



BUILDING YOUR BRAND

Brand equity is one of the keys to success in today's competitive medical tourism market. **Ilan Geva** looks at how destinations can best market themselves for medical travel success

Medical tourism: two magical words firmly etched onto our business radar for the last six years thanks to a Deloitte report in 2008, which provided a high-impact picture of the potential opportunities afforded by travel for medical care. The reaction to this report was far-reaching, with many hoping to make quick money from the medical tourism industry, while at the same time reaching exotic destinations and assisting the rapid development of healthcare in poorer nations. The report cited a potential \$100-billion market, with an average growth rate of 25 per cent, and a lot of people were taken in by these figures, still basing their business decisions on figures that are an illusion (for more on medical tourism statistics, see *Don't get caught in a web*, p38).

So, what's the reality when it comes to supply and demand in this global industry, and how are countries marketing themselves to those who are willing to travel for medical care? At the moment, around 70 nations have declared themselves 'medical tourism destinations'. They are essentially competing for the same global patient, offering very similar medical solutions and services, and claiming to charge lower prices than the competition. The simple market factors of supply and demand already show a clear tilt towards supply, while demand is barely measurable. Marketing is an essential element to get right, then, if countries are to stand out in a fairly crowded global marketplace. If we examine

the offering of other products on the global open market, we find that consumer products with similar multinational distribution and an equivalent price point (cars, for example) are professionally marketed. But medical services are known for being marketed in a slightly different way because medical conditions are not planned or budgeted for in advance. Medical tourism marketing, in particular, is deficient in government support, budget allocation, legal and ethical implementation.

That said, where governments do support medical tourism in their country, and where their marketing efforts are more professional and cohesive, these countries and their hospitals are more often found on lists of the 'best hospitals in the world'. A look at the MTQUA's 2013 list, for example (see p13), provides an example of what this particular organisation believes are the best hospitals, according to its criteria. The list contains no US hospitals, but it does contain hospitals in countries including Malaysia, Turkey, Thailand, Singapore and India – whose governments all support medical tourism at various levels.

GOVERNMENT SUPPORT

On 14 August 2013, *Bloomberg BusinessWeek* mentioned the topic of government involvement in medical tourism. It stated: "India, which offers the world's biggest savings for US medical tourists, is losing clients



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to Singapore and Thailand as visa rules and greater [public] awareness of drug-resistant germs that spread from the South Asian nation scare away patients. Government neglect means India may fail to tap the \$40-billion market that's expanding 25 per cent a year, said Josef Woodman, founder of the guidebook *Patients Beyond Borders*."

In the same article, Prathap Reddy, a cardiologist who built a \$2-billion hospital chain over 30 years, said: "[The government has] done everything to ruin our prospects of becoming a tourism centre. I once said India should become the global healthcare destination, now I'm swallowing those words. It could grow 10-fold in the next five years, if only the government would facilitate it, the way others have."

Here, you have a controversial government action – which causes delays in the processing of medical visas – contradicting every marketing logic.

At the same time, some governments have worked on visa issues and have enacted laws to make access to the country's medical care easier for those from abroad by relaxing certain visa rules. Thailand, for example, relaxed its immigration laws last year with the specific aim of promoting medical tourism. New regulations in the country allow nationals from Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the UAE to stay in Thailand for 90 days without a visa. Such medical tourists are allowed to be accompanied by up to three individuals who are also Gulf state nationals.

Nationals from Argentina, South Korea, Peru, Brazil and Chile are also eligible for the 90-day visa exemption.

It is claimed that 60,000 Omanis visited Thailand for medical care in 2012, and with these relaxed rules in place, numbers for last year are expected to be nearer 75,000. In a further bid to expand medical tourism, some of Thailand's hospitals have also established offices in Muscat so they can better target Omanis seeking care. In addition, Oman Air has added more weekly flights on the Muscat-Bangkok route.

Thailand also promotes medical tourism through its appearance at various roadshows, and its government officials are travelling the world to spread the word. I have been to one of their roadshows in the US, where several high-ranking officials were present, but they were from the Tourism Authority, spoke limited English and presented long and statistics-loaded presentations.

Medical SEA, a Malaysia-based online publication dedicated to medical tourism in Asia, published an article in August last year, predicting that medical tourism in Thailand will grow by 24.4 per cent between 2013 and 2015. The country houses 28 hospitals with JCI accreditation, and this information is used in the marketing materials of the Tourism Authority of Thailand. Due to the current political unrest, all predictions are off. Similar activities are taking place in countries including Malaysia and >>

Turkey. Turkey boasts 50 JCI-accredited hospitals, some of which look and feel like five-star hotels. During official visits with the Health Ministry in Ankara, I have received approximately 10 kilograms of printed materials, mostly in Turkish. There is no doubt that the Turkish government is extremely involved in promoting medical tourism, and sees it as a major financial category, but co-ordinating its efforts is a bit of a challenge, especially since private hospitals compete with government hospitals, who then compete with university hospitals, and so on.

Furthermore, Turkey was planning special Free Zones for medical practices, whereby foreign doctors would be allowed to practice in Turkey without speaking Turkish, and without paying taxes. This plan didn't come about, as the minister advocating such medical tourism-related activities was moved into a new post ... but more on that later. Again, political unrest, and monetary instability in Turkey, however, could place any such activity in jeopardy.

In Malaysia, the government has created a separate entity to co-ordinate and promote medical tourism – the Malaysia Healthcare Travel Council (MHTC). Its efforts are proving extremely successful, and Malaysia is enjoying a steady and growing stream of patients from neighbouring countries and beyond. The MHTC even has its own website; which

reads: “We are proud to be among one of the only countries within the region where medical tourism is promoted by the government. This, thus, provides medical tourists the assurance on quality care, regulations, safety standards and the governing laws within this industry.”

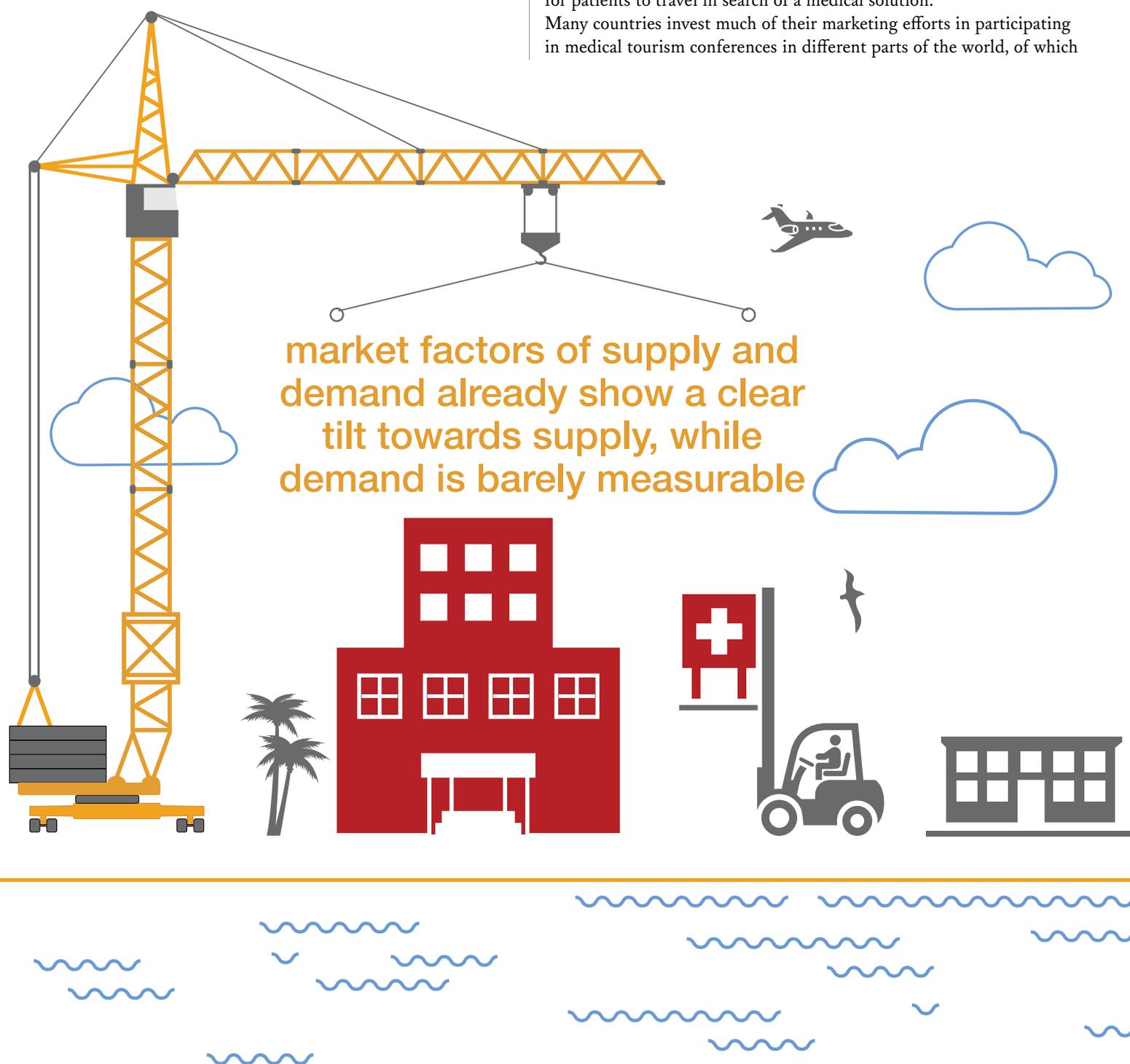
The MHTC's CEO, Dr Mary Wong Lai Lin, is a tireless executive who travels the world, lectures, promotes and gets involved with any source and resource that can help Malaysia be at its best. And the facts speak for themselves. Malaysia provides good healthcare services not only to its citizens, but to many patients in the region. An important factor to observe in the model Malaysia has developed is that foreign patients do not interfere, push aside or postpone regular services to locals.

Elsewhere, a public scandal erupted in Israel recently, where senior doctors demanded payments ‘under the table’ in addition to the quoted hospital fees. Obviously, any marketing and brand equity assests can be wiped out instantly following confirmation of such events.

WASTED EFFORTS

I personally believe that the choices medical tourists make are generally driven by country/destination first, and doctor/hospital second. So, it's important for countries to cohesively and effectively market themselves as medical tourism destinations. Price is not necessarily the main motivator for patients to travel in search of a medical solution.

Many countries invest much of their marketing efforts in participating in medical tourism conferences in different parts of the world, of which



there are around two per month. Unfortunately, few of these such events are bringing patients to any of the participating countries, simply because those conferences are not marketed to attracting patients. They attract, primarily, healthcare officials, suppliers, marketers and consultants, hospital administrators, clinics, tourism boards and, to a lesser degree, insurance companies, equipment manufacturers, investors, wellness providers and the like.

By spending huge amounts on sponsorships, booth rental, build and design, staff, printed materials, gifts and mementos, medical tourism promoters are wasting significant amounts of money without any return on their investment. Recently, I participated in a conference where Poland had a big, fancy booth, with about 15 people on the floor, and nothing to sell. Poland does not have any known superior medical practices that present potential for being a competitor in this category. The only reason for being there is the fact that Poland has created a National Marketing Unit within the Economic Promotion Department, promoting Polish medical tourism by the Polish Information and Foreign Investment Agency. They have a budget, or a grant, and they have to spend it – simple. The only way Poland is hoping to market itself is by bringing buyers on familiarisation trips to some of the main hospitals in the country.

During just a couple of months of 2013, we saw the cancellation of two medical tourism conferences – one in Ivory Coast, the other in California – and the signs of conference fatigue are evident. The best solution for countries wishing to make an impression, then, is to build ‘medical brand equity’ – and the way to do this is to build a good brand.

GETTING IT RIGHT

With about 70 countries vying for business, and claiming the ability to provide medical travel services, there is a degree of confusion as to the ‘best place to go’ for medical travellers. Let’s look, then, at where different countries’ strengths lie with regards to their brand.

I would say that, without a doubt, the US has the strongest brand equity in terms of ‘centres of medical excellence’. Brands like Mayo Clinic, Cleveland Clinic, and Johns Hopkins have been busy building their brand equity for years, much before the term ‘medical tourism’ was fashionable. A single hospital in Thailand built a good reputation some years ago, investing in infrastructure and marketing, and put the country on the medical tourism map; but does this mean that Thailand is now a ‘centre of excellence’? Similar examples exist in the Philippines, where one hospital is a shining example of excellence in medical service, but that doesn’t rub on the entire country. In many cases, few renowned hospitals and their international marketing efforts have made their country one of the world’s top medical tourism destinations.

Malaysia is investing in its medical services sector in a unique and significant way, making the entire healthcare marketplace a preferred area in which the government invests equally for domestic and the incoming patients. This is evident in both government and private hospitals, which know not only how to build facilities, but how to promote them.

Korea has invested a great deal in marketing, and establishing government offices to welcome medical travellers, but there is still the lack of a fully developed welcoming culture that appeals to patients outside the >>





immediate region. The same applies to Turkey, a country that has invested heavily in its medical sector, but which stands the risk of losing out due to political and civil unrest. That said, all these countries have invested in brand equity for the long run, and are committed to the process.

The most important thing, then, is to make a commitment to build a brand. Brand building takes time and never stops. It's not about brochures, websites, or new hospitals: marketing is the second phase, not the first. It is about the commitment of an entire healthcare community to build what it takes to be a competitor, to offer value, and to establish a point of difference or unique selling point.

This in itself involves all the brand touch points. So, never use unscrupulous facilitators; have an airline that could offer real medical support; have airport facilities that can expedite services to patients; have a visa process that makes everything easy for medical visitors; have a complete cultural understanding of the patients you intend to accommodate, make sure they have the food they like, make sure their families have comfortable and easy accommodation while their relatives are being treated; prepare an easy release process with clear instructions for follow-up; and make sure all billing issues are transparent and clear for all. There are many other steps along the way, but the idea here is to demonstrate that building a brand in medical travel doesn't consist only of the medical treatment. It involves the entire journey and involves many different entities that need to work together to provide an appealing package.

One thing to avoid is politicising medical travel. As many governments get involved in granting budgets, tax legislation, and similar activities, in connection with medical travel, they have a tendency to try and influence the personality and the marketing strategy of such brands. That is a mistake. Politicians come and go, but the actual brand will stay there forever.

As we have seen, an example of how politics and medical tourism brand-building doesn't mix occurred in Turkey, where the prime minister shuffled his cabinet and released a health minister who was a great champion of the medical travel industry in that country. As a result, advanced negotiations to create an exciting medical travel brand in Turkey came to a stand-still. Thus, a country's overall branding process should be a continuous effort, executed by the direct stakeholders of the brand and the professionals who can assist them in building a long-term, lasting brand.

The second issue is allocating marketing budgets for medical travel. We all know that commercial entities allocate anything between five and 10 per cent of their revenue to marketing spend. Currently, the medical travel field generally doesn't even come close to this. To succeed in a competitive market (and this is a very competitive market) countries, destinations and hospitals must realise that spending on marketing is as important as

building a new wing at the hospital, or buying the latest DaVinci robotic surgery equipment.

Very few countries allow professional marketers to get involved in consulting and helping them build a brand, the way it should be done. As a result, marketing efforts are often amateurish at best. No one wants to seek treatment from an amateurish doctor or hospital, so marketing efforts and materials need to be highly professional.

The most crucial and effective marketing tool for those who want to survive in the competitive medical tourism market, then, is to build a 'country' brand first, 'destination' brand next, followed by 'doctor' and 'hospital' brands.

The success of any brand, though, is the result of the unified efforts of many people – namely, the brand's stakeholders. To achieve success, a brand must be understood and passionately supported not only by its internal stakeholders, but also by its external stakeholders. So, to create a successful medical tourism marketing brand, countries need the support of their government, individual hospitals, airlines, approved facilitators, tourism boards, professional marketers, and so on. And they need to work together to establish the unique selling point or points of its healthcare sector – whether that be certain specialist treatments that are available only in that country or only a few countries; the natural beauty afforded by the country for recuperation; multiple transportation links; centres of excellence; or perhaps value for money. A brand that succeeds in having all its stakeholders speaking the same language, and co-operating with each other, is a brand with a competitive advantage – and in marketing, that's what we're always looking for. ■

AUTHOR



Ilan Geva is a global branding expert, providing, consulting, teaching, training, practicing and implementing all brand touchpoints. He is the owner of Ilan Geva & Friends, which develops and creates brand platforms including brand vision, strategy and personality for many of the world's largest corporations. As such, Ilan has helped countries, doctors, and healthcare providers solidify their brands. Ilan's work

has won over 100 global industry awards. He also teaches at the University of Chicago and at DePaul University.