication or side effect occurs, so the most of the developing countries where people mostly travels for medical treatment have very poor malpractice laws (Hume and Demicco, 2012). Surgical procedures do have risk involve of complication or side effect even if the surgery is performed at highly accredited hospitals with a highly qualified and experience doctors (Marlowe and Sullivan, 2007).

Although medical tourism industry is an opportunity for the developing countries in the form of economic gain but it can be disadvantageous for the health sector of that medical tourism destination. If the medical tourism industry grows sufficiently then the physical and socio-psychological well-being of locals will be affected negatively (Burkett, 2013). Another negative effect of medical tourism growth is that, when the medical tourism is increased so people will shift from other sectors of the economy to medical tourism industry. Increase in the number of medical tourism may increase the cost of medical treatment, that increase may not affect the medical tourists as for them the medical facility is still economical as compare to their own country but it will affect the local population negatively, as they will not be able to attain medical treatment at their host country because of increase in the cost of medical treatment.

From the last several years there is a substantial increase in the numbers of medical tourists, which are going to other places for the medical facilities. But it had seen that there is partial availability of resources for those who seek medical treatment in other parts of the world. Looking forward to industrial structure, there is no international regulation or standards exists safeguarding patients who travel. Study examined different patients who seek to have medical facilities are only provided by private sectors. It is quite important for policy makers to check on to the negative effects and maximize as much positive effects of patients traveling for treatment. A case study of UK shows a very highlighting issue for the patients who reach back to their country including especially risks of medical treatment. It is needed for the policy makers to provide as structure like WHO, who is responsible for safeguarding the basic needs of patients. There is a rigid structural reforms needed in medical sector to help those who seek health treatment, so it will give comfort and a way of satisfaction to avail such facilities (Hanefeld and Smith).

With the proliferation of medical tourism industry, now hospital executives and government leaders are partnering the globally recognized universities in the establishment of medical schools, clinics, medical facility and continuing medical education programs. Duke

University, for example, will receive \$350 million to create a medical school from the Singapore government (Wagner, Dullaart, Bock and Zweck, 2006). Harvard medical international and Mayo clinic are partners in Dubai health care city. Cornell University's Weill Cornell Medical College has medical school in Qatar. Wockhardt hospital in India is associate hospital of Harvard medical international. Johns Hopkins medicine international is affiliated with Apollo hospital incorporated in India. Johns Hopkins Singapore international medical center is providing medical care to cancer patients in Singapore. Medical University of Bahrain and RCSI Dubai is run by Royal college of Surgeons Ireland. These famous brand names are used by the medical agencies in marketing and advertising medical tourism. This advertising also helps the hospitals and academic institutions in the United Kingdom, Australia and United States to gain access to health care market.

Executives of hospitals have learned that how the profit can be generated from medical tourists, and they have learned it from the American hospitals. Executives learned that by providing high level medical facility and customer services they will get more benefits from medical tourism. As the medical tourists can be charged more in comparison with local patients, as long as the prices are lower than the prices charged at their host country or receive medical care which they will not get in their origin country. Attentive patient care, comprehensive diagnosis test, luxurious rooms and standard room service can be a tool to attract medical tourists (Turner, 2007).

In this 21st century medical tourism has been increased significantly, specially in Asia and Central America. Islands have sought the way towards the economic diversification. Large number of Caribbean states has now begun to develop their medical tourism industry. Different strategies have been adopted to develop medical tourism industry, as it is a source of foreign exchange and employment generation (Connell, 2013).

As medical tourism industry is growing rapidly worldwide so many countries are planning to get more gain from this industry, they are planning practically and legally for the betterment of this sector. Most of the developing countries are now trying to offer state-of-the-art medical services and facilities to medical tourists from other countries. In this global village international trade of medical services will help countries to get more economic gain (Bookman and Bookman, 2007). Investment in the medical tourism industry will increase the GDP (gross domestic product) of the country; it will improve the services of medical

treatment. It will also generate the foreign exchange and will increase the medical tourism (Arellano, 2007)

Study was conducted in Taiwan with the aim to analyse the policy of medical tourism. Come up with the conclusion that, The Taiwan medical policy is an initiative that will promote medical tourism for the wide range of professional medical services and would also enhance the image of the country, immigration Visa, air transport, language and information technology. Taiwan is now not only known for its technology, but it is also providing best medical facilities for the international medical tourist, even Chinese acknowledged the hard work of Taiwan. A recent economic framework agreement (CEFA) between China and Taiwan would not only enhance trade but it will also provide a great economic structure to medical sector from the help of tourism. (Liu, 2012).

In most of the cases, Researchers perceive that policy and investigating medical tourism are interlinked. Therefore researchers endeavour to evaluate policy importance in medical tourism through analysing secondary data, And to identify importance of policy-making contribution in medical tourism. In a study of (Virani, Wellstead and Howlett, 2002) Policy related publications on medical tourism were highlighted by using Boolean search of the web of science. VOS-viewers software is use for examining data. The finding in this research shows that a tiny percentage of medical tourism research openly tackles policy concerns.

Study was conducted in Iran with the aim to analyze the issues and challenges to medical industry in Iran. Through diamond analysis study analyzed medical tourism cluster. In which professionals and researchers of this field were interviewed. Study found that there are strategic issues in medical tourism industry. Public as well as private participation is needed in order to improve medical tourism industry, aggressive marketing is required in this field, Iran needs to improve its infrastructure and international accreditation of health facilities and human resources development can improve the medical tourism industry of Iran (Jabbari, Delgoshaei, Mardani & Tabibi, 2012).

For the past 15 years, medical tourism has grown in popularity, and formulating the best medical tourism policy has been very difficult (Juni and Manaf, 2018). Study was conducted that compares and contrasts health policies related to medical tourism in three developing countries: India, Thailand, and Turkey. The health policy triangle is used to better understand the policy under consideration in India, Thailand, and Turkey, a scoping review of medical tourism policy frameworks and their implications was conducted. Public and journal search

engines were used for the primary search. Articles were screened for relevant titles and abstracts, and then the full texts were examined in detail using defined inclusion and exclusion criteria. As a result of the analysis, these countries have developed policy plans to address the ever-growing medical tourism industry. The actors wanted the policies to have an impact on the local, national, regional, and international levels during the formulation process. One of the major factors driving India, Thailand, and Turkey to actively promote media literacy is economic motivation. In terms of problem definition, policy formulation, and policy implementation, Thailand, Turkey, and India have well-developed medical tourism policy processes. However, there is no appropriate platform to evaluate in order to identify the effectiveness and flaws in a health policy cycle's various stages. These policies have increased national income, but they haven't always added value (Juni and Manaf, 2018).

In order to overcome the economic disadvantage caused by pandemic in tourism industry, contingency planning is required (Yeh, 2020). Therefore, carefully considered and planned TCDM (Tourism crisis and Disaster Management) is necessary to alleviate impact of pandemic and help post crisis recovery. Three key elements for successful TCDM were discussed in research: temperance, prioritizing task and restraining misinformation. Qualitative research method was used to examine the TCDM during COVID-19 in Taiwan in 2020. Interviews with appropriate policymakers and experts were conducted, interviews were compiled in excel and analyzed by the SPSS modeling software which provides a qualitative analysis of the data and it also allows researcher to establish and understand the data in order to acquire convenient results. Study concludes that Government sponsored loans are important to post crisis recovery for tourism industry, and open communication is significantly effective to tackle the pandemic.

Reforms in health sector can attract tourists from other countries (Cohen, 2008). Research highlighted the factors that play a vital role in the development of medical tourism are increase in foreign demand for medical tourism that is because they offer high quality service at low cost, they offer readily accessible medical service means that no long waiting list. Study also focuses on major sociological factor which make them enable to develop their health sector commodification of Thai medicine. Thailand increased and better foreign oriented medical services. Foreign style hospitals, they combine hospitality services and medical service for foreign patients.

Medical tourism is an emerging sector in many developing and developed countries with India, Singapore and Thailand comprising 90% of medical tourism of the world. Citizens of developing and developed countries travel to India and Singapore for medical treatment surgeries. Reasons people travel to these countries include short waiting period, low-cost medical surgeries, privacy confidentiality and non-availability of certain surgical procedures in traveller's home countries. Despite the fact that medical tourism is increasing in these countries day by day, certain policies on national and international level have to be taken care of. Singapore has well-managed the medical tourism sector by keeping a balance between private and public health care system. Local patient receives best medical treatment alongside international patient irrespective of their financial status both patients have been charged equally. Singapore took some other steps as well, that includes, better insurance plans and marketing of medical promotion. Moreover, Singapore also meet economic needs of the nation such as, attracting FDI (foreign direct investment), increasing revenue for an exchange and more employment opportunities in the two sectors that is medical and tourism. India's view of medical tourism having trickle-down effect might be agreeable but the gape has to be narrowed down as private sector hospital receive subsidy (Medhekar, 2014).

Research Gap

Medical tourism is new a phenomena and it is one of fastest growing industry worldwide.in current time COVID-19 pandemic have caused general disruption worldwide.it has affected every industry in the world. In Pakistan we haven't found a good research on the effect of COVID-19 on medical tourism. If we want to develop our medical tourism industry, more research is required in this field. Among all other dimensions in this research we will be focusing on how COVID-19 has affected medical tourism in Quetta, and also the economic effect of medical tourism on Quetta city. That how it affects the locals economically and also how it affects the medical tourists' wellbeing.

2.1 Discussion/Conceptual Framework

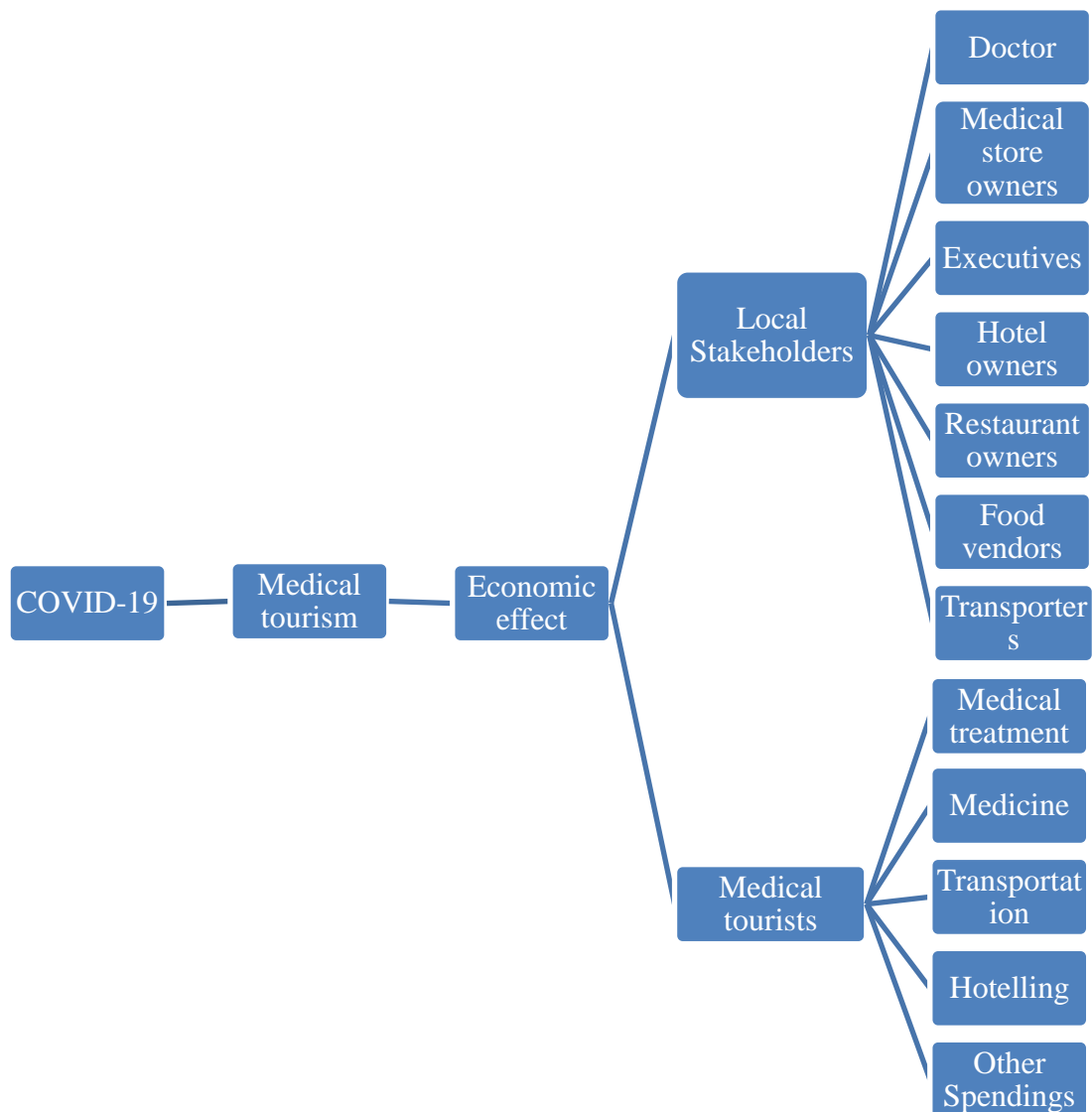


Figure 2. 1: Conceptual Framework

As Figure 2.1 shows, this study will focus that how COVID-19 has affected medical tourism. After that, study also focuses on the economic effect of medical tourism on local stakeholders and medical tourist. Economic effect of medical tourism on Local stakeholders through their earnings, and economic effect of medical tourism on medical tourists through their expenditures.

The reason behind selecting these variables is that, these variables will help in analyzing that how COVID-19 has affected medical tourism and what is the economic effect of medical tourism in Quetta city. Medical tourism refers to total number of people traveling from their

hometown/country to another place for the purpose of Medical treatment. This research study is about the medical tourists who belong to rural areas of Baluchistan and travel to Quetta city for the purpose of medical treatment and also international medical tourists who come to Baluchistan for medical treatment. This leads to an economic effect on the local economy of Quetta city. Local economy's stakeholders include doctors, medical store owners, food stall owners, hotel owners and transporters. The second part of this conceptual framework is meant to assess the wellbeing of the tourist. The wellbeing of tourists is measured with the expenses that tourists make.

Chapter 3

METHODS AND METHODOLOGY

3.1 Research Methodology

Methodology is the combination of two words, method and logy, first term method is about the technique of the research and second term logy means study, Methodology is the technique and methods which we use in the research process. Research methodology is a process or systematic way through which we try to solve the problem.in another words we can say that is the science of studying that how research is scientifically conducted. It includes data collection; data analysis and research design (C.R.Kothari, 2004). Research questions are systematic inquiry in order to answer and gave the solution of research questions.

3.2 Research strategy

This study uses qualitative research technique – in-depth interviews. In this technique we study targeted population or place on the basis of convenience sampling.

3.3 Research Design

This study is designed to analyze the effect of COVID-19 on medical tourism in Quetta, Baluchistan and also the effect of medical tourism on Quetta city is analyzed. This research is explanatory in nature. Main purpose of explanatory research is to explain why events occur to build, elaborate, extend or test theory. It is a research design in which we focus more on the explanation of our study in a detailed manner.

3.4 Method of Data Collection

Data which is used in the research is primary data. in this research data is collected through semi- structured interviews and participant observation.

3.5 Interview:

Interview is the method in which we collect data from people, in other words it is a simple collect data through person-to-person interaction with a specific motive is called interview (Kumar, 2011).

3.5.1 Interview guide

In order to collect data researcher needs interview guide, it is the helping hand of researcher consist of open ended questions. Interview guide helps researcher to strict to the research objective and also help it out to end interview on time.

3.6 Pilot Study

To build a better idea of validity of research questions in the context of medical tourism I conducted pilot study. A pilot study was conducted almost a year and a half.in this time period I have visited different doctors to as they are the key informants. As I have doctors in relatives so discussing with them about medical tourism, it become easy for me to conduct my research.

English, Pashto, Urdu and Balochi language is used for the collection of data. As most of population in Baluchistan is unable to speak Urdu and English frequently or understand Urdu and English. International tourists who were interviewed were mostly from Afghanistan and they were only able to speak Pashto.

3.7 Sampling

3.7.1 Sample Size

Based on the conceptual framework and standard sample size for qualitative research, Sample size of this research is fifty eight (58), (increase in the number of sample size is because, data is collected from different sample groups, including Doctors (15), locals (33) and medical tourists (10), (Vasileiou, Barnett, Thorpe and Young, 2018) states that a minimum of 12 respondents are required for a qualitative study but the study's results can be improved if the sample size goes beyond 30.Purposive sampling technique is used while selecting hospitals for data collection. Data is collected from four private hospitals, named as , Gilani hospital, Al-Nasir hospital, Akram hospital and Sajjid hospital and 1 public hospital (Civil hospital) of Quetta, Reason behind selecting these hospitals are that these five hospitals are most populated and famous hospitals in Quetta Baluchistan. The capacity of hospital in a shape of number of doctor is comparatively higher than other hospitals of Quetta. Data is collected from patients (those from rural Baluchistan and from other countries) and stake holders (Doctors, executives of hospitals, medical store owners, street vendors, restaurant owners, hotel owners and transporters) of local economy.

3.8 Locale of study

This research study is conducted in Quetta, Baluchistan Pakistan. Quetta is the capital of Baluchistan Pakistan. Baluchistan is one of the provinces among the four provinces of Pakistan. Geographically Baluchistan is the largest province of Pakistan; it covers 43 percent of total territory of Pakistan. The total area of the Baluchistan province is 347,190 km². Graphically it is located at the eastern edge of the Iranian plateau. Population of Baluchistan is 6 percent of total population of country. As per last census Baluchistan population is 12.34 million. Administratively Baluchistan is divided into eight divisions and 35 districts.

Quetta is known as the "Fruit Garden of Pakistan," as there are numerous fruit orchards in and around it, and the large variety of fruits and dried fruit products are produced in Quetta district. According to the last census, Quetta is the tenth-largest city of Pakistan. With the population of 1.001 million



Figure 3. 1: Quetta

(Source: Google Maps).

3.9 Health care status of Pakistan

Ministry of national health services regulation and coordination is federal department that harmonize the healthcare efforts in the country. On the other hand provincial health department is dealing with the health related matters in their provinces.

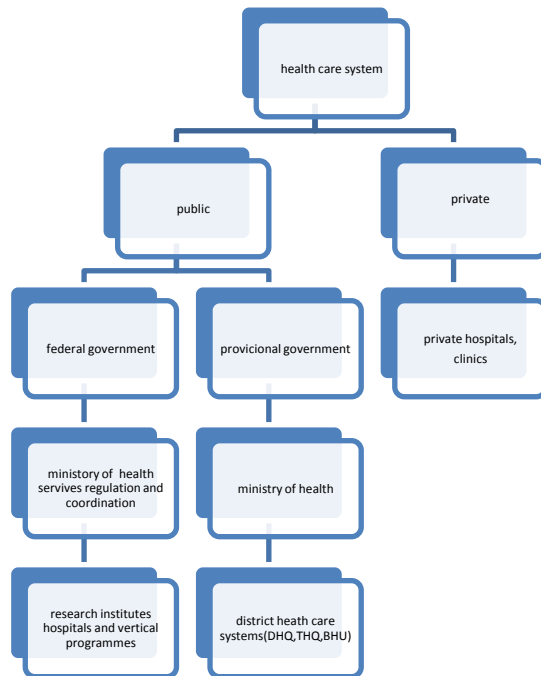


Figure 3.2: Health Care Status of Pakistan

Source: (Minas, Saeed, Chishty, Ali, 2019)

Private sector is playing a vital role in the medical tourism industry in Balochistan. As it is more developed compare to the public hospital .in order to get more benefits, in the form of economic gain private sector needs to be strengthened.

Table 3. 1 Unit of data collection

Unit of Data Collection	Sample size	Data collection Technique
Doctors	15	Interview
Medical store owners	5	Interview
Executives	3	Interview
Hotel owners	5	Interview
Food vendors	5	Interview
Transporters	10	Interview
Restaurant owners	5	Interview
Patients	10	Interview
Total respondents	58	

For the purpose of this research total fifty eight interviews taken. Out of those fifteen (15) respondents were doctors of private and public hospitals of Quetta, five (5) medical store owners were interviewed, three (3) executives were interviewed out of that one executive of private hospital, one DMS (deputy medical superintendent) of public hospital and one government official was interviewed. Data collected from Executives do not overlap the data collected from doctors. As in Quetta's private hospitals no centralized system is present so data from both Executive and from Doctor was necessary. Five (5) hotel owners were interviewed, five(5) food vendors were interviewed, ten(10) transporters were interviewed, five(5) restaurant owners were interviewed and ten(10) patients(medical tourists) were interviewed.

3.7.1 Sample Design.

Multistage sampling technique is used in this research. Firstly, Purposive sampling technique is used while selecting hospitals for data collection, as these hospitals are most populated hospitals of Quetta. Secondly, Convenience sampling design is used in this research for data collection, based on the availability of the respondents. It is a sampling design which is a type of non-probability sampling. This sample is drawn from that part of population which is convenient for researcher.

3.8 Transcription and analysis

At the time of data collection researcher has done audio recording of respondents with their approval and made hand notes, than researcher Transcribed the interviews. Interviews were taken in 4 different languages (English, Pashto, Urdu and Balochi). After writing interviews of all respondents than researcher started analyzing data. Data was analyzed by the researcher by dividing them into themes and sub themes as per the nature of issue.

Chapter 4

DATA ANALYSIS AND DISCUSSION

4.1 Data Analysis and Thematic Discussion

This chapter is divided into different themes to discuss the main findings of the research and each theme is in accordance with the research objective and research questions. The analysis includes four themes that are based on the objectives of the study and the questionnaire presented for the study. The initial stage explains that the effect of COVID-19 on medical tourism in Quetta city, while the second theme explain and identify the economic effect of medical tourism on Quetta city, whereas the third stage presents, medical tourism effect on the wellbeing of medical tourists in Quetta city. The fourth and final stage is on discussion of the policy recommendation on way of making medical tourism sustainable in Quetta city. Most of the data collected during fieldwork was overlapping, so the common problems and issues are discussed collectively in this chapter.

4.2 COVID-19 effect on medical tourism

As per all respondents COVID-19 has affected medical tourism negatively. One respondent stated that *” log corona kay time pay doosray mulk say or balochistan kay baqi ilako say nae atay thay* “as people were not visiting Quetta for medical treatment. At that time Government had announced lockdown and physical mobility from one district to another was not allowed, because of that medical tourists were not coming to Quetta.

COVID-19 effected every industry in the world but it has affected tourism industry (medical tourism industry comes in it) the most among other industries of the world.as Pakistan is among the developing industries of the world. So improvement in medical tourism industry can play a vital role in the development of the country. In Quetta city large number of medical tourists comes for medical treatment. That includes medical tourists from other countries as well as medical tourists from other regions of Baluchistan.

As per respondent Large portion of international tourists comes from Afghanistan, and some medical tourists are from Iran, Australia and Canada. Patients who are coming from Australia and Canada are those who have migrated to those countries, their origin country was Pakistan, when they visit Pakistan to visit their relatives so they also take medical treatment at Quetta’s hospitals. In Quetta’s private hospitals, around 75 percent patients are from other regions of Baluchistan or from neighbor country Afghanistan.

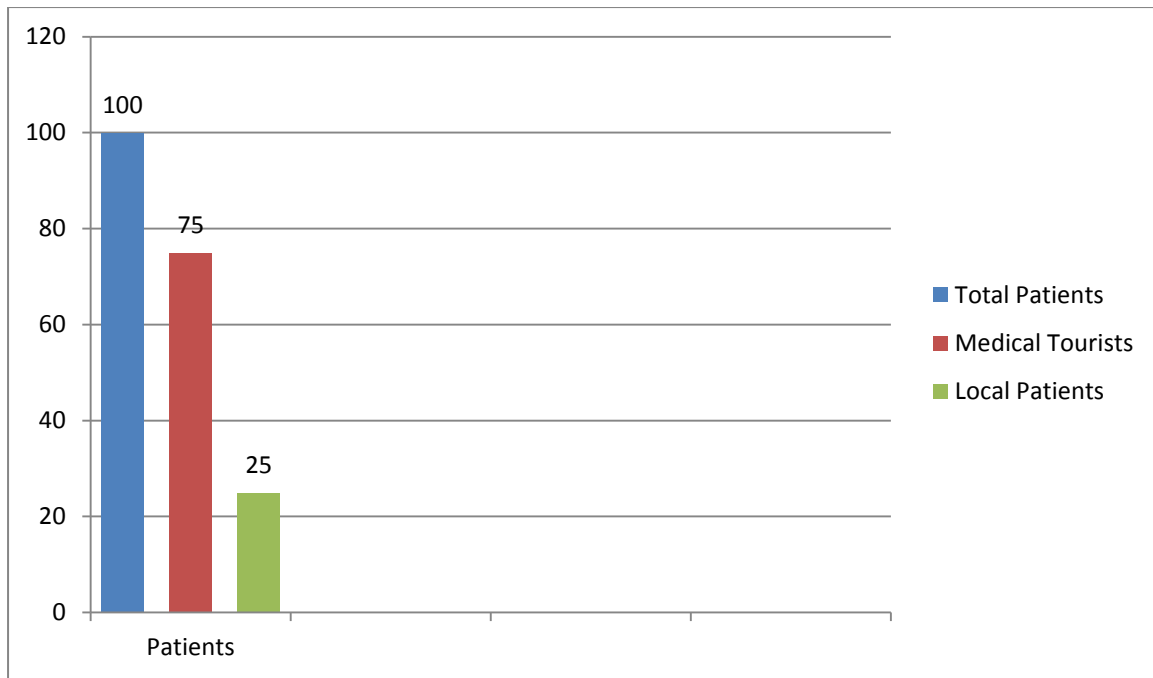


Figure 4. 1:Patients at Quetta’s private hospitals

Figure 4.1 shows that, at private hospitals out of 100 patients around 75 patients are medical tourists and rest of 25 percent patients are residents of Quetta city.

As per local stakeholder, even after the COVID-19 Layer, the amount of medical tourists has been decreased due to effect caused by the COVID-19. Reason behind this decrease was answered by the medical tourists, medical tourist state that now they cannot afford to visit Quetta city for the purpose of medical treatment as they do not have sufficient amount to take better medical facility at private hospitals of Quetta. Pre COVID-19 scenario was not the same as it is today. Before COVID-19 large number of medical tourists were visiting Quetta city for medical treatment. When the COVID-19 was declared pandemic the number of medical tourists decrease at a very large number. As government of Pakistan declared lockdown in the country, so patients from other countries were not allowed to enter Pakistan and patients from other regions of Baluchistan were discouraged to visit Quetta for medical treatment.

As per respondent, during COVID-19 pandemic patients stopped visiting hospitals for their medical treatment. They were afraid of COVID-19. One of the main reason stated by respondent (doctor) was, that bloggers and rumors showed negative image of hospitals and doctors on the social media. As bloggers were showing that if at the time of COVID-19 a person visits the hospital, the staff or doctor will inject the poison into their body and they

will die. Till now these blogs are rotating in the social media. Because of which patients were showing resistance to visit hospitals. Another reason in decreasing rate of medical tourism in Quetta city was the lockdown in Pakistan. As the borders were closed so no international medical tourist was allowed to enter in Pakistan. At national level movement from one district to another district was prohibited which also caused decrease in medical tourism.

4.1.1 Economic effect of medical tourism on Quetta city

4.1.1.1 Financial capital of locals

In current time locals of Quetta who are related to the field of medical industry are not able to earn sufficient amount. As per respondent, their earning has been affected negatively. Before COVID-19 pandemic locals were able to earn sufficient amount in order to fulfill their necessities and were able to save some amount. They were not having any debt on them. But now their saving has been reached to zero and they have debt which they have to pay as at the time of lockdown their earnings were zero while they were having expenditures, because of which they had borrowed money from their friends and relatives which they have to pay now. Overall earnings of local stake holders have been decreased.

4.1.1.1.1 Local stakeholder

a. Doctors

Study found that Earnings of doctors have been slightly decreased. As number of patients from other countries or other periphery areas of Baluchistan have been decreased. As per respondent before pandemic on average they were treating 25 to 30 patients at private hospitals out of which on average 20 to 22 patients were medical tourists. Now doctors at private hospitals are treating 20 to 25 patients per day, out of that on average 10 to 12 patients are medical tourists and rest of them are residents of Quetta. Increase in the number of Local patients at Quetta's hospital is because of decrease in the earning of Locals. COVID-19 has affected their earnings. Before pandemic residents of Quetta, who were well-off and were able to earn sufficient amount used to prefer treatment at large cities of Pakistan like Karachi, Multan and Lahore, but now after decrease in the earnings of locals they are taking medical facility at Quetta's private hospital. Total number of patients is slightly decreased but the number of medical tourists has been decreased around 50%.

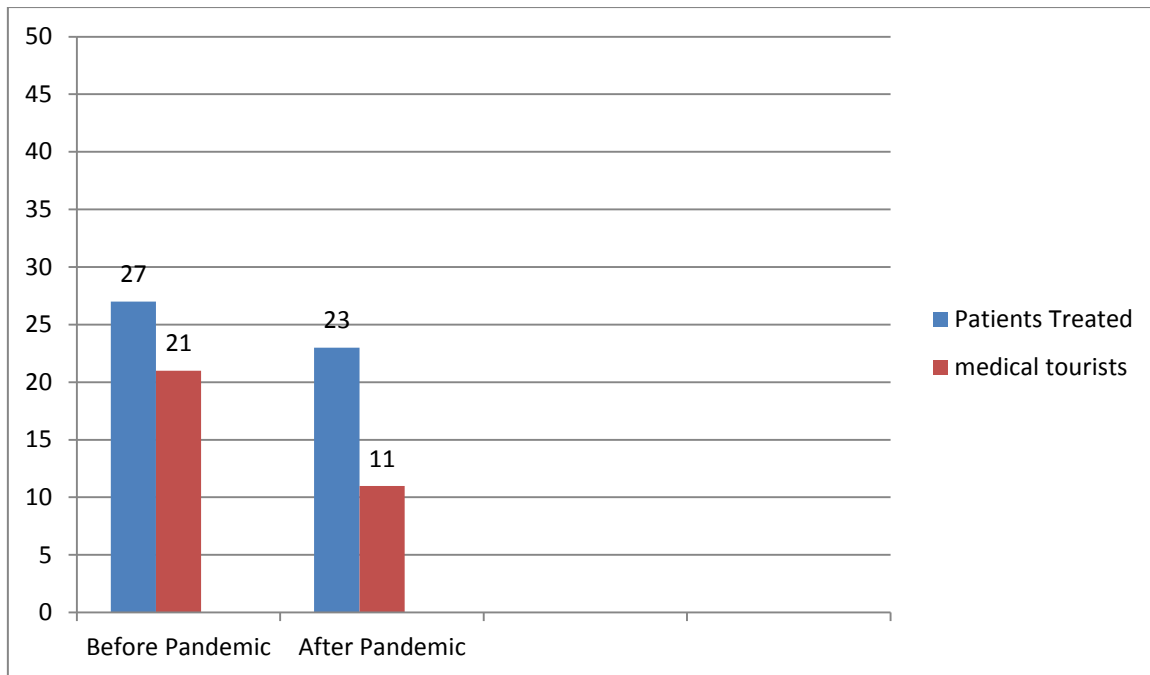


Figure 4. 2: Patients treated by doctor

Figure 4.2 shows that, before pandemic on average doctors of private hospitals were treating total 27 patients out of that 21 patients were medical tourists. But after COVID-19 pandemic there is decrease in the number of total patients treated by the doctors of private hospitals. After pandemic on average total 23 patients are treated and out of that 11 patients are medical tourists and rest of 12 patients are local residents of Quetta city. Medical tourists at Quetta’s hospital are decreased by 50%.

When researcher asked doctor that, which type of patient generates more revenue? Doctor responded that Each and every medical tourist generates revenue. They do different types of diagnostic tests. Specially the international medical tourists from Afghanistan spend more amount on the diagnosis tests as they have come from far places and are unable to visit in short time again. And the medicines that we prescribe them they bought full dose at once, even if it is of three (3) months.

b. Medical store owner

Total five medical store owners were interviewed for this research. Those medical store owners were interviewed who are having their medical store near hospital or within the hospital. As per their response their profit margin has been decreased. Before pandemic they were getting enough profit from their business but now they are just covering their cost. one of the main reason is the COVID-19 effect and another is increase in taxes on medicines.

Large number of medical stores has been opened near hospital territory as the medical tourism industry in Quetta was at peak before COVID-19. When COVID-19 was announced pandemic so government took some measures to stop the spread of COVID-19, which affected the local businesses especially medical store owners. As respondent said that their earning is dependent 70 to 75 percent on the medical tourists.

Local stakeholders such as medical store owners were also affected because of the effect caused by the COVID-19. As medical tourists were not coming to Quetta during COVID-19 pandemic, so medical store owners lost a large amount as their medicines got expired and they could do nothing, they have to dispose of those medicines.

- **Taxes on medicines**

As per Medical store owners, they were hopeful that after the lockdown they will be able to cover their loss caused by the pandemic but unfortunately government of Pakistan imposed taxes on medicines, due to COVID-19 effect still the number of medical tourists have not been increased as it was before COVID-19 spread. On that increase in the taxes on medicines decrease their revenue as well. As the prices of medicine increased so now people are unable to purchase full dose of medicine rather they take medicine of two to three days which also decreases their profit.

- c. **Transporters**

Ten (10) respondents of this research are transporters. That includes rickshaw drivers; ambulance drivers, taxi drivers and bus drivers.as per their response the number of medical tourists have been decreased. Respondents were in the business from 1 to 5 years. Per day their customers who are medical tourists is on average 40 to 50%. Half of their income is attached to the medical tourists. Before pandemic their customers on average was 20 to 25 but that amount is decreased to 12 to 16 customers. Now local people prefer local transport rather than rickshaw or taxi. But medical tourists still uses the private taxis and rickshaws. On average per day rickshaw driver earns 1500 to 1800(including costs) out of which 600 to 800 hundred is from medical tourists. Around 40% of earning is from medical tourists.

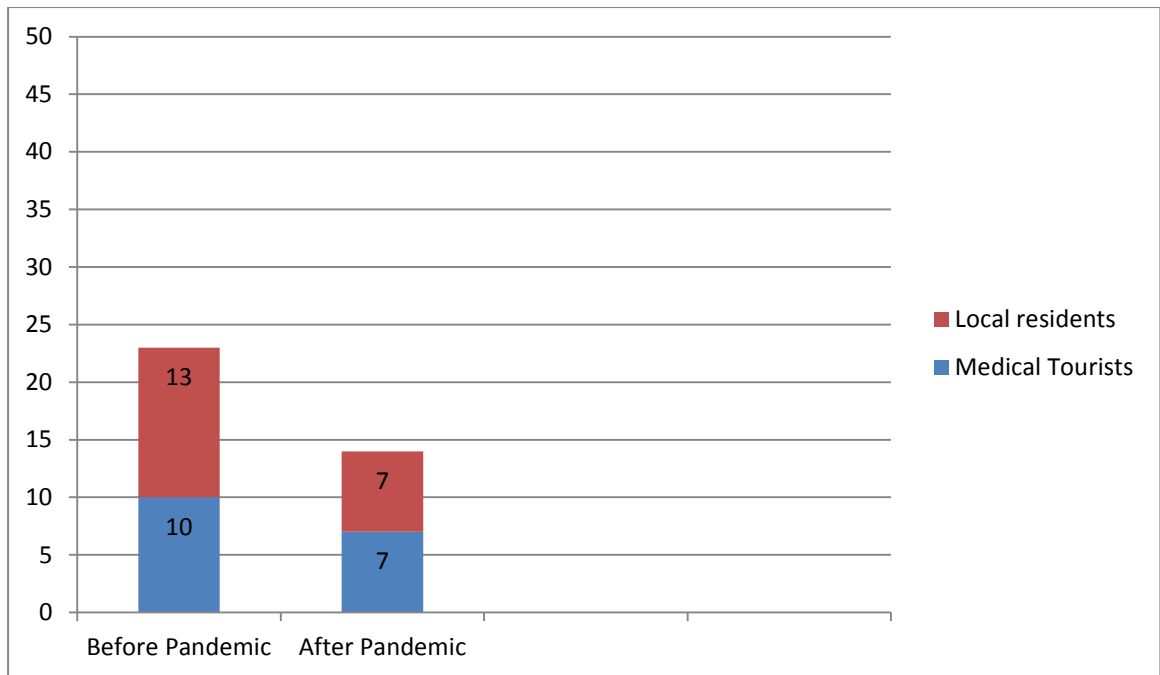


Figure 4.3 Transportation

As per respondent's response, before pandemic on average total 23 customers were entertained by the transporters. That includes 13 customers' local residents of Quetta and 10 were medical tourists. But after the Pandemic layer that number is decreased to 14 on average, out of which 7 customers are local residents and 7 are medical tourists. There is decrease in the number of medical tourists at Quetta.

d. Hotel owners

Five hotel owners were interviewed for the research. Those hotel owners were interview who has their hotel near hospitals. As per their response the number of medical tourists to near hospital has been decreased with a large number, as their business is dependent on the medical tourists. On average before pandemic they were having 8 to 10 customers who were medical tourists but now the number has been decreased to 3 to 4. This is not because they have increased the prices of per room rent rather it is because of covid-19 and border situation of Pak- afghan. Another reason in decrease in the number of customers is the restriction imposed by the local administration. As in Baluchistan majority of population have not vaccinated themselves and local administration have ordered the hotel owners that they will not provide rooms to those who are not vaccinated. That causes decrease in the number of customers to hotel.

e. Restaurant owners

Restaurant owners near public hospital were not that unhappy as other business owners were. They were also affected by covid-19, because before covid-19 they were earning enough amounts, as more medical tourists were coming for medical treatment at Quetta's hospitals. During pandemic their restaurants were closed and now after pandemic layer their business has grown. Restaurant owners near public hospitals are now earning more than they were earning before covid-19 as their customers have been increased. Now they have appointed more waiters at their restaurants. But on the other side the restaurant owners who are having their restaurants near private hospitals states that their income have been decreased. They are now just covering their daily expenses and they are hopeful that soon they will be able to earn a better amount.

f. Food vendors

Food vendors were not that affected as other businesses. As per respondent when the number of customers decreases they move to another place. They are having advantage of mobility. Majority of food vendors were now selling their products near public hospitals. Before that they were selling near private hospitals and at that time they were earning good amount daily but now they just earn enough to fulfill their needs.

g. Patients pay

COVID-19 affected the earnings of medical tourists, yet they have to spend some amount for their treatment. Patients pay for their medical treatment from their own pocket. Neither government nor any third party pays for their treatment. Around 99% patients pay themselves for medical treatment.

4.1.1.2 Human development

Medical tourism has played a major role in human development around the globe. It has increased the employment opportunities for the locals as well as professionals from other small cities to offer their services at Quetta's hospital. Most of the doctors are from other small cities of Baluchistan. Demand from medical tourists is high at Quetta. On the other hand it has also created business opportunity for the locals to open hotels, restaurants, shops near hospital territory to earn sufficient amount. That increase in the revenue have affected the education sector as people are able to afford the expenses of education and are willing to send their children to school. But unfortunately due to COVID-19 locals who are directly

related to medical industry are not able to earn sufficient amount. They are unable to send their children's to school for education. Now Due to COVID-19 job creation opportunity has been stopped and at most of the places they have fired their employs as they are not able to pay their salaries. This downsizing happened in medical stores and restaurants in specific.

4.1.1.3 Physical capital

From last 2 years locals related to medical tourism industry have not bought any physical capital for themselves because of COVID-19 pandemic and lockdown, as they are not earning sufficient amount to purchase any kind of physical capital. Physical assets which they were having in a form of motorbike, shop etc. they had bought that before COVID-19 pandemic.

4.1.2 Wellbeing of medical tourist

4.1.2.1 Affordability

Wellbeing of medical tourists is not that affected with the cost of medical treatment at Quetta's hospital. Services provided at Quetta's hospital are more economical and affordable compare to other big cities hospitals of Pakistan. Private hospitals at big cities charging handsome amount as compare to Quetta. As in Quetta the consultancy fee of doctors is very low (that is around 500Rs) as compare to other big cities private hospitals (charge 2000 to 5000Rs). Tests performed for the purpose of diagnosis is also cheap at Quetta's hospital compare to others.

Medical tourists coming for surgeries at Quetta's hospital cost varies. That depends on the surgery. Which type of surgery will be required. As per ENT (ear, nose and throat) surgeon one surgery of nose costs around 12000 at Quetta's hospital which is very cheap compare to other cities.

Medical tourists have best opportunity in Quetta. Best doctors are available at Quetta's private as well as at public hospitals. Best services are offered at Quetta's hospital especially at private hospitals. Advance equipment's are available at Quetta's hospitals for diagnosis of diseases such as MRI machine, CT scan machine and ECR tests are available at Quetta's private hospital. That is not available at other small cities of Baluchistan. An advantage which Quetta has is that in Afghanistan most of the population speaks Pashto language as do the locals of Quetta. So medical tourists of Afghanistan is more attracted towards Quetta compare to another city of Pakistan.

Medical tourists of chronic disease visits Quetta more. Chronic disease is that disease which is of more than two weeks. When local doctors of their city or country are not able to treat so they visits Quetta city.

4.1.2.2 Medical tourist Satisfaction

a. Satisfaction from doctors

Study found that 70 to 80 percent medical tourists are satisfied from the medical treatment at Quetta's hospital. As per respondent it is his third time visiting Quetta for medical treatment and they are satisfied with the services available at Quetta's hospital. As per the training and qualification of doctors, Pakistan have well qualified and well trained doctors. As the standard of doctors is same all over the world and most of the doctors at Quetta's hospital have completed their specialization from well renowned countries in the field of medical.

b. Behavior of locals

As per respondent from Afghanistan "Behavior of locals towards medical tourists is very good as they are same as we are" here in Quetta most of people speaks Pashto as we do so it is easy for us to communicate with them. People from Baluchistan are more corporative that might be because we speak same language. Even with the doctors and nurses we speak Pashto and they answer it. This is why we prefer to come to Quetta for medical treatment.

c. Sensitive to price

Local patients as well as intra-bound medical tourists are price sensitive. They try their level best to decrease the expenditure on medical treatment. They purchase half dose of medicine and tries to minimize their expenditure, while on the other side international medical tourists is not that much sensitive towards the cost of medical treatment.

Medical tourists is affected from the COVID-19, for them COVID-19 has become a Transactional cost in the form of restriction from Government(physical Mobility from one district to another) at time of COVID-19 layer, and also medical tourists were not coming to Quetta because of negative image showed by the social media.

Chapter 5

CONCLUSION AND POLICY RECOMMENDATION

5.1 Conclusion

Number of international medical tourists has been decreased. On the other side intra bound medical tourists to public hospital has been increased but the amount of intra bound medical tourists at private hospitals have been decreased because of COVID-19 pandemic. During pandemic government announced lockdown so businesses were closed in entire Pakistan. So people were spending those amount which they saved before pandemic. so now they are not having saving which they can spend at private hospital in order to get medical treatment at private hospitals because of which the amount of medical tourists at public hospital have been increased. as per respondent in their area better medical facility is not available so they have to come for treatment Quetta's hospitals.

In Quetta major portion of populous private hospitals are dependent on the medical tourists as their 70-80 percent patients are international medical tourist and medical tourists of different regions of Baluchistan. Pre COVID-19 scenario was not the same as it is today. Before COVID-19 large amount of medical tourists were visiting to Quetta's private hospitals for medical treatment. During the pandemic because of lockdown situation in the country, and sealed international border of Pakistan that causes decrease in the amount of medical tourists at a very high number, as most of the private hospitals were not operational. Still after the layers of COVID-19 pandemic the number has not increased as it was before COVID-19 due to situation at Pak-afghan border. Quetta's private hospitals are still suffering from the effect of COVID-19 as they are unable to cover their hospital cost.

International medical tourists are totally dependent on the circumstances. As in Quetta international tourists are mostly from Afghanistan. So the numbers of medical tourists to Quetta depends on the situation at border. If border is open so the amount increases and if border is closed because of any reason the number of medical tourist's declines. But in general the amount of international tourists has been decrease at Quetta's private hospital. Intra-bound medical tourists number is also decreased as compare to pre pandemic situation.

Locals of Quetta city has been affected from the pandemic as large amount of locals are directly or indirectly related to the medical tourism industry. Large amount of money is flowing through medical tourism to Quetta city. Medical tourism do have the economic effect

on the locals of Quetta. Due to pandemic their financial assets have been affected very badly. During the period of pandemic people were spending from the amount which they saved from their earnings, as before pandemic they were able to earn enough amount to survive and save. But now due to decrease in the amount of medical tourists they are now earning only to survive and unable to save.

Medical tourism to Quetta do not affect the wellbeing of medical tourists, as the cost of treatment at Quetta's private hospital is very low as compare to other major cities of Pakistan and at international level the cost of surgeries and medical check-up is more economical in Quetta city.

No such effective direct medical tourism policy is in practice, in order to increase the number of medical tourists to Quetta city. But yes government of Pakistan is keen to take some steps to promote medical tourism in Pakistan as the doctors in Pakistan are well qualified and well trained to treat medical tourists more efficiently. New visa policy is a good step in order to increase the tourism and medical tourism to Pakistan, policy makers should think of the factors which affect the medical tourism in Quetta city negatively. In order to increase the medical tourism to Quetta city government should give relief through different ways to the investors to invest in the medical industry of Pakistan. This step will decrease the burden on the government hospitals of Quetta. As large number of medical tourists are now coming to the public hospitals that causes negative effect on the locals as well as it increase the burden on the government expenditure on the medical facility.

Quetta can attract more medical tourists for two main reasons, firstly; Quetta has cost advantage. Secondly; doctors are satisfactory skilled as compare to neighbouring or regional cities. Hence marketing these advantages could help to create distinctiveness. It will take time for Quetta to become fully fledged medical tourism destination as it will require structural improvement and global standards.

In case of Baluchistan patients from industrialized nations do not visit Quetta city. As the security condition is not that favorable for them. But Baluchistan does have international medical tourists coming from Afghanistan, Canada and Australia.

5.2 Recommendation

It is needed for the policy makers to provide a structure like WHO, who is responsible for safeguarding the basic needs of patients. There is a rigid structural reforms needed in medical

sector to help those who seek health treatment, so it will give comfort and a way of satisfaction to avail medical facilities.

Government should form a foundation or play a role to form a foundation which will give support to the medical tourism industry and will provide assistance at each level. As India has its foundation of healthcare and wellness promotion they held meetings in order to bring new strategies for the promotion of medical tourism and also if any problem is faced by the medical tourism industry that has been tried to resolve with the help of government of India. These are the factors because of which medical tourism in India is increasing day by day. By adopting such policies Pakistan can also grow in the medical tourism industry as it has the most qualified and trained doctors in every field especially in transplant. As Pakistan has the history of transplant hub in late 80s and early 90s before the amendment was made to stop transplants in Pakistan.

Pakistan government should bring reforms in the health sector in order to attract more international tourists. We have a good example of France. In 2015 France took some serious steps to promote medical tourism, before that France was closed for medical tourism. France remodeled around 40 hospitals including American hospital of Paris and cancer center Gustave Roussy to be center of excellence for international medical tourists. According to WHO ranking I the shortest hospital waiting time France is at 1st and now France has aimed to generate around €2 billion from medical tourism.

Government should take step to establish insurance system for public. It will be beneficial for government in the form of revenue, and to locals as well as medical tourists in the form of discount. Government should provide medical tourism cards to medical tourists (that would include different packages like visiting days, plus discount). That will help government to limit medical tourists to certain hospitals, as in Baluchistan security is major issue, through this government will be able to provide security to medical tourists.

Capacity of private hospitals should be increased as well as the number of private hospitals has to be increased. Private hospitals should be given the relief in the form of utility and taxes. Strictness in the law for the hospitals should be relaxed.

Government should bring such policy through which it can shift medical tourists from the public hospitals to the private hospitals. As it will increase economic growth of Pakistan and

the amount that is spend by the government on public hospitals in the form of medicine, equipment's, infrastructure and recruitment will be decreased and saved.

In this pandemic situation not only the cost factor and quality services availability will attract the international medical tourist but there are some other factors which will attract the medical tourists. That includes, how fast and well country have controlled COVID-19 cases in their territory and emerged back from the COVID-19 crises. Another factor is that how much healthcare infrastructure is available at the host country in order to treat medical tourist's chronic disorder. Capacity of hospitals is also the factor which can attract the medical tourists from other part of the world.

There have been some obstacles in the promotion of medical tourism, especially in developing countries. International regulations and standards for accreditation and license problems, on which country have to navigate. Developing countries should develop a regulatory board, in order to monitor the standards of medical facility at the hospitals and also the quality of professional medical practitioners. Another major obstacle in the promotion of medical tourism is entry requirements of countries, as people who travels for medical treatment are mostly traveling on tourists visa, that has to be abolished and medical visa should be introduced for those who desires to travel for the medical treatment at a medical destination country.

The entry sites at Pakistan borders should be relaxed. The check posts in which law and enforcement agencies are present, they should show some leniency to medical tourists. As medical tourists do not pay that much amount on their treatment as they pay on the small check posts. They pay around 3000 to 5000 as a bribe at different check posts from Afghanistan border to Quetta border.

After the first phase where the government policies attracts medical tourists, than in the second phase government can tax the medical tourists coming just for treatment. It will give generate a large amount of revenue from medical tourism industry. That amount than can be spend for the betterment of medical tourism at Quetta, in the form of subsidy to private hospitals or in the form of relaxation in the taxes on medicines.

Media can also play vital role in the promotion of medical tourism. If government takes such initiative through which medical tourism industry is advertised on news media, social media

and web media at international as well as national level. So our medical tourism industry will grow very fast.

5.3 Research Ethics

Being a researcher we have to take care of research ethics, for this study given research ethics were followed

- Permission was taken from the respondents.
- Name of respondents are remain hidden
- Researcher paid attention to keep a non-hierarchical relation between researcher and respondent.
- Researcher used local languages with respondents in order to make them comfortable

Bibliography

- Baum & Thanh Hai. (2020). Hospitality, tourism, human rights and the impact of COVID-19. *Emerald*, 11.
- Esiyok, Çakar & Kurtulmuşoğlu. (2016). The effect of cultural distance on medical tourism. *Journal of Destination Marketing & Management*, 10.
- Gössling, Scott & Hall. (2020). Pandemics, tourism and global change: a rapid assessment of COVID-19. *Routledge Taylor & Francis Group*, 21.
- Gupta, Goldar & Mitra. (1998). THE CASE OF INDIA. *UNCTAD-WHO Joint Publication*, 24.
- Heung, Kucukusta & Song. (2010). A Conceptual Model of Medical Tourism: Implications for Future Research. *Journal of Travel & Tourism Marketing*, 17.
- Muzaffar & Hussain. (2007). Medical tourism: are we ready to take the challenge? . *Journal of Pakistan Association of Dermatologists*, 4.
- Adams & Wright. (1991). Hospital Choice of Medicare Beneficiaries in a Rural Market: Why Not the Closest? *The Journal of Rural Health*, 19.
- Ali, M. M. (2012). Outbound Medical Tourism: The Case of Bangladesh. *World Review of Business Research*, 22.
- Anchana & Viroj . (2011). The effects of medical tourism: Thailand's experience. *Bull World Health Organ*, 9.
- Arellano. (2007). PATIENTS WITHOUT BORDERS: THE EMERGENCE OF MEDICAL TOURISM. *International Journal of Health Services, Volume 37, Number 1, Pages 193–198*, 6.
- Birkmeyer, Barnato, Birkmeyer, Bessler, and Skinner. (2020). The Impact Of The COVID-19 Pandemic On Hospital Admissions In The United States. *Health Affairs*, 7.
- Bookman and Bookman. (2007). Medical Tourism in Developing Countries. *UTMJ . Volume 86, Number 2*, 3.
- Burkett. (2013). MEDICAL TOURISM CONCERNS, BENEFITS, AND THE AMERICAN LEGAL PERSPECTIVE. *The Journal of Legal Medicine*, 28:223–245, 24.
- C.R.Kothari. (2004). Research Methodology, Methods and techniques. In C.R.Kothari, *Research Methodology, Methods and techniques* (pp. 31-52). Delhi: New Age International (P) Limited.
- Carrera and Bridges. (2006). Globalization and health care: Understanding Health and Medical tourism. *Future Drugs*, 5.
- Carrera and Bridges. (2006). globalization and healthcare: understanding health and medical tourism. *Expert review of pharmacoeconomics & outcomes research*, 8.
- Chanda. (2002). Trade in health services. *World Health Organization*, 6.

- Chantarapitak. (2006). The Transformation into One of the Leading Destinations for Healthcare. *Globalisation of Medicine*, 4.
- Cohen, E. (2008). MEDICAL TOURISM IN THAILAND . *AU-GSB e-JOURNAL*, 14.
- Connell. (2013). Medical Tourism in the Caribbean Islands: A Cure for Economies in Crisis? *Island Studies Journal*, Vol. 8, No. 1, 16.
- Connell, J. (2011). A new inequality? Privatisation, urban bias, migration and medical tourism. *Asia Pacific Viewpoint*, 12.
- D Horowitz, Rosensweig and Jones. (2007). Medical Tourism: Globalization of the Healthcare Marketplace. *MedGenMed: Medscape general medicine*, 8.
- Glinos, Baeten, Helble & Maarse. (2010). A typology of cross-border patient mobility. *Elsevier*, 12.
- Gupta, A. S. (2008). Medical tourism in India: winners and losers. *Indian Journal of Medical Ethics* , 2.
- Gupta, Jones and Coleman, 2008. (n.d.). How Do Welsh Tourism-SME Websites Approach Customer Relationship Management? 12.
- Hanefeld and Smith. (n.d.). Medical Tourism. *World Scientific Handbook of Global Health Economics and Public Policy*, 18.
- Henderson. (2004). HEALTHCARE TOURISM IN SOUTHEAST ASIA. *Tourism Review International*, Vol. 7, pp. 111–121, 11.
- Horowitz and Rosensweig. (2007). Medical Tourism – Health Care in the Global Economy. *the PhysicianExecutive*, 7.
- Horowitz and Rosensweig. (2007). Medical Tourism – Health Care in the Global Economy. *the PhysicianExecutive* , 7.
- Houyuan. (1998). THE CASE OF CHINA . *UNCTAD-WHO Joint Publication*, 22.
- Hume and Demicco. (2012). Bringing Hotels to Healthcare: A Rx for Success. *Journal of Quality Assurance in Hospitality & Tourism*, 12.
- Jabbari, Delgoshaei, Mardani & Tabibi. (2012). Medical tourism in Iran: Issues and challenges. *Journal of Education and Health Promotion*, 5.
- Juni and Manaf. (2018). ANALYSIS OF MEDICAL TOURISM POLICY: A CASE STUDY OF THAILAND, TURKEY AND INDIA. *International Journal of Public Health and Clinical Sciences*, 16.
- Jurkowski and Agbeh. (2020). Medical Tourism: An Emerging Terrain with Covid-19. *Journal of Tourism & Hospitality*, 5.
- Kabani. (2015). Pakistan as a medical tourism destination. Just wishful thinking? *Zdrowie Publiczne i Zarządzanie*, 6.
- Kumar. (2011). *RESEARCH METHODOLOGY*. SAGE Publications Ltd.

- L. Gan & Frederick. (n.d.). PATTERNS OF SERVICE DIFFERENTIATION AMONG MEDICAL TOURISM FACILITATORS . *Medical Tourism Research Center*, 46.
- Lertwannawit and Gulid. (2011). International Tourists' Service Quality Perception And Behavioral Loyalty Toward Medical Tourism In Bangkok Metropolitan Area. *The Journal of Applied Business Research*, 12.
- Liu. (2012). The Research of Medical Tourism Policy Network in Taiwan. *Scientific Research* , 7.
- Lunt, Mannion and Exworthy. (2003). A Framework for Exploring the Policy Implications of UK Medical Tourism and International Patient Flowsspol_8. *Social Policy & Administration*, Vol. 47, No. 1, 25.
- Mamun and Andaleeb. (2013). Prospects And Problems Of Medical Tourism in Bangladesh. *International Journal of Health Services*, Volume 43, Number 1,, 19.
- Marlowe and Sullivan. (2007). M edical Tourism:The Ultimate Outsourcing. *Aon Consulting FORUM*, 5.
- Mechinda, Serirat, Rajabhat, Anuwichanont and Gulid. (January 2010). An Examination Of Tourists'' Loyalty Towards Medical Tourism In Pattaya, Thailand. *International Business & Economics Research Journal*, 16.
- Mechinda, Serirat,Anuwichanont and Gulid. (2010). An Examination Of Tourists'' Loyalty Towards Medical Tourism In Pattaya, Thailand. *International Business & Economics Research Journal*, 16.
- Medhekar. (2014). Government Policy Initiatives for Developing Sustainable Medical Tourism Industry. *GSTF Journal on Business Review (GBR) Vol.3 No.3,, 11.*
- Minas, Saeed, Chishty, Ali. (2019). Medical Tourism in Pakistan: Current status, Opportunities and Challenges to its growth. *International Journal of Scientific & Engineering Research Volume 10*, 26.
- Noree, Hanefeld and Smith. (2015). Medical tourism in Thailand: a cross-sectional study. *Bull World Health Organ*, 7.
- Noree,Hanefeldb & Smith. (2015). Medical tourism in Thailand: a cross-sectional study. *Bulletin of the World Health Organization*, 7.
- Siddiqi, Shennawy, Mirza, Drager and Sabri. (2010). Assessing trade in health services in countries of the Eastern Mediterranean from a public health perspective. *international journal of health planning and management*, 20.
- Singh. (2008). *Fundamental Of Tourism And Travel*. Gyan Publishing House.
- Turner. (2007). First World Health Care at Third World Prices: Globalization, Bioethics and Medical Tourism. *BioSocieties* , 23.

- Ugur & Akbiyik. (2020). Impacts of COVID-19 on global tourism industry: A cross-regional. *Elsevier*, 13.
- Vasileiou, Barnett, Thorpe and Young. (2018). Characterising and justifying sample size sufficiency in interview-based studies:. *BMC Medical Research Methodology*, 19.
- Veerasoontorn, Zee, Sivayathorn. (2011). Service quality as a key driver of medical tourism: the case of Bumrungrad International Hospital in Thailand. *International Journal of Leisure and Tourism Marketing*, 20.
- Veerasoontorn, Zee, Sivayathorn. (January 2011). Service quality as a key driver of medical tourism: the case of Bumrungrad International Hospital in Thailand. *International Journal of Leisure and Tourism Marketing*, 20.
- Vellas, Becherel. (1995). The Economic Impact of tourism. 36.
- Virani, Wellstead and Howlett. (2002). Where is the policy? A bibliometric analysis of the state of policy research on medical tourism. *Global Health Research and Policy*, 17.
- Wagner, Dullaart, Bock and Zweck. (2006). The emerging nanomedicine landscape. *NATURE BIOTECHNOLOGY VOLUME 24 NUMBER 10* , 7.
- Yeh. (2020). Tourism recovery strategy against COVID-19. *Taylor & Francis Group*, 8.
- York. (2008). Medical Tourism: The Trend Toward Outsourcing Medical Procedures to Foreign Countries. *JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS*, 4.

Appendix 1

Interview

Medical Tourists

- Name
 - Age
 - Education
 - Occupation
1. The city where you came from?
 2. How COVID-19 have affected medical tourism in Quetta city?(pre pandemic, during pandemic and post pandemic)
 3. When was the last time you visited this place?
 4. How familiar are you with this place?
 5. Who recommended you to visit this place?
 6. How often you visit this place?
 7. What source of transportation do you use for such visits?
 8. Where do you get your meals from (breakfast, lunch and dinner)?
 9. After visiting this place now what is your perception about this place? Are you satisfied?
 10. If it's your second or third trip what changes you observe?
 11. Are you satisfied with the services in terms of Maintenance, infrastructure and prices of different commodities?
 12. What do you think of the services provided by this hospital, are they satisfactory?
 13. What is your opinion about the hygiene (cleanness) and training of staff?
 14. How affordable are the hospital services?
 15. What is the reason for coming to this hospital?
 16. How sensitive are you towards the price of treatment?
 17. What do you think that the behaviors of locals are good for tourists?
 18. Do you think that medical tourism is a source of income generation for locals?
 19. What benefits local gets form the medical tourism?
 20. Where the funding comes from which you pay for medical treatment? Central Government, out of pocket or from third party (insurance)
 21. On average how much does it costs you to visit hospital?

22. How much you spend on medicine per visit?
23. How much you spend on doctor fees per visit?
24. How much you spend on transportation per visit?
25. How much you spend on hoteling per visit?
26. How much you spend on food items per visit?
27. According to you how medical services and medical tourism can be improved in Quetta?
28. What are the hurdles in the improvement of medical tourism?

Appendix 2

Local stakeholders

Doctor

- Name
 - Age
 - Education
 - Occupation
 - Resident
1. How COVID-19 has affected medical tourism in Quetta city?
 2. Number of patients you treat per day?
 3. Number of international medical tourist's visits you?
 4. Number of medical tourists from other cities visits you?
 5. On average how much you charge per patient?
 6. The physicians in this hospital are well trained?
 7. There is increase or decrease in patients at Quetta's hospital?
 8. What do you think that the services this hospital offers are affordable or not?
 9. For which type of treatment they came here?
 10. Patients pay their treatment expenses from which source? Government paid, out of pocket or third party?
 11. What are the Reasons because of which patents travels to Quetta?
 12. Which type of patient generates more revenue?
 13. How sensitive are medical tourists towards the price of medical treatment?
 14. What do you think that how medical tourism in Quetta can be improved?
 15. What are the hurdles in the improvement of medical tourism?

Appendix 3

Medical store owner

- Name
 - Age
 - Education
 - Occupation
 - Resident
1. From how many years you have been in this business?
 2. What do you think how many of your customers are from other city or country? Who came for medical treatment? (Before COVID-19, during COVID-19 and after COVID-19)
 3. How COVID-19 has affected medical tourism in Quetta city?
 4. What percentage of your income is attached to the medical tourists?
 5. What is the average price you charge per person from them?
 6. What do you think of your earnings, are they sufficient to fulfill basic needs?
 7. On monthly basis how much you save?
 8. Have you bought any financial asset from the earnings of this business?
 9. What do you think that how medical tourism have played role in the creation of job?
 10. What do you think that because of medical tourism more people are willing to take medical education or not? If yes than why
 11. The house in which you are living is rental or you own it? If own when you bought it?
 12. The nature of your home? Is it muddy, concrete or semi cemented? If concrete when you concreted it?
 13. How much you earn from this business?
 14. What is the major source of your income?
 15. What is your secondary source of income?
 16. What is the level of education of household?
 17. How many members of you family are enrolled in the primary education?

18. What do you think weather medical tourism is increasing or decreasing in your area? If yes what are the reason behind it?
19. What do you think that how medical tourism in Quetta can be improved?
20. What are the hurdles in the improvement of medical tourism?

Appendix 4

Executive

- Name
- Designation
- Education
- Job experience
 1. Basically belongs to?
 2. From how much time you are working in this hospital?
 3. How COVID-19 has affected medical tourism in Quetta city?
 4. Before COVID-19, during COVID-19 and after COVID-19
 5. What are your upcoming and ongoing projects to promote medical tourism?
 6. What strategies are used to promote/marketing medical tourism?
 7. How many employees are working here?
 8. How many patients are visiting this hospital daily? Out of them how many patients are from other cities and other countries?
 9. Before COVID-19, during COVID-19 and after COVID-19.
 10. What do you think that how medical tourism in Quetta can be improved?
 11. What is your earning from this hospital per month?
 12. What is the policy of government to promote medical tourism in Quetta city?
 13. What are the hurdles in the improvement of medical tourism?

Appendix 5

Hotel owners

- Name
 - Age
 - Education
 - Occupation
 - Resident
1. From how many years you have been in this business?
 2. What do you think how many of your customers are from other city or country? Who come for medical treatment? (Before COVID-19, during COVID-19 and after COVID-19)
 3. How COVID-19 has affected medical tourism in Quetta city?
 4. What percentage of your income is attached to the medical tourists?
 5. What is the average price you charge per person from them?
 6. What do you think of your earnings, are they sufficient to fulfill basic needs?
 7. On monthly basis how much you save?
 8. Have you bought any financial asset from the earnings of this business?
 9. What do you think that how medical tourism have played role in the creation of job?
 10. What do you think that because of medical tourism more people are willing to take medical education or not? If yes than why
 11. The house in which you are living is rental or you own it? If own when you bought it?
 12. The nature of your home? Is it muddy, concrete or semi cemented? If concrete when you concreted it?
 13. How much you earn from this business?
 14. What is the major source of your income?
 15. What is your secondary source of income?
 16. What is the level of education of household?
 17. How many members of you family are enrolled in the primary education?
 18. What do you think weather tourism is increasing or decreasing in your area? If yes what are the reason behind it?

19. What do you think that how medical tourism in Quetta can be improved?
20. What are the hurdles in the improvement of medical tourism?

Appendix 6

Restaurant owners

- Name
 - Age
 - Education
 - Occupation
 - Resident
1. From how many years you have been in this business/job?
 2. What do you think how many of your customers are from other city or country? Who come for medical treatment? (Before COVID-19, during COVID-19 and after COVID-19)
 3. How COVID-19 has affected medical tourism in Quetta city?
 4. What percentage of your income is attached to the medical tourists?
 5. What is the average price you charge per person from them?
 6. What do you think of your earnings, are they sufficient to fulfill basic needs?
 7. On monthly basis how much you save?
 8. Have you bought any financial asset from the earnings of this business?
 9. What do you think that how medical tourism have played role in the creation of job?
 10. What do you think that because of medical tourism more people are willing to take medical education or not? If yes than why
 11. The house in which you are living is rental or you own it? If own when you bought it?
 12. The nature of your home? Is it muddy, concrete or semi cemented? If concrete when you concreted it?
 13. How much you earn from this business?
 14. What is the major source of your income?
 15. What is your secondary source of income?
 16. What is the level of education of household?
 17. How many members of you family are enrolled in the primary education?
 18. What do you think weather tourism is increasing or decreasing in your area? If yes what are the reason behind it?

19. What do you think that how medical tourism in Quetta can be improved?
20. What are the hurdles in the improvement of medical tourism?

Appendix 7

Food vendors

- Name
 - Age
 - Education
 - Occupation
 - Resident
1. From how many years you have been in this business/job?
 2. What do you think how many of your customers are from other city or country? Who come for medical treatment? (Before COVID-19, during COVID-19 and after COVID-19)
 3. How COVID-19 has affected medical tourism in Quetta city?
 4. What percentage of your income is attached to the medical tourists?
 5. What is the average price you charge per person from them?
 6. What do you think of your earnings, are they sufficient to fulfill basic needs?
 7. On monthly basis how much you save?
 8. Have you bought any financial asset from the earnings of this business?
 9. What do you think that how medical tourism have played role in the creation of job?
 10. What do you think that because of medical tourism more people are willing to take medical education or not? If yes than why
 11. The house in which you are living is rental or you own it? If own when you bought it?
 12. The nature of your home? Is it muddy, concrete or semi cemented? If concrete when you concreted it?
 13. How much you earn from this business?
 14. What is the major source of your income?
 15. What is your secondary source of income?
 16. What is the level of education of household?
 17. How many members of you family are enrolled in the primary education?
 18. What do you think weather tourism is increasing or decreasing in your area? If yes what are the reason behind it?

19. What do you think that how medical tourism in Quetta can be improved?

20. What are the hurdles in the improvement of medical tourism?

Appendix 8

Transporters

- Name
 - Age
 - Education
 - Occupation
 - Resident
1. From how many years you have been in this business/job?
 2. What do you think how many of your customers are from other city or country? Who come for medical treatment? (Before COVID-19, during COVID-19 and after COVID-19)
 3. How COVID-19 has affected medical tourism in Quetta city?
 4. What percentage of your income is attached to the medical tourists?
 5. What is the average price you charge per person from them?
 6. What do you think of your earnings, are they sufficient to fulfill basic needs?
 7. On monthly basis how much you save?
 8. Have you bought any financial asset from the earnings of this business?
 9. What do you think that how medical tourism have played role in the creation of job?
 10. What do you think that because of medical tourism more people are willing to take medical education or not? If yes than why
 11. The house in which you are living is rental or you own it? If own when you bought it?
 12. The nature of your home? Is it muddy, concrete or semi cemented? If concrete when you concreted it?
 13. How much you earn from this business?
 14. What is the major source of your income?
 15. What is your secondary source of income?
 16. What is the level of education of household?
 17. How many members of you family are enrolled in the primary education?
 18. What do you think weather tourism is increasing or decreasing in your area? If yes what are the reason behind it?

19. What do you think that how medical tourism in Quetta can be improved?

20. What are the hurdles in the improvement of medical tourism?