Chapter 3
Medical Tourism in Bangladesh: Present Scenario and Strategic Model for One-Stop Service

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Abstract Human health is an uncompromising substance. The word “health” refers to a state of complete emotional and physical well-being. Health can be defined as physical, mental, and social wellbeing, and as a resource for living a full life. It refers not only to the absence of disease, but the ability to recover and bounce back from illness and other problems. Medical tourism is the concept of traveling far and wide for better medical treatment. It is an economic activity that entails trade in services and represents the mixing of two of the largest world industries: medicine and tourism. The globalization of the health care sector and the massive demand for low cost-high quality treatment in recent times has caught the attention of many developing countries that have the adequate resources and potential to meet these demands. The main purpose of the paper is to evaluate present status of medical tourism in Bangladesh and based on strengths, weakness, opportunities and threats to develop a strategic one-stop service model. We hypothesized that the key competitive advantages of Bangladesh in medical tourism stem from the following: low cost advantage in treatment, low tuition fee in medical education, opportunities of many diversified treatments such as medical, dental, surgical, paramedical, Ayurveda, homeopathic, acupuncture care etc. and the diversity of tourist destinations available in the country. Two surveys were done: One from the patients and other from the doctors. Furthermore, some doctors and medical technologists were interviewed face to face. Having collected all the qualitative and quantitative data, we have done appropriate analysis and apply relevant statistical tests of significance.

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to ensure validity and reliability of result. SWOT and TOWS matrix have been composed to explore current status. To find out the principle factors, structural equation modeling has been done with path diagram analysis. For robustness checking, OLS analysis has been constructed. Various types of chart analysis were adopted to display actual fact and figures. In order to realize the full potential of medical tourism industry, this paper will open a door of opportunities in this industry.

**Keywords**  Medical · Tourism · Development · Suggestion · Bangladesh

**Introduction**

Medical tourism has emerged as a result of consumers being exposed to a wider range of choices of medical services and exponential growth in global healthcare market (Lajevardi 2016). A combination of the terms “medical” and “tourism”, its main target is patients who visit other regions or countries for medical treatment. Therefore, the medical tourism industry is geared toward significant efforts to meet people’s desire for a better wellness with quality medical treatment (De la Hoz-Correa et al. 2018; Ngamvichaikit and Beise-Zee 2014). According to Organisation for Economic Co-operation and Development (OECD) (2011), medical tourism can be defined as when clients go for medical treatment and choose to travel across international countries for medical services such as dental problem, beauty surgery, and different type of surgery and fertility treatment. According to the Allied Market Research (2018), the net worth of the medical tourism market worldwide is estimated at US$61.172 billion as of 2016 and is expected to increase to US$165.3 billion by 2023.

The travel industry is the biggest and most broadly developing world industry. The portion of the travel industry and travel industry involves 11% of the global export of goods and services (World Tourism Organization 2020). Medical tourism is turning into a mainstream and popular decision for visitors over the globe. It incorporates fundamentally and predominantly bio-medical techniques, combined with the tourism industry. The term medical tourism has been imagined by travel agencies and the mass media to depict the quickly developing act of making a trip across worldwide fringes to get hi-tech medical care in minimum cost. Different Asian nations like Thailand, Malaysia, Singapore, India, and so on are advancing medical tourism rapidly.

Background of the problem of this research is diverse. First, the Indian medical care facility appears to be a favorite of the people from Bangladesh, as Bangladeshis constituted about 55% of the total medical tourists coming to the country from abroad last year. The inflow of medical tourists coming from Bangladesh increased to as much as 83% in the last 3 years. While as many as 120,388 Bangladeshis came to India for medical treatment in 2015, this number increased to 221,751 in 2017. Overall, the number of medical tourists saw an increase of more than double in these 3 years. While 2.33 lakh foreigners came to India for medical treatment in
2015, this number increased to 4.95 lakh in 2017. The ministry’s figures are based on the data received from the Bureau of Immigration, Government of India (TSG Sunday Guardian Live 2018). This is alarming news for Bangladesh. But in this paper, authors try to display that Bangladesh is developing in health care sector day by day. Demand for health care system in Bangladesh is increasing. Along with some limitations, there are some hopes also in this sector. This paper will open a door of information on medical tourism for interested people. Medical tourists may keep Bangladesh as their one of the medical tourism destinations. Second, although in hospitals some foreign patients come, but they do not come purposively for medical tourism. If international tourists feel sick suddenly, then they go to visit a doctor. Finally, Bangladesh has all the factors of medical tourism. But the problem is taking an attempt to make people know about all the information.

Purposes of this study are multi-fold. They are: first, to develop a theoretical structural one stop service model of medical service demand and medical service supply. Second, to identify the major strengths and shortcomings of the local health-care facility. Finally, to shed lights on the opportunities and threats of local health-care facility.

Thus, this study is expected to achieve the objectives: first, to examine the structural relationship of medical tourist’s motivational behavior and perception model. Second, to assess the moderating effect of international medical tourists’ repeat visit on relationship between motivation and perceived destination image, perceived quality and perceived value, perceived quality and overall satisfaction. Third, to examine the relationship between medical tourists’ demographic profiles on motivation factors, perceived destination image, perceived quality, perceived value, overall satisfaction, word of mouth, repeat visit, and willingness to pay more. Fourth, to emphasis on the demand and supply side of medical tourism in Bangladesh. Finally, to recommend medical tourism strategies to town in Bangladesh in order to facilitate the medical tourist expectations and strengthen the services for future competition.

Research questions of this research are thus very straightforward and answers to the following three basic research questions: first, does the medical treatment and services satisfy the patients?; second, does the supply of medical treatment and services fulfill the demand of medical treatment and service?; finally, does patients’ experience during medical tour impact post-experience of other elements related to medical tourism?

A research model is proposed to answer these questions. This model as the outcome of this study is expected to contribute to both theory and practice of medical tourism regarding customer experience through the decision-making process of medical tours.
Literature Review

The definition of medical tourism varies among researchers depending on the choice of place and location (domestic or foreign) of medical tourism, the method and procedure applied, application, and/or processes. Generally, it is referred to as tourism activities related to medical treatments or activities to improve tourists’ well-being. Medical Tourism Association (2020) defines medical tourism as where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care. Wongkit and Mckercher (2013) defined medical tourism as the travel of people to specific destinations for seeking medical help that forms the primary purpose of their trip.

Medical and healthcare tourism are an expanding segment in global tourism and present an opportunity for hospitals to increase growth by capturing the international patient market (Teh and Chu 2005; Tourism Research and Marketing 2006). The prospective of the healthcare industry has same challenges and development that the software and pharmaceuticals business which have shown in the previous years (Reddy 2000). Health care industry is emerging and largest service sector in developing countries as it shows the trade of approximately US$ 4 trillion and US$ 750 million is shared by the developing countries as compared to the developed countries. Literature has reported that the demand for lower cost health care services is driving patients from developed countries to seek medical treatment on a globally competitive basis. Patients together with insurers and employers are searching for opportunities for global outsourcing of medical care to diminish their costs (Bies and Zacharia 2007; Forgione and Smith 2007; Rogers 2008). Researchers analyzed that, the position of India in health care industry in increasing day by day (Baxi 2004; Mochi et al. 2013). As compared to other countries in the world the medical expertise by India is finest in the globe and the job done by doctors in India is accepted all over. Mohanty and Madhav (2006) have explored that the Indian health care businesses began to come out as a major destination for tourists coming for medical treatment as compared to other countries in the world is just because Indian Industry is upgrading its knowledge, skill, fasting better familiarity with many advanced medical practices and humanizing its picture in terms of eminence and price.

Previous studies in the field of medical tourism have primarily focused on an overall effect on the health care industry or macro perspective of medical tourism. A number of articles also focused on the effect of medical tourism on medical and healthcare systems (Burkett 2007; Forgione and Smith 2007; Horowitz and Rosensweig 2007; United States Congress Senate Special Committee on Aging 2006). Additionally, several researchers have concentrated on the suppliers’ or medical service providers’ side by identifying and analyzing the strengths, weaknesses, opportunities and threats (SWOT) of specific locations as medical tourist
destinations (Bernal 2007; Caballero-Danell and Mugomba 2006; Diaz-Briquets Diaz-Briquets 2001; Tourism Research and Marketing 2006).

Pachanee (2009) found that the emergence of health care services in Thailand was commenced by the private sector. Multilateral and regional trade agreements are not included in it. Hudson and Li (2012) concentrated on the literature on medical tourism which studies about the International medical tourism, where people travel to acquire best health care services. They also emphasize that not only foreign patients but there is increasing number of domestic patients who travel for health care services inside their own country.

Ehrbeck et al. (2008) suggested five factors that promote medical tourism through a survey of 49,980 patients: most advanced technology (40%), better-quality care for medically necessary procedures (32%), quicker access to medically necessary procedures (15%), lower-cost care for medically necessary procedures (9%), and lower-cost care for discretionary procedures (4%).

Crooks et al. (2010) presented the following as the most frequently discussed topics on patient experience: (1) decision-making (e.g. push-and-pull factors that shape patients’ decisions); (2) motivations (e.g. procedure, costs, and travel-based factors motivating patients to seek care abroad); (3) risks (e.g., health and travel risks); and (4) first-hand accounts (e.g. patients’ experiential accounts of having gone abroad for medical care).

Trivedi (2013) studied about the yoga and meditation in their research work. It has been more than 5000 years ago the yoga has come into existence. Many group of students related to health care and medical travelers approach India to be trained more on Yoga and other forms of natural and Ayurveda medicines.

The main reasons for the growing popularity in medical tourism in Bangladesh are: first, the long waiting lists in the developed countries. Second, the low cost of medical treatments in Bangladesh compare to other developed countries. Third, the affordable international air fares and favorable exchange rates. Fourth, the state-of-art technology, specialist physicians, qualified nurses and trained para-medical staffs that has been adopted by the big hospitals and diagnostics centers. Medical staffs are helpful. Finally, medical tourism or health care tourism is quickly developing multibillion-dollar industry around the world.

Ali and Medhekar (2012) opine that in order to improve the Bangladesh health-care system, the country has to face challenges from the growing global medical tourism in the neighboring countries such as India, Thailand, Malaysia and Singapore.

**Medical Education in Bangladesh**

Bachelor of Medicine, Bachelor of Surgery (MBBS) in Bangladesh is one of the most useful choices for students considering starting a worldwide medical career ahead. Students from India, Sri Lanka and Nepal are coming frequently to pursue the medical education for their career development. They are serving their country...
people after completion of their degree. From this viewpoint, we can conclude that the quality of education is equivalent. Doctors in Bangladesh are not far behind from other doctors, specialists.

Government of the People’s Republic of Bangladesh has announced admission of foreign students in government medical and dental colleges for the educational year 2019–20. This year total 107 seats have been reserved for the foreign students, 57 from The South Asian Association for Regional Cooperation (SAARC) countries and 50 from non SAARC countries. Admission of foreign students in the MBBS and Bachelor of Dental Surgery (BDS) courses in the government owned or non-government medical colleges, dental colleges units or institutes in Bangladesh under self-finance scheme at very low cost. Generally, studying medical abroad quality education with low affordable budget only possible in Bangladesh. That is why, many Indian students choose medical college of Bangladesh due to the reasons: Medical Council of India (MCI) approved medical study outside India. Under MCI Act 1956, MBBS in Bangladesh best alternative low cost Medical Study outside India. Recognized by Bangladesh Medical & Dental Council & Member of South East Asia Regional Organisation for Medical Council Enlisted in the Directory of IMED and AVECENA (Formerly W.H.O.). Student can register to Medical Council of India by giving Screening Test to practice in India after completion of MBBS degree in Bangladesh. Least financial cost to complete MBBS course in private medical college and free seats under SAARC quota in government medical college. Adequate patient flow for clinical studies and practice maintaining global medical education standard. Socio-cultural similarity with India, environment and climate are almost same. Very close to home country. Security and safety of individual is ensured in the campus. Affordable medical study at low package for middle class family best option for MBBS, BDS, MD/MS study outside India (Smile Education Consultancy 2020).

**Government Medical Education in Bangladesh**

The following are the lists of government medical colleges in Bangladesh (Table 3.1).

Eligibility criteria for admission are: must have passed qualifying examinations (HSC/ ‘A’ level) or equivalent examination; SSC/ ‘O’ level or equivalent examination passed not before 2016 and HSC/ ‘A’ level or equivalent examination passed not before 2018; minimum aggregate GPA in SSC / ‘O’ level or equivalent and HSC / ‘A’ level or equivalent examination:8.00 (eight); minimum GPA either in SSC / ‘O’ level or in HSC / ‘A’ level or equivalent examination:3.5; minimum GP in Biology: 3.5; for calculation of GPA against the marks obtained in SSC/ ‘O’ level or equivalent exam, only top 5 subjects are considered for calculation of GPA. Therefore, GPA in ‘O’ level = (total marks obtained in top five subjects)/5. For calculation of GPA against the marks obtained in HSC/ ‘A’ level or equivalent exam, only 3 subjects (Physics, Chemistry and Biology) are considered for calculation of GPA. Qualifying Grade in each subject individually is “C”. Therefore, GPA in ‘A’ level = (total marks obtained in three subjects)/3.
### Table 3.1 List of Govt. medical colleges

| No.  | Medical College                                      |
|------|------------------------------------------------------|
| 1    | Abdul Malek Ukil Medical College                     |
| 2    | Armed Forces Medical College                         |
| 3    | Bangladesh College of Physicians and Surgeons        |
| 4    | Cantonment Medical College, Bogra                    |
| 5    | Cantonment Medical College, Chattogram                |
| 6    | Cantonment Medical College, Cumilla                  |
| 7    | Cantonment Medical College, Jessore                   |
| 8    | Cantonment Medical College, Rangpur                  |
| 9    | Chittagong Medical College                           |
| 10   | Comilla Medical College                              |
| 11   | Cox’s Bazar Medical College                          |
| 12   | Dhaka Medical College                                |
| 13   | Dinajpur Medical College                             |
| 14   | Faridpur Medical College                             |
| 15   | Gonoshasthaya Samaj Vittik Medical College           |
| 16   | Govt. Homeopathic Medical College                    |
| 17   | Jessore Medical College                              |
| 18   | Khulna Medical College                               |
| 19   | Kushtia Medical College (KMC)                        |
| 20   | MAG Osmani Medical College                           |
| 21   | Mymensingh Medical College                           |
| 22   | Pabna Medical College                                |
| 23   | Rajshahi Medical College                             |
| 24   | Rangpur Medical College                              |
| 25   | Satkhira Medical College                             |
| 26   | Shaheed Suhrawardy Medical College (ShSMC)            |
| 27   | Shaheed Ziaur Rahman Medical College                 |
| 28   | Shahid Syed Nazrul Islam Medical College             |
| 29   | Sheikh Sayera Khatun Medical College                 |
| 30   | Sher-e-Bangla Medical College (SBMC)                 |
| 31   | Sir Salimullah Medical College                       |

Source: Smile Education Consultancy (2020)
**Private Medical Colleges in Bangladesh**

There are many private medical colleges in Bangladesh (Table 3.2).

Eligibility criteria for admission are: must have passed qualifying examinations (HSC/ ‘A’ level) or equivalent examination; SSC/ ‘O’ level or equivalent examination passed not before 2016 and HSC/ ‘A’ level or equivalent examination passed not before 2018; minimum aggregate GPA in SSC / ‘O’ level and HSC / ‘A’ level or equivalent examination: 7.00 (seven); minimum GPA either in SSC / ‘O’ level or equivalent or in HSC / ‘A’ level or equivalent examination: 3.0; minimum GP in biology: 3.5. For calculation of GPA against the marks obtained in SSC/ ‘O’ level or equivalent exam, only top 5 subjects are considered for calculation of GPA. Therefore, GPA in ‘O’ level = (total marks obtained in top five subjects)/5. For calculation of GPA against the marks obtained in HSC/ ‘A’ level or equivalent exam, only 3 subjects (Physics, Chemistry and Biology) are considered for calculation of GPA. Qualifying Grade in each subject individually is “C”. Therefore, GPA in ‘A’ level = (total marks obtained in three subjects)/3 (Smile Education Consultancy 2020).

All these information affirm that medical education in Bangladesh follows international standard. So, the medical graduates are qualified.

**Health Care System in Bangladesh (Fig. 3.1)**

Above figure demonstrates health care system in Bangladesh. There are three divisions in health care system: (1) Primary (2) Secondary and (3) Tertiary. Bangladesh has built a good network of primary, secondary and tertiary care hospitals.

**Primary Division**

World Health Organization (2018) highlighted primary health care as being “about caring for people, rather than simply treating specific diseases or conditions”. The core principles of primary health care include: universal access; community participation in defining and implementing health agendas; inter-sectoral approaches to health; and commitment to health equity (World Health Organization n.d.). Primary health care is then the first point of contact that people have with the health system. This care is integral for a community’s wellbeing. It is also important that everyone
Table 3.2  List of private medical colleges

| Name                                      | Location   | Official website                                      |
|-------------------------------------------|------------|-------------------------------------------------------|
| Dhaka National Medical College            | Dhaka      | www.dnmc.edu.bd                                       |
| Monno Medical College                     | Manikganj  | www.monnomch.org                                      |
| Kumudini Medical College                  | Tangail    | www.kwmcbd.org                                        |
| Community Based Medical College           | Mymensingh | www.cbmc.org                                           |
| Medical College for Women’s and Hospital  | Dhaka      | www.medicalcollegeforwomen.edu.bd                     |
| Sylhet Women’s Medical College            | Bangladesh | www.swmc.edu.bd                                       |
| Barind Medical College and Hospital       | Rajshahi   | http://bmc.edu.bd/                                    |
| Khwaja Yunus Ali Medical College & Hospital | Sirajganj  | www.kyamch.org                                        |
| Southern Medical College                  | Chattogram | www.smchbd.com                                       |
| Eastern Medical College                   | Cumilla    | www.emccomilla.com                                     |
| Bangladesh Medical College                | Dhaka      | www.bmc-bd.org                                        |
| Green Life Medical College                | Dhaka      | www.gmch-bd.com                                       |
| Jahurul Islam Medical College              | Kishoregonj | www.jimedcol.org                                     |
| Z. H. Sikdar Women’s Medical College      | Dhaka      | www.sikderhospital.com                                |
| East-West Medical College & Hospital      | Dhaka      | www.eastwestmedicalcollege.com                        |
| Tairunnessa Memorial Medical College      | Gazipur    | www.tmmch.com                                         |
| Enam Medical College                      | Savar      | www.emebd.com                                         |
| Central Medical College                   | Cummila    | www.cemecbd.com                                       |
| Uttara Adhunik Medical College            | Dhaka      | www.uamc-edu.com                                      |
| TMSS Medical College (TMC)                | Bogra      | www.tmssmedicalcollege.com                            |
| Prime Medical College                     | Rangpur    | www.pmc-bd.org                                        |
| Rangpur Community Medical College         | Rangpur    | www.rcmcbd.com                                        |
| Popular Medical College                   | Dhaka      | www.pmch-bd.org                                       |
| Shaheed Monsur Ali Medical College        | Dhaka      | www.smamedicalcollege-bd.com                          |
| North East Medical College & Hospital     | Sylhet     | www.nemc.edu.bd                                       |
| International Medical College Hospital    | Gazipur    | www.imc-bd.com                                        |
| North Bengal Medical College              | Sirajgunj  | www.nbmc-bd.org                                       |
| Islami Bank Medical College               | Rajsahai   | www.ibmcr.com                                          |
| Ibn Sina Medical College                  | Dhaka      | www.ismc.ac.bd                                        |
| Chattogram Ma-O-Shishu Hospital Medical College | Chattogram | www.maa-shishu-ctg.org                               |
| Northern International Medical College    | Dhaka      | www.nimch.com.bd                                      |
| Delta Medical College and Hospital        | Dhaka      | www.delta-hospital.com                                |
| Ad-din Women’s Medical College (AWMC)     | Dhaka      | www.ad-din.org                                         |
| Dhaka Community Medical College Hospital  | Dhaka      | www.dcmch.org                                          |
| Anwer Khan Modern Medical College         | Dhaka      | www.akmmmc.edu.bd                                     |
| MH Samorita Medical College               | Dhaka      | www.mhsamorita.edu.bd                                  |
| Rangpur Dental College                    | Rangpur    | www.rdch.com.bd                                       |
| Saphena Women’s Dental College & Hospital | Dhaka      | www.saphenaw                                          |

Source: Smile Education Consultancy (2020)
can access this health system for the services they require (Bryar 2000; Kendall 2008; VON Canada 2018; World Health Organization 2018). The primary health care system in Bangladesh consists of: Upazilla Health Complexes, Union Health and Family Welfare Centers and Community Clinics (Kouam et al. 2014; World Health Organization 2015). This decentralized system is seen as efficient because the facilities are the first way of contact for rural communities. These facilities often fulfill the similar medical demand like District Hospitals (Abbas and Routray 2013). Despite the above achievements, there are concerns about the outreach of primary health care in rural areas in Bangladesh (Islam and Biswas 2014). However, many of Upazilla health complexes have specialists who provide specialty care like secondary and tertiary division’s service.

Secondary Division

Secondary health care provides more advanced health care facilities than primary health care. District hospitals are termed as secondary health care hospitals. They have less specialty care than tertiary health care hospital. There are also different types of specialty care centers such as infectious disease hospitals, tuberculosis hospitals, leprosy hospitals which fall under health care service of secondary care (Health Bulletin 2012).

Tertiary Division

Medical college hospitals provide specialty care services. They are located in such way that one medical college is for several districts. These are affiliated with medical hospitals. That is why; they are included in tertiary division of health care services. Tertiary division also includes the super specialty care hospitals which are

![Frequency](image-url)
located at national level and centers which provide high end medical services of specific disease treatment (Health Bulletin 2012).

**Strategic Model of One Stop Service for Medical Tourism**

Medical tourism is a major decision problem for the patient; it is much more involved than deciding to visit a local healthcare provider. The customer’s experience of medical tourism is the main factor that influences his/her satisfaction which in turn would influence revisit intention. Thus, it should be a major strategic priority for medical tourism hospitals and their administrators to develop a system that can provide positive experience to customers. Many tourism hospitals have a one-stop service system for their customers that may include such services as government documents (visa service), transportation (air flight reservations, airport pickup, shuttle service, etc.), language help, local hotel reservations, insurance processing, financial arrangements, local tour attractions, and the like. For example, Bumrungrad Hospital in Bangkok, Thailand, which is ranked ninth in the top ten hospitals in the world, provides a very efficient one-stop service to foreign customers (VIP airport transfers, interpreters, concierge services, embassy assistance, international insurance arrangements, and medical coordinators (Ontoplist 2014) (Fig. 3.2).

Fig. 3.2 Model of one-stop service of medical tourism. (Source: illustrated by the authors, 2020)
As we can see, figure displays the model of medical tourism. All the ingredients of medical tourism have been considered in the model.

First, quality of treatment should be good. Hospitals and clinics should offer patients good facilities and equipment for better treatment. Services provided by doctors and staffs need to be flawless along with the treatment. Foreigners can get complete information through effective communication.

Second, Legal framework is a necessary process for foreigners. Patients from abroad cannot enter to a foreign country without visa processing and immigration procedure. Sometimes it seems very complex to them. That is why, they need a guideline. One stop service model suggests that a printed guideline for foreigners need to be available. They can upload a pdf copy of that so that foreigners easily can avail that. Also they can help them to processing visa.

Third, effective communication is one of the important factors. Foreigner should get all this information with a complete information website. They may maintain Facebook page and group also. They could have “we chat”, “WhatsApp” or “Imo” account so that foreigners can easily contact with them.

Fourth, accommodation is most important part for patients. Each hospital can arrange accommodation for patients in reasonable cost. This is not mandatory that hospital authority will arrange that. The one-stop service provider can build up some houses for rent the patients in lowest possible cost. And the houses should be like service apartment. The apartments or houses should be fully furnished available for short term or long term stay. They should have private cooking facilities, kitch-enette with dishwasher and washing machine.

Fifth, they often should have access to restaurants and some hotel-like services. They can offer varieties of foods. They can keep Bangladeshi, Indian and Pakistani foods. Also they can provide Chinese, Mexican, Italian etc. food to attract the medical tourists.

Sixth, the one-stop service provider can provide tourists information about different tourist destinations near the hospital so that tourists can travel there. And also can provide necessary services to them. When tourists come to a new place, they want to keep memory of that place. Though mobile camera is available to all, some tourists want to get high resolution good quality photos. So the one-stop service provider can provide their own expert photographer or videographer according to tourists’ demand.

Seventh, one-stop service provider can offer the tourists all the transportation facilities such as transport from home to hospital, to market, to parks, to beaches, to lakes etc. in reasonable cost so that they do not need to take any hassles.

Finally, shopping is another factor which is closely connected with tourism. One-stop service provider can provide information about shopping malls and market in details according to the demand for the products. Usually, tourists want to take traditional and branded items in low cost. So they need the right information for buying the products.
If Bangladesh can apply the concept of the one-stop service model in medical tourism, then this will surely improve this industry. All the ingredients of the model are available in the country. Only sincere attempts are needed. Public or private or coordination of both industries can provide the following services together in one umbrella:

**Legal Framework**

A legal framework refers to the policies that the host country has in place in order to encourage medical tourism, a less restrictive policy is better for international patients seeking medical care. Thus amenable legal framework in Bangladesh promotes ease in facilitation of visas: Visa on arrival (VOA) in Bangladesh is easiest to get if travelers are eligible for it. There is no requirement of any sponsor if their purpose is tourism. VOA is also comparatively cheaper (Arona International 2015).

Different types of visas are provided for foreigners who are interested in making proper use of investment opportunities provided by Bangladesh Government. Obtaining visa from any foreign country is comparatively easy (OGR Legal Resource Portal (2020). Process of getting employment visa in Bangladesh is comparatively easy whereas in Indonesia it takes several months to get a work permit. In Bangladesh the process requires 7 working days (Emerhub 2018). Benefit of Bangladesh business visa is it allows tourists to stay for 6 months (Emerhub 2018). Lucidity in the regulatory process is one of the important factors.

**Effective Communication**

Communication is a very important tool in any field, especially in tourism field. A good communication is very important in being able to sell a medical tourism offer and keep your clients and make them loyal. In the hotel or tourism in general, there are many groups of people who involved in the communication process: customer, employees, relatives, support organizations, and suppliers. Communication takes many forms: written, verbal, nonverbal. An important form of communication in tourism is represented by auditory and visual messages from the environment (picture and sound). Communication methods include face-to-face discussion, by phone, e-mail, the Internet etc. Generally, phone, email and the Internet browsing are used before coming to the destinations. These are also used if hotel authority provides transportation facilities to their customers. The owners of hotels, motels, guest houses, travel agents can use communication techniques to delight customers.
Accommodation

Sanjeev (2007) explored the relationship between the efficiency and size of hotels in India and found no clear link. Assaf and Knežević (2010) examined the effect of the hotels’ business year, star rating and size and found that they are positively related. Davutyan (2007) found out that 4-star hotels in Turkey have higher efficiency scores than 5-star hotels. Large hotels and chain hotels have better performance results than small and independent hotels (Assaf et al. 2012). One of the most popular forms of accommodation is that of hostels. Bangladeshi hostels provide a good service at a very affordable rate so tourist will be able to spend more money on things like clothing, touring and mementos. Of course, the service level of each individual hostel cannot be guaranteed but those that choose this form of accommodation find it to be quite adequate. However, there are a number of cheap Bangladesh hotels available. So these are also affordable for tourists. Accommodation can be included in one-stop service.

Food

Food is an important element of tourism. Gastronomy is part of the cultural, social, environmental, sustainable and economic history of nations and their people. This is because it reflects a certain lifestyle of the different geographical areas, strengthening traditions in rural areas and modernity in urban areas, as it is something rooted in their own culture and tradition (Mitchell and Hall 2006). Local and regional food could give added value to the destination and contribute in this way to the competitiveness of the geographic area (Crouch and Richie 1999). The promotion of a destination through its own gastronomy is carried out by presenting a clear differentiation from its culinary resources, which must have a cuisine that is recognizable by travelers and have a varied and large number of establishments where travelers can enjoy this cuisine. Enright and Newton (2004), in their research on Hong Kong, show how the cuisine is the second most important element of attraction, second only to public safety and, as a way of example, even in front of certain tourist attractions. According to Bhuiyan (2015), restaurant facilities are very important for tourists. Tourists have to take meals in various restaurants. Bengali cuisine is a culinary style originating in Bengal region in the eastern part of the Indian subcontinent, which is now divided between Bangladesh and the Indian states of West Bengal, Tripura and Assam’s Barak Valley. Traditional, authentic Bangladeshi cuisine is made up of a diverse range of delicious spices, herbs, rice, fish meats and breads. Similar to many other countries in Asia, Curries are one of the most popular forms of Bangladeshi food. Bangladeshi restaurants offer various types of foods such as local foods, Indian foods, Mexican foods, Chinese foods etc. There are some specialized restaurants in Bangladesh. As varieties of food are available here, tourists like the food culture of Bangladesh. Food facility can be included in one-stop service according to tourists’ demand.
Traveling

Though medical tourists come for medical treatment purpose, they would like to visit some new places if they have time. All people do not get time and opportunity to visit a new place. If they go for a purpose, they also want to utilize their visit fully. That is why traveling also can be included in one-stop service. Although there are opportunities of developing tourism attractions and facilities across the country, at present many tourism spots are available for visits by tourists. Some major tourist attractions are listed in the Table below (Table 3.3).

Bangladesh is very rich in her natural resources of tourism. Authorities can consider some packages to go for trip in these places for foreign patients and include in one stop service of medical tourism.

Shopping

Shopping is one of the important factors of tourism. Tourists want to shop some traditional goods and also basic goods from a tourism destination country. Tourists those who have never visit to a country, they face difficulties to find a good market for shopping. Sometimes they do not get their expected products because of information gap. There are many shopping malls in Bangladesh such as Police Plaza concord (Dhaka), Mustafa Mart (Dhaka), AFMI Plaza (Chattogram), Sanmar Ocean City (Chattogram), Bashundhara City (Dhaka) etc. Bangladesh is rich in readymade

Table 3.3 Lists of natural resources in Bangladesh

| Category             | Sites name                                                                 |
|----------------------|-----------------------------------------------------------------------------|
| Archaeological sites | Lalbagh Fort, Mughal Eidgah, Ahsan Manjil, Sonargoan, Wari Bateshawar, Mainamati, Paharpur, Mahasthangarh, Kantajew Temple, Sixty Dome Mosque |
| Beaches              | Patenga, Parki. Cox’s Bazar, Teknaf, Kuakata, Kotka                        |
| Religious places     | Mosque, Hindu temple, Churches, Buddhist temple                             |
| Hills and Island     | Rangamati-the lake district; Kaptai-the Lake Town, Bandarban-the roof of Bangladesh, Khagrachhari-the Hilltop Town, Mymensingh, Sylhet, Moheshkali Island, Sonadia Island, St. Martin’s Island |
| Historical Places    | Museum of Father of the Nation, National Memorial, Central Shahid Minar, Martyred Intellectual Minar, National poet’s grave, Curzon hall, Baldha Garden, Suhrawardi Park, Old High Court Building, Bahadur Shah Park, Dighapatiya Palace, World War II Cemetry, Shilaaidaha Kuthibri, Sagordari-Jessore, Mujibnagar Memorial, Trishal, Gandhi Asram |
| Forest and Swamp Forest | Sundarbans, Ratargul swamp forest                                           |
| Others Attraction    | National Assembly Building, Bangabhaban, Shankhari Bazar, National Park, National Botanical Garden, National Zoological Garden, Batali Hill, DC Hill, Rajshahi, Jamuna Bridge, Kirtankhola, Madhabkundu, Jaflong |

Source: Bangladesh Parjatan Corporation (2004)
garments products. Many international branded shops import Bangladeshi knit and oven garments products. There is huge demand of denim products of Bangladesh in abroad. The positive thing is that tourists in Bangladesh can get same products in lowest cost from Bangladeshi shop. Foreign tourists need help to get all information about all these shopping malls. When patients from abroad will come for their treatment, authority can provide them shopping mall’s information and transportation facilities if they need in one-stop service of medical tourism.

**Quality Treatment**

A major factor behind patients repeatedly visiting a particular country such as India for its services, especially in areas that require advanced medical care and life saving surgeries depends on: availability of skilled doctors/specialists; availability of paramedical staff; sufficient equipment; cost effectiveness; and less time consuming.

**Methodology**

**Research Design**

This study has two major parts. One part is secondary data based and another one is on primary data based. Author tried to make a conceptual framework of medical tourism in this study. Secondary data mainly focuses on the infrastructural elements of medical tourism based on the conceptual framework. Furthermore, significant part of this study is the part related to primary data. This part includes two sub-portions. One portion is medical demand and other portion is medical supply. To investigate medical demand side, author collected possible variables of patient satisfaction by collecting primary data through questionnaire. On the other hand, to explore the supply side of health care, author interviewed some doctors. And based on both respondents’ studies, author designed a strategy on activities-challenges-prospects.

**Data Collection**

**Primary Data**

- Demand side: the primary data included age, gender, and occupation of the patients coming to Chittagong, Bangladesh for their treatment.
- Supply side: the primary data included details about the doctors who are also respondents.
Secondary Data

Activities and current conditions of medical and healthcare sectors are demonstrated by using secondary data from various sources such as website, journal etc.

Sample Size and Response Rate

Demand Side

Sample size of 785 was chosen from different hospitals in Chittagong, Bangladesh. Sample was collected during October, 2019 to January, 2020 period. Authors collected a sample of 1350. Out of 1350 respondents, only 820 respondents were domestic medical tourists who came from other places. But 20 respondents denied participating due to their personal reasons. Out of 800 responses received, 18 questionnaires were incomplete as they were not able to answer some questions (Table 3.4).

The usable responses were received from the following areas (Table 3.5):

- Hospitals from Raozan were: Raozan Upazilla Health Complex; and Sultanpur 31-bed Health Complex, Raozan.
- Hospitals from Fatickchari were: Fatickchari Upazilla Health Complex; Janani Diagnostic Center; Alif Hospital and Diagnostic Center; Care Point Clinic; Janata Diagnostic Center; Sheba Clinic and Investigation.
- Hospital from Hathazari was Hathazari Upazilla Health Complex.
- Hospitals from Chattogram City were: Chittagong Medical College Hospital; USTC; Royal Hospital; Metro; Max hospital; Bellview hospital.

| Table 3.4 Sample size and response rate | Sample size | Total number of responses received | Usable responses received | Response rate |
|-----------------------------------------|-------------|-----------------------------------|--------------------------|---------------|
| 820                                     | 800         | 782                               | 97.56%                   |

Source: Survey result (2020)

| Table 3.5 Usable responses | Chattogram City | Raozan  | Fatickchari | Hathazari |
|-----------------------------|----------------|---------|-------------|-----------|
| Source: Survey result (2020) | 305            | 121     | 229         | 130       |
Supply Side

A questionnaire was supplied to the doctors to explore their perception about their working experience with patients and to know their viewpoint about our proposed model. Response rate of doctors are 100%. All the doctors responded flexibly.

Statement of Hypothesis

Some hypotheses have been developed to complete this study. The hypotheses of medical tourists are the following:

1. Medical tourists are satisfied for
   (a) low cost
   (b) Staffs behavior
   (c) Services provided
   (d) Location
2. Medical tourists are dissatisfied for
   (a) Lengthy process in queue
   (b) Cleanliness
   (c) Sufficient bed/ cabin service

**Questionnaire Design**

**Demand Side**

Questionnaire was prepared keeping in view the objectives of the study. Questionnaire-based interaction was also held with the patients to know the factors that encourage them to seek healthcare in Bangladesh especially in Chittagong. An attempt was also made to understand the factors that determine the selection of a hospital. There were three parts of the questionnaire: Part A, Part B and Part C. Part A focuses on overall satisfaction of medical treatment, Part B focuses on services along with attitudes and behavior of medical staff and Part C concentrates on medical services of different categories. We also included some open ended questions so that we can explore the actual facts in-depth. The doctors were asked to suggest steps required to tap medical tourism opportunities in a more concerted manner. Out of 785 usable responses, 305 responses were from Chittagong City and the rest 480 were from comparatively remote area. As in Bangladesh, international medical tourism is very few; our study focuses on domestic medical tourism only.

**Supply Side**

A separate questionnaire was prepared for the doctors. There were some basic questions on medical service and treatment. Authors’ objective was to justify the actual facts of supply side of medical service and treatment from the viewpoint of doctors who are directly related to hospitals or clinics.

**Data Analysis**

The data collected through questionnaire was processed by editing; processing, classifying, tabulating and inference were drawn out of it. To analyze the obtained data, various procedures were followed.
**Demand Side**

For demand side of this study, following analyses were done: Bar chart, Histogram, ANOVA, Structural equation modeling, Path analysis, and OLS regression analysis for robustness checking of the model.

**Supply Side**

To explore the supply side condition, some factors were specified according to doctor’s response.

**Results and Recommendations**

**Demand Side**

Sample collections were from primary and secondary division of health care system. From primary division, data was collected from three public and five private hospitals. Most of the patients came there to get the treatment for small issues of health diseases. Out of 480 patients, 71 patients came due to fever, cold diseases etc. Most of the patients came there for seasonal sickness treatment. 58 patients were suffering from allergic problem and 30 were suffering from diarrhea. Beside all these diseases, most of the female patients were admitted for pregnancy issues and most of the male patients were admitted for diarrhea, fever and stomach diseases.

When the patients were asked about homeopathic treatment, very few patients (only 43) took homeopathic treatment earlier. Based on their response, most of the patients did not take Ayurveda treatment as they do not believe the doctors. They fear to have this treatment because of some fraud cases. Very few chose this treatment due to hair fall, stomach disease and asthma.

A 2 years old patient’s mother named Ruksana Begum (26 years old) said, “overall performance of medical services and treatment is good. Doctors are very responsible and serious. But according to doctor’s prescription, all medicines are not free from medical. Specially prescribed antibiotics are not available for full dose of medicine. And another problem is that in that medical, all types of test are not available”.

Ziaul Hoque (33 years old), a patient said, “I was a cancer patient before two years. I went to visit some doctors. But most of the doctors wrote prescriptions before listening all my problems. That’s why I am dissatisfied to those doctors. Then I went to Chennai and according to their advice, I started to take my chemotherapy. As in Chennai, the cost of chemotherapy is higher than Bangladesh; I started my chemotherapy in Bangladesh. But Chennai’s doctor performed a surgery there. Now I am fully cured”.

A patient, Anzu Akter (21 years old) came for pregnancy issue. She said, ‘doctor is very well-behaved. She does regular check-up very attentively. My first baby’s delivery was done in this hospital. I was fully satisfied. That is why, I have come again second time. All the arrangements are good here. The hospital is very neat and clean”.

Lokman Hossain is a patient of 62 years old. He came with asthma and weakness. He said, “I am very poor. Doctors of this hospital help me a lot. They provide me food and medicine. I admitted here for 7 times. All the times, I got good services from them. They are really very good people”.

35 years old women named Urmi Banik came to get treatment of her child who was suffering from fever and tonsillitis. She said, “the treatment is easily available. All the family members of me come here to get treatment regularly. I would recommend this hospital for instant treatment. But for treatment of complex diseases, I will not recommend this hospital. Laboratory is not well-developed here”.

Factors of Treatment and Service

• Mean of the factors of treatment

As we can see from the bar chart mean of language interpretation is almost same like less time needed in treatment. Lowest mean is in appointment. Mean of variety of medical services is higher than treatment information and appointment factor (Fig. 3.4).

• Mean of the factors of services

According to our plotted bar chart based on survey, mean of offer for second time is lower than highly skilled staffs. Two types of security systems (inside hospitals in green bar and outside of hospitals in red bar), quality of authorized hospital are almost same (Fig. 3.5).

Medical Insurance

In histogram, density of medical insurance of the patients has been shown. The study area has been divided into two major categories: i. City Corporation area; ii. Non-city corporation area.

The respondents were asked: “Is your treatment excluded from medical insurance benefits?” The options were: yes, no and no opinion. According to respondents, few people answered that their treatment are not under insurance benefit. More people answered that their treatment are under the insurance benefit in both areas. But most of the people had no comments on this (Fig. 3.6).
Mean of the variables

Fig. 3.4 Variables of treatment demonstrated by the authors. (Source: survey result, 2020)

Fig. 3.5 Variables of services demonstrated by the authors. (Source: survey result, 2020)
Two Groups T Test: (City Corporation and Non-city Corporation)

Following two tables show the case about doctor’s performance before test and after test:

First row of the tables shows summary statistics for city corporation area and second row shows summary statistics for non-city corporation area. And the third row shows combined summary statistics. Fourth row shows summary statistics for the difference. The mean difference between city corporation and non-city corporation area is $-0.43$ in the case of before test and $-0.42$ in the case of after test. That means they are very small in both cases. $t$ statistics are $-9.43$ and $-9.49$ in first and second table respectively. One sided $t$ test shows that difference is less than zero where $p$-value is significant. Again, in case of two sided $t$ test, difference is equal to zeros $p$-value is significant. Thus we can say, in both the cases (before test and after test) there is no significant difference at all between city corporation area’s respondents and non-city corporation area’s respondents (Tables 3.6 and 3.7).
As we can see, in Table 2, the important factors' effect has been shown. One is facilities and instrument of the hospital and another one is scope of conversation with the doctors. P-value is much smaller than 0.05 which suggests that the model is significant and as well as the variables are significant separately (Tables 3.8 and 3.9).

Table 3.6 Performance of doctors before test

| Group       | Obs  | Mean  | Std. Err. | Std. Dev. | [95% Conf. Interval] |
|-------------|------|-------|-----------|-----------|----------------------|
| City Cor    | 305  | 1.131148 | .02197    | .3836892  | 1.087915 - 1.17438 |
| Non city    | 480  | 1.564583 | .0338853  | .7423906  | 1.498001 - 1.631166 |
| combined    | 785  | 1.396178 | .0236348  | .6621977  | 1.349783 - 1.442573 |
| diff        |      | -0.433458 | .045982   | -.5236985 | -.3431731 |

\[
diff = \text{mean(City Cor)} - \text{mean(Non city)}
\]

\[
t = -9.4262
\]

\[
\text{degrees of freedom} = 783
\]

\[
\text{Ha: diff < 0}
\]

\[
\text{Ha: diff != 0}
\]

\[
\text{Ha: diff > 0}
\]

\[
\text{Pr(T < t)} = 0.0000 \quad \text{Pr(|T| > |t|)} = 0.0000 \quad \text{Pr(T > t)} = 1.0000
\]

Source: Calculated by the authors (2020)

Table 3.7 Performance of doctors after test

| Group       | Obs  | Mean  | Std. Err. | Std. Dev. | [95% Conf. Interval] |
|-------------|------|-------|-----------|-----------|----------------------|
| City Cor    | 305  | 1.140984 | .0204927  | .357889   | 1.100658 - 1.181309 |
| Non city    | 480  | 1.560417 | .0327264  | .716999   | 1.496112 - 1.624722 |
| combined    | 785  | 1.397452 | .0227309  | .6368718  | 1.352832 - 1.442073 |
| diff        |      | -0.4194331 | .0441924  | -.5061826 | -.3326835 |

\[
diff = \text{mean(City Cor)} - \text{mean(Non city)}
\]

\[
t = -9.4911
\]

\[
\text{degrees of freedom} = 783
\]

\[
\text{Ha: diff < 0}
\]

\[
\text{Ha: diff != 0}
\]

\[
\text{Ha: diff > 0}
\]

\[
\text{Pr(T < t)} = 0.0000 \quad \text{Pr(|T| > |t|)} = 0.0000 \quad \text{Pr(T > t)} = 1.0000
\]

Source: Calculated by the authors (2020)

**ANOVA**

As we can see, in Table 2, the important factors’ effect has been shown. One is facilities and instrument of the hospital and another one is scope of conversation with the doctors. P-value is much smaller than 0.05 which suggests that the model is significant and as well as the variables are significant separately (Tables 3.8 and 3.9).

In the above table, three more important variables are displayed. They are: i. highly skilled staffs; ii. high quality medical facilities; and iii. Reputed doctors from abroad.

From the result of ANOVA, F-score of the model is 15.54. F-score of highly skilled staffs, High quality medical facilities and reputed doctors from abroad are 11.74, 21.93 and 8.14 respectively. We can see that model is significant as well as
Table 3.8 ANOVA for two variables

| Internal Factors | Strengths | Weaknesses |
|------------------|-----------|------------|
|                  | • Advanced level treatment | • Very few effective communication systems |
|                  | • Cost effectiveness | • No one-stop service system |
|                  | • Doctors and staffs have special training | • National health policy is not up-to date |
|                  | • Some international standard sub specialty hospitals provide quality treatment and service | • Existing health policy implementation is not perfectly followed |
|                  | • Quality of Medical education is very good | • Private medicals work only based on profit motive. They do not consider it as service |
|                  | • Sufficient doctors, nurse, medical assistants and medical technologists are available | • Doctors face cultural problem with foreign patients |
|                  |                         | • Language problem with foreign language and ethnic language |

| External Factors | Opportunities | SO-strategy | WO-strategy |
|------------------|---------------|-------------|-------------|
|                  | • Quality medical education | Provide quality medical care along with whole one-stop service package to the patients at affordable cost | By improving effective communication and utilizing the facilities, world class medical tourism products and services can be provided |
|                  | • Enriched natural resources | | |
|                  | • World class products available for shopping | | |
|                  | • Different types of accommodation facilities at affordable cost | | |
|                  | • Sufficient medical colleges, nursing colleges and institutes are available | | |

|                  | Threats | ST strategy | WT strategy |
|------------------|---------|-------------|-------------|
|                  | • Politically involvedness of doctors. | Doctors, specialists and medical technologists should be given incentives and facilities to stop brain drain problem | National health policy should be reformed and handsome salary should be given to doctors, specialists and medical technologists |
|                  | • Brain drain of doctors, specialists and medical technologists | | |

Source: Calculated by the authors (2020)
all the variables are significant separately as all the values of p-value is smaller than 0.05.

Structural Equation Model

The variable descriptions for structural equation model are given below (Table 3.10 and Fig. 3.7):

Table 3.9 ANOVA for three variables

| Source | Partial SS | df | MS | F     | Prob>F |
|--------|------------|----|----|-------|--------|
| Model  | 190.25879  | 12 | 15.854899 | 15.54  | 0.0000 |
| reputed doctor’s availability | 46.951102 | 4 | 11.737775 | 11.50  | 0.0000 |
| authorized hospital’s quality | 87.713416 | 4 | 21.928354 | 21.49  | 0.0000 |
| reputed doctor’s availability | 32.567428 | 4 | 8.141857 | 7.98   | 0.0000 |
| Residual | 476.48913 | 467 | 1.0203193 | | |
| Total   | 666.74792 | 479 | 1.3919581 | | |

Source: Calculated by the authors (2020)

Table 3.10 Variable description of structural equation model

| Variable description | Source | Time | Cost | Medical insurance | Privacy | Cost and savings | Insurance benefits | Variety of medical service | Appointment | Treatment information | Medical test | Overall performance of doctors | Scope of conversation with doctor | Facilities and instruments | Hospital services | Cafeteria and phone | Security system | Communication system | Language interpretation | Attraction offer for second time | Language barrier |
|----------------------|--------|------|------|-------------------|---------|------------------|-------------------|-----------------------|-------------|---------------------|------------|-----------------------|-----------------------------|---------------------|------------------|------------------|----------------|---------------------|------------------|-------------------|
|                      |        | T    | C    | MI                | Pr      | CS               | IB                | VMS                   | App         | TI                  | MT          | PD                    | SCD                          | FI                  | HS               | CF               | SS             | CS                  | LI               | AOP               | LB               |

Source: Developed by the authors (2020)
Above figure is a path diagram derived from Stata analysis of structural equation modeling. Our questionnaire was divided into two different parts of medical treatment: i. treatment; and ii. services.

The numbers shown in the figure are path coefficients for the variables of treatment and the variables of services. Upper part is showing the path coefficients of treatment variables and lower part shows the path coefficients of services variables.

Treatment (Table 3.11)

As we can see the result from structural equation modeling is showing significant results for all the variables. Some variables’ coefficients are positive whereas some variables’ coefficients are negative.

Services (Table 3.12)

From the above table, we can see the result of the variables of services. Hss, eda, css and hqms have positive coefficients whereas rda and ahq have negative coefficients. The P-value suggests that the results are significant except rda. Though the P-value of rda is quite near to 0.05.
**Variance and Co-variance (Table 3.13)**

Above table shows variance of the variables and covariance between treatment and services. As we can see from the table that treatment and service are related to each other. And the P-value for the covariance is much smaller than 0.05 which suggests that it is significant. From the LR test of model, we get the significant result from the P-value.

To conclude, we can say that our structural equation modeling result is satisfactory which can be a touchstone for medical service management authorities. They can focus on these factors to improve in treatment and service sector so that they can attract domestic patients as well as foreign patients.

### Source

Calculated by the authors (2020)
Results of OLS Regression Analysis: (Robustness)

For robustness checking of our structural equation modeling, OLS regression analysis has been done.

Table 3.12 Result of structural equation model of services

| Source           | Coefficient | Standard error | z     | P-value | 95% Confidence Interval |
|------------------|-------------|----------------|-------|---------|-------------------------|
| hss <~            | Services    | 1 (constrained) | 3.23949 | .0269545 | 80.95 | 0.000 | 3.161052 | 3.317929 |
| _cons             |             |                | .4177758 | .0414705 | 10.07 | 0.000 | .3364951 | .4990565 |
| eda <~            | Services    | .578344        | 3.578344 | .0367319 | 97.42 | 0.000 | 3.506351 | 3.650337 |
| _cons             |             |                | -.0343214 | .0314705 | -1.09 | 0.278 | -.0962834 | .0276407 |
| rda <~            | Services    | -.677817       | 2.33121  | .0303036 | 15.30 | 0.000 | .2868996 | .4190137 |
| _cons             |             |                | .3529567 | .0293098 | 10.47 | 0.000 | .2868996 | .4190137 |
| css <~            | Services    | .56051         | 2.56051  | .0203036 | 87.36 | 0.000 | .2503063 | .617956  |
| _cons             |             |                | .936049  | .0518591 | 15.30 | 0.000 | .6919631 | .8952468 |
| hqms <~           | Services    | .3935032       | 2.935032 | .0376537 | 77.95 | 0.000 | .861232  | 3.008832 |
| _cons             |             |                | -.0343214 | .0314705 | -1.09 | 0.278 | -.0962834 | .0276407 |
| ahq <~            | Services    | .2073885       | 2.073885 | .0269545 | 76.94 | 0.000 | .2021056 | .2126715 |

Source: Calculated by the authors (2020)

Variables Related to Patients’ Satisfaction on Treatment (Table 3.14)

Variables Related to Patients’ Satisfaction on Services (Table 3.15)

Table a and Table b show the result for OLS regression. In Table 3.14, five econometric models and in Table 3.15, four econometric models are included. As we can see, all models are significant in both cases. And if we focus on the variables, we can see that most of the variables are significant separately. From these results, we can say that our model is robust as this is almost similar to structural equation modeling.
Supply Side

A good number of doctors’ interviews were taken over phone and also some were provided questionnaire as they were very busy to fix an appointment.

Five respondents’ doctors dealt with foreign patients. They expressed that most of the patients came to Bangladesh for other purposes. When they felt sick, then they went to visit a doctor. Very few patients come to this country on medical purposes. They faced some cultural and communication problems with the patients. Due to language barrier, their communications with patients were not so effective. However, Dr. Chhanda Saha, (Dental) talked to a foreign patient of Apollo Hospital Dhaka, who came from Saudi Arabia came on medical purpose to visit a Sri Lankan doctor. This suggests that there is medical demand for specialist doctors from abroad in Bangladesh.

All of the respondent doctors assured that there are different types of training for doctors and staffs in their hospitals, which are very helpful to get some practical experience about some certain treatment or medical equipment. This type of training helps them to become specialized in certain treatment process.

Doctors and staffs’ behavior with patients are as usual, they said. However, Dr. Chhanda Saha opined a different opinion about these. She said, ‘Doctors’ and Staffs’ behavior is one of the most important factors of patients’ satisfaction. But

Table 3.13 Variance and co-variance of the variables

| Source: Calculated by the authors (2020) |
|------------------------------------------|
| **Coefficient** | **Standard error** | **z** | **P-value** | **95% Confidence Interval** |
| var(e.fl) | .4123348 | .0236599 | .3684747 | .4614155 |
| var(e.nt) | .1531238 | .0077639 | .1368385 | .1691225 |
| var(e.pd) | .1895122 | .0125277 | .1664823 | .2157274 |
| var(e.1b) | .5324669 | .0304042 | .4761093 | .5955404 |
| var(e.vn) | .2846514 | .0145262 | .2457631 | .3147897 |
| var(e.t) | .4532312 | .0431737 | .3772673 | .4921884 |
| var(e.c) | .6584717 | .0342098 | .5947384 | .7290701 |
| var(e.cs) | .3501692 | .0185171 | .3156938 | .3884095 |
| var(e.hs) | .3081705 | .0175693 | .2755896 | .3446032 |
| var(e.sc) | .2508883 | .0132616 | .2262422 | .2782192 |
| var(e.sas) | .3599043 | .0493595 | .2750731 | .4708971 |
| var(e.eda) | .9025214 | .0474877 | .8140857 | 1.000564 |
| var(e.rda) | .7167501 | .0362279 | .6491484 | .7513918 |
| var(e.css) | .5625867 | .0297521 | .507176 | .6240111 |
| var(e.hqs) | .5477925 | .0421406 | .4771235 | .6369828 |
| var(e.ahq) | .569282 | .0237476 | .5165343 | .625607 |
| var(Treatment) | .1083224 | .0195982 | .0759827 | .1544265 |
| var(Services) | .8973885 | .0761826 | .7598342 | 1.059845 |
| cov(Treatment,Services) | .2523553 | .0264386 | 9.54 | 0.000 | .2005366 | .3041741 |
| LR test of model vs. saturated: chi2(103) = 662.67, Prob > chi2 = 0.0000 |
sometimes doctors’ and staffs’ behavior with the patients are not well enough”. She added, “Some doctors go through heavy mental stress due to their duty and even they do not have enough time to listen the patients’ problem in details”.

‘Why should medical tourists come to Bangladesh?’ Authors tried to find the answer of this question from doctor’s opinion. Dr. Md. Kamrul Azad, Junior Consultant of medicine department, Borguna District Hospital recommends Bangladeshi medical treatment due to cost effectiveness and standard level of treatment. Another doctor Dr. Chhanda Saha (Dental) opined that there are qualified doctor with advanced level of medical education, good treatment and also some dedicated doctors whose main motive is patients’ welfare; even do not think about govt. incentives. Dr. Md. Hafizur Rahman, Assistant Professor, Transfusion

| Model | Coefficient | Standard error | t | P value | R-squared | Adjusted R-squared | Significance |
|-------|-------------|----------------|---|---------|-----------|--------------------|-------------|
| 1     | .8903268    | .0471933       | 18.87 | 0.000 | 0.2424 | 0.2414 | 0.0000 |
| Facilities and instruments | .4233335 | .0267463 | 15.83 | 0.000 |
| 2     | .7814638    | .0710757       | 10.99 | 0.000 | 0.2464 | 0.2445 | 0.0000 |
| Facilities and instruments | .4203133 | .026733 | 15.72 | 0.000 |
| Medical test | .1001963 | .0489935 | 2.05 | 0.041 |
| 3     | .6961707    | .0772246       | 9.01 | 0.000 | 0.2537 | 0.2508 | 0.0000 |
| Facilities and instruments | .4031964 | .0273328 | 14.75 | 0.000 |
| Medical test | .0942865 | .0488342 | 1.93 | 0.054 |
| Performance of doctor after test | .0855574 | .0309875 | 2.76 | 0.006 |
| 4     | .656957     | .085836        | 7.65 | 0.000 | 0.2544 | 0.2506 | 0.0000 |
| Facilities and instruments | .4017644 | .0273681 | 14.68 | 0.000 |
| Medical test | .0914856 | .0489011 | 1.87 | 0.062 |
| Performance of doctor after test | .0804264 | .0315295 | 2.55 | 0.011 |
| Communication system | .0447906 | .0418384 | 1.07 | 0.285 |
| 5     | .8472738    | .0954077       | 8.88 | 0.000 | 0.2605 | 0.2567 | 0.0000 |
| Facilities and instruments | .3917185 | .0275611 | 14.21 | 0.000 |
| Medical test | .0973304 | .0486558 | 2.00 | 0.046 |
| Performance of doctor after test | .0622387 | .0320714 | 1.94 | 0.053 |
| Insurance benefits | −.0608079 | .0227138 | −2.68 | 0.008 |

Dependent variable: Patients’ satisfaction on treatment

Source: Calculated by the authors (2020)
Medicine Enam Medical College, Savar, Dhaka told that medical tourists should come to Bangladesh to get advanced level medical treatments at affordable costs.

Dr. Narayan Chandra Dey, Senior Lecturer, H.M. Parbotto Homeopathic Medical College and Hospital said, “Hospitals in Bangladesh arrange quality increasing training program for staffs and doctors frequently which helps them to increase their capacity. Tourists should come to Bangladesh for getting good health services in reasonable cost”.

Dr. Nasrin Akter, Assistant Surgeon, Ministry of health and family welfare said, “Health is the most important factor for everyone. But unfortunately, health sector

| Table 3.15 OLS result for services |
|-----------------------------------|
| Model   | Coefficient | Standard error | t  | P value | R-squared | Adjusted R-squared | Significance |
|---------|-------------|----------------|----|---------|-----------|-------------------|--------------|
| 1       | Constant    | 1.524359       | .1122659 | 13.58  | 0.000     | 0.2582            | 0.2544       | 0.0000       |
|         | Highly skilled staff | .3674314 | .0327491 | 11.22  | 0.000     |                       |              |              |
| 2       | Constant    | 1.019882       | .114503  | 8.91   | 0.000     | 0.2518            | 0.2498       | 0.0000       |
|         | Highly skilled staff | .1297884 | .0375478 | 3.46   | 0.001     |                       |              |              |
|         | Higher quality medical equipment | .4341759 | .039908  | 10.88  | 0.000     |                       |              |              |
| 3       | Constant    | 1.213372       | .1435275 | 8.45   | 0.000     | 0.2565            | 0.2536       | 0.0000       |
|         | Highly skilled staff | .154544  | .0390693 | 3.96   | 0.000     |                       |              |              |
|         | Higher quality medical equipment | .4378379 | .0398414 | 10.99  | 0.000     |                       |              |              |
|         | Experienced and reputed doctor from abroad | −.0794879 | .0357078 | −2.23  | 0.026     |                       |              |              |
| 4       | Constant    | 1.16066        | .2572892 | 4.51   | 0.000     | 0.1489            | 0.1417       | 0.0000       |
|         | Highly skilled staff | .1146175 | .0629613 | 1.82   | 0.069     |                       |              |              |
|         | Higher quality medical equipment | .3751509 | .0549571 | 6.83   | 0.000     |                       |              |              |
|         | Demand for experienced and reputed doctor from abroad | −.0392716 | .0598449 | −0.66  | 0.512     |                       |              |              |
|         | Reputed doctor’s availability | .1463472 | .058716  | 2.49   | 0.013     |                       |              |              |

Dependent variable: Patients satisfaction on services

Source: Survey result (2020)
is not getting that much of importance which it should. Even though the health workers are dedicated and responsible for the patients, they are not conscious about self-health protection. I want to change some system from the root level. However, I think that medical tourists should come to Bangladesh as the health services are well-organized and doctors and staffs are really dedicated and well-trained”.

**Served Foreign Patients or Not**

According to our survey, only 31% of the doctors served foreign patients whereas 69% doctors never dealt with patients from abroad. We can get a clear picture from our pie diagram (Fig. 3.8).

Bangladesh needs to take action for increasing medical tourism facilities.

**Language Barriers Related to Ethnic or Foreign Language**

Language barrier is one of the crucial factors for the doctors and staffs. If they cannot understand the language of the patients, then they will not be able to provide appropriate services to the patients (Fig. 3.9).

According to our survey, 65% doctors do not face problems due to ethnic or foreign language. Only 35% told about the problems.

**Opinion about Sufficient Facilities and Equipment (Fig. 3.10)**

As we can see from our column diagram, 75% doctors told that they get sufficient facilities and equipment where only 25% doctors opined that facilities and equipment are insufficient and they recommend increasing funds in this section.

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**Fig. 3.8** Percentage of doctors who dealt with foreign patients, based on authors’ survey. (Source: survey result, 2020)
Complexity to Get doctor’s Appointment

To attract medical tourists, hospital authorities should take initiatives of online or phone booking based appointment. It will be easier for the patients (Fig. 3.11).

Doctor were asked that if there any complex formalities to get the doctor’s appointment in their current workplace or not. Unfortunately, most of the doctors agreed with the actual fact that it is not so easy to get reputed doctor’s appointment. Furthermore, they mentioned that many doctors do not follow any kind of online or phone appointment receiving options. Thus patients suffer a lot in this case. We can see from our bar diagram, most of the doctors said ‘yes’ regarding the case of complexity.

Quality Treatment

Quality treatment is the most important factor of medical care. To attract medical tourists, this factor needs to improve much (Fig. 3.12).

A vital question was asked to doctors: “Are Bangladeshi hospitals providing quality treatment?” 95% doctors think that quality treatments are available in Bangladesh. Only 5% think that there is scope of improving the quality.
Offer for Second Time Comer (Fig. 3.13)

Sometimes doctors or hospital authorities in developed countries offer some discount or other incentives to the patients who come for second time. Unfortunately, very few doctors or hospital authorities offer these kind of incentives. According to cone diagram above, around 70% doctors’/ hospital authorities do not offer where only 30% offer the incentives.

Support One Stop Service Model (Fig. 3.14)

Author explained about the one stop service model to the respondents’ doctors and staffs. 90% respondents supported this scheme where only 10% do not support it due to few reasons. However, those 10% also agreed that the reasons are not a major fact. Appropriate policy can be adopted to solve these problems. After that these one stop service model can be implemented.

According to doctors’ opinion, internal and external strategic factors are identified. Authors analyzed the factors with SWOT analysis and TOWS matrix to find out the best strategy (Table 3.16).

Authors’ also tried to find out some suggestions and recommendations from doctors’ opinion. These are discussed below in details:
Dr. Hafizur Rahman said, “to increase medical tourism growth govt. should ensure some facilities to doctors and staffs such as transportation from their home to workplace, accommodation, security etc.”. He also added, “Govt. need to provide incentives to doctors’ and staffs’ who are working with their life risk such as recent pandemic situation of COVID 19”. Dr. Sk. Mahmudur Rahman, Medical officer, Sheikh Russel Gastro Liver Institute, Mohakhali, Dhaka also focused on the incentives for their risky duty. He also suggested ensuring full-proof security at that time.

Dr. A.S.M. Julfekar Helal, Consultant Nephrologist, Labaid Specialized Hospital, Dhanmondi, Dhaka recommended to ensure socio-economic security of the doctors. He told that at least Doctors need some food incentives during duty hours to maintain their good health. However, Haradhan Bikas Dey, Medical technologist (Dental), Raozan Health Complex told that sufficient foods are given to patients and as well as doctors.
Dr. Nasrin Akter, Assistant Surgeon, Ministry of health and family welfare recommended recruiting some experienced technicians to operate the medical equipment perfectly. She also suggested to stock sufficient medical instruments so that medical tourists can get the services smoothly.

Dr. SK Masiur Rahman, Junior Consultant (Paediatrics) Shoheed Sheikh Abu Naser, Specialized hospital, Khulna said, “all the doctors’ appointment is not online-based. Authority should focus on effective communication so that domestic tourists as well as foreign tourists can get information easily”.

### Table 3.16 SWOT analysis with TOWS matrix

| Internal factors/External factors | Strengths | Weaknesses |
|----------------------------------|-----------|------------|
|                                  | Advanced level treatment | Very few effective communication systems |
|                                  | Cost effectiveness | No one-stop service system |
|                                  | Doctors and staffs have special training | National health policy is not up-to-date |
|                                  | Some international standard sub specialty hospitals provide quality treatment and service | Existing health policy implementation is not perfectly followed |
|                                  | Quality of medical education is very good | Private medicals work only based on profit motive. They do not consider it as service |
|                                  | Sufficient doctors, nurse, medical assistants and medical technologists are available | Doctors face cultural problem with foreign patients |

**Opportunities**

- **SO-strategy**
  - Quality medical education
  - Enriched natural resources
  - World class products available for shopping
  - Different types of accommodation facilities at affordable cost
  - Sufficient medical colleges, nursing colleges and institutes are available

- **WO-strategy**
  - Provide quality medical care along with whole one-stop service package to the patients at affordable cost
  - By improving effective communication and utilizing the facilities, world class medical tourism products and services can be provided

**Threats**

- **ST strategy**
  - Politically involvedness of doctors.
  - Brain drain of doctors, specialists and medical technologists

- **WT strategy**
  - Doctors, specialists and medical technologists should be given incentives and facilities to stop brain drain problem
  - National health policy should be reformed and handsome salary should be given to doctors, specialists and medical technologists

Source: Developed by the authors (2020)
Dr. Md. Kamrul Azad and Dr. Chhanda Saha both told about central politics of doctors’ which is a threat to medical tourism as qualified doctors do not get better opportunity to serve the patients. Doctors’ should be allocated according to their qualifications and specializations.

Dr. Narayan Chandra Dey, Senior Lecturer, H.M. Parbotto Homeopathic Medical College and Hospital opined that manpower is needed to serve the patients more efficiently. Most of the hospital authorities do not vacant sufficient staffs. As a result, patients face difficulties to get doctor’s appointment and admission in hospitals. Maintenance of the hospitals’ services is also a problem. Authority should solve the maintenance problem to attract medical tourists. He added that he has a future plan to reform the medical infrastructure according to his capability.

Haradhan Bikas Dey, Medical Technologist, Raozan Health Complex said, “Health complexes are suitable for primary treatment support. But though doctors and staffs are qualified, very less medical equipment are available in hospital. That is why; doctors and staffs get very few opportunities to utilize their knowledge and experience through using the medical equipment. This is obviously a threat. Ensuring necessary equipment is highly recommended”.

Conclusion

Medical tourism or healthcare services industry is a rapidly growing industry worldwide. Having identified the challenges and potentials, we conclude that Bangladesh could be one of the best and desired destinations for medical tourists coming from foreign countries; just we need to take several steps to overcome the drawbacks of this industry. As our country is full of expert professionals but the main problem is to retain them, which is one of the biggest challenge in front of our country, because of not offering remunerations to them. Generally developed countries hire people from developing countries by offering higher salary to them. Based on our study we find out that one of the biggest barriers in medical tourism is from cultural and language front. Many patients, doctors and nurses are not able to understand the foreign or ethnic language of each other, apart from the specialized doctors and extremely refined medical systems. With the help of best and high capacity advertising many countries are promoting and attracting the bulk of patients, which is fully absent in our country. That suggests an effective communication through websites and social media requirement.

Before selecting the country, patients also focuses on the infrastructure, which is a main concern affecting Bangladesh as a destination. Good accommodation, transportation system all over the country, availability of products and services easily are some of the concerns for foreign patients which lacking behind Bangladesh in the race of medical tourism. First, this paper is a unique attempt to systematically evaluate the phenomenon of medical treatment and service in Bangladesh from a tourism-based standpoint. Second, this study is one of the first academic examinations of what medical tourism is; who it is affecting, and to what ends it might lead
perspective Bangladesh. The authors examine how these hospitals are participating in medical treatment. Third, this shows a revolutionary way to find best strategy by analyzing both medical demand and medical supply. Most of the previous papers on medical tourism only focused on medical demand or medical supply. The authors break the phenomenon of medical tourism into these two sides. Fourth, the most significant contribution of this paper is model of one-stop service recommended from the authors. This model can be adopted by any developing country who wants to develop in medical tourism industry. Fifth, to find out the principle factors of medical treatment and services various statistical analyses have been done. Sixthly, to sort out the best strategy SWOT and TOWS matrix have been used. Finally, authors’ mentioned some recommendations according to doctors’ opinion which will help for improving medical related issues as well as medical growth.

Though the study was quite successful, it has some limitations. The limitations of the study are: as some respondents were busy and could not spare enough time during the interview schedule. Some hospital authorities were not willing to give permission for collecting data from their patients. Some hospital authorities were not interested to share the exact statistical data. Unavailability of empirical data on the Internet and medical journals.

It is believed that Bangladesh will accomplish its mission successfully regarding medical tourism if it can follow all the strategies and recommendations suggested in this paper.

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