Recovery and Rebuilding of Healthcare Travel at Post COVID-19: Malaysia and the ASEAN Economic Community

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Abstract. The unprecedented novel Coronavirus (COVID-19) pandemic has put a halt in various sectors including tourism. Malaysia, along with other ASEAN state members, are not exceptional. This article aims to elucidate the existing collaboration between Malaysian and ASEAN healthcare travel post-pandemic and carve possible improvements for its state members. A qualitative document analysis was conducted on government and official reports using several keywords such as "pandemic", "healthcare travel" and "recovery". Findings are presented in two main themes namely (a) the impact of the COVID-19 pandemic, and (b) recovery and rebuilding. An analysis of the progress of the ASEAN Economic Community (AEC) Blueprint 2016–2025 post-COVID-19 is presented. Findings from the reports describe the impact of COVID-19 on Malaysia's tourism and healthcare travel industry, recovery and rebuilding phases, as well as possible avenues to improve collaboration with ASEAN through the AEC. Several essential findings reveal that Malaysia recognises certain ASEAN state members as current and emerging competitors. Nevertheless, this article asserts that a cohesive effort among the state members is crucial as Malaysia intends to explore new focus and niche markets. This article is preliminary as data is only collected through document analysis. Hence, future research is suggested to provide empirical evidence on the challenges and opportunities with AEC collaboration in light of rebuilding the healthcare travel industry. Empirical findings on the possible new markets for Malaysia's healthcare travel industry can also be an avenue for future studies.

Keywords: COVID-19 · Healthcare Travel · Medical Tourism · Wellness Tourism · ASEAN Economic Community

1 Introduction

The global flow of patients, health professionals, medical technology and capital funding across countries grew especially with the application of regional and bilateral trade agreements. The consumption and production patterns of healthcare services have changed tremendously [1]. The ease of getting medical treatment and services at the international level has resulted in the globalisation of the healthcare market [2]. If travelling to a destination country enhances one's health criteria, the tourism industry plays a pivotal role

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to foster the health and well-being agenda [3]. Malaysia's tourism and healthcare travel industry needs to reach a common understanding with the ASEAN Economic Community (AEC) in developing health and wellness tourism. Capitalising on Malaysia's tourism attractiveness would enhance the growth of tourists seeking health and well-being in the country. Health, wellness, and medical tourism are the three common terms used interchangeably. Health tourism includes the motivation to attain therapeutic environments, wellness or health enhancement therapies [3]. If one travels specifically for medical treatments, their travelling is termed medical tourism [3]. On the other hand, Global Wellness Institute [4] define wellness tourism as trips that are primarily motivated by wellness.

Health and wellness tourism were traced back to the 17th century when the European upper social classes travelled for spas and healing treatments by the Nile River [5]. Similarly, Gray and Poland [6] posited that travelling abroad to improve one's health has a long history for upper social classes through spas, mineral baths, innovative therapies and the fair climate of the Mediterranean. Health tourism was discussed in the context of services offered by health resorts and spas centralising on thermal springs and health-related facilities. It took the form of hotels and tourist facilities offering health services such as medical screenings, special diets and herbal remedies on top of the conventional tourist attractions [7]. Scholars categorised medical tourism into general care (e.g., knee and hip replacement, eye surgery), cosmetic surgery and dental care (e.g. root canals, implants) [8]. Meanwhile, travelling to health resorts, spas and hot springs for well-being and health improvements is termed wellness tourism [8]. Figure 1 illustrates the branches of health tourism. Health tourism is categorised into medical tourism which consists of general care, cosmetic surgery and dental. Meanwhile, wellness tourism comprises spas or hot springs, massages and yoga.

In Malaysia, the health and wellness industry, also termed the healthcare travel industry, is headed by the Malaysia Healthcare Travel Council (MHTC), an agency under the Ministry of Health Malaysia. To date, MHTC has 22 elite and 64 ordinary partners

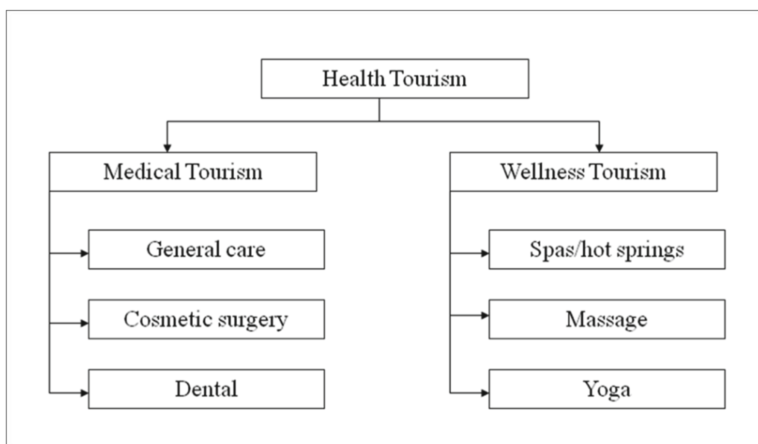

Fig. 1. Health Tourism Branches. Source: Consumer decision components for medical tourism: a stakeholder approach [8].

consisting of private hospitals, eye specialists, fertility centers, and dental centers [9]. As the world moves towards post-pandemic, wellness travel is found to be one of the growing interests among travelers, as it was projected to be worth USD19.4 billion by 2022 [10]. Asia Pacific is expected to spend 1.5 times more than the average traveler. This justifies the importance of the present article to further elucidate the role of Malaysia and the AEC to enhance the healthcare travel industry. Hence, this study aims to elucidate the present state of collaboration between Malaysia and other ASEAN state members. This study hoped to support the industry players and policymakers in moving towards the Recovery and Rebound Plans as explained in the Malaysia Healthcare Travel Industry Blueprint 2021–2025 [11].

2 ASEAN Trade Liberalization: An Overview Prior to the Covid-19 Pandemic

2.1 AEC Blueprint

The General Agreement on Trade in Services (GATS) agreed by the World Trade Organization (WTO) in 1996 paved the way for trade in medical and other services [12]. Goods and services are free to move from one country to another. This has eventually sped up the liberalization of trade in healthcare services [1]. In Southeast Asia, the ASEAN Free Trade Area (AFTA) was established to deepen the intra-ASEAN industrial linkages [13]. The AFTA was signed at the 1992 ASEAN Summit in Singapore to liberalize trade in the region through the elimination of intra-regional tariff and non-tariff barriers. Efforts to escalate service integration started with the ASEAN Framework Agreement on Services (AFAS) in 1998 [14]. The Framework guided the liberalization of seven key sectors including transport, business services, communication and tourism services.

In October 2003, the ASEAN leaders mooted the AEC idea to transform ASEAN into a region with free movement of goods, services, investments, skilled labour and capital. Thus, the AEC was established on 31st December 2015 to enhance the movements of eleven priority sectors [13]. Healthcare was listed with other sectors such as electronics, automotives and wood-based products. Each of the sectors comes with its roadmap that includes specific measures to be implemented between 2003 and 2010. The Roadmap for Integration of the Healthcare Sector was published and covered 21 various measures such as the movement of patients and facilitation of travel in ASEAN [15].

The AEC Blueprint was launched to provide directive and strategic measures for the AEC between 2016 and 2025. Among others, this effort was to promote better healthcare facilities, products and services to meet the growing demand for affordable and quality healthcare in the region [16]. While the integration takes up development in many areas such as insurance, accreditation, transportation and security, the AEC Blueprint 2016–2025 aims to facilitate the movement of patients and healthcare practitioners. This is made possible with the establishment of the ASEAN Agreement on Movement of Natural Persons in 2016 which facilitates temporary entry and stay of natural persons [14].

Reference [17] reviewed the progress of AEC Blueprint 2016–2025 focusing on the integration of the healthcare products sub-sector and the liberalization of the healthcare services sector. As of 2017, the AEC Blueprint 2016–2025 has made progress in the

expansion of the ASEAN healthcare market. This is seen with the increasing promotion of health tourism and e-healthcare services. Indonesia contributed the largest portion to the region's overall medical travelers at around USD11.5 billion, with most of them travelling to Malaysia [17].

Despite the establishment of ASEAN Mutual Recognition Agreements (MRAs) to promote cross-border mobility of foreign professionals including nurses, and medical and dental practitioners, Irawan [17] posited that the AEC Blueprint 2016–2025 is challenged by medical practitioners' international mobility. This owes to the unstandardized regional qualification and curriculum in medical education. This situation led to varying requirements in standards and skills. Consequently, it limits the movement of medical practitioners thus limiting the trade of services [17] which results in a detrimental supply of doctors and nurses in several ASEAN countries.

Such a situation could impinge the ASEAN members' participation in serving the health tourism industry [17]. On the other hand, the ASEAN Integration Report released in 2019 depicts the progress made towards enhanced connectivity and sectoral cooperation. Thus, trade in services between ASEAN members grew by an average of 7.4% annually from 2010 to 2018. In 2018, the region's services trade reached USD778.6 billion, an increase of 77.38% (USD439.2 billion) from 2010 [14].

The top three services exports were travel services (34.3%), other business services (22.1%), and transportation services (18.6%). These figures show a tremendous increase in travel within the ASEAN region. Nevertheless, detailed information on the movements of patients as described in [15] is not available in the ASEAN Integration Report 2019. The presence of this information would have offered a clearer understanding of how the AEC Blueprint 2016–2025 has assisted in serving the demand for affordable and quality healthcare in the region.

2.2 Malaysia Healthcare Travel Industry

Diaspora, regionalism and trade liberalization on healthcare has elevated health tourism activities [18–20]. [18] synthesized that regionalism encourages medical travel such as in the colonial connection between the United Kingdom and India. Meanwhile, transnationalism has a huge role as portrayed by the Mexicans and Americans who possess high mobility between the United States to Mexico and Latin America. Trade liberalization resulted in patients from the ASEAN region, specifically Indonesia (60%), taking up a majority of the receipts of medical travelers into Malaysia, while [11, 21, 22]. This is due to the ease of transportation and connectivity between the state members. Hence, it is seen that the rise of healthcare travelers since 2015 resonates with the successful implementation of ASEAN Trade Liberalization.

3 Methods

There are four sources of data in a quality inquiry which are interviews, observations, documents, and artefacts [23]. Documents constitute a variety of sources including public records and personal documents in written, visual, and digital forms. For this study, document analysis was conducted on government and official reports namely, the AEC

Blueprint 2016–2025, ASEAN Tourism Marketing Strategy 2020, Tourism Malaysia Annual Report 2020 and Key Performance Indicator 2020, as well as the Malaysia Healthcare Travel Industry Blueprint 2021–2025. These reports were obtained from their respective organization websites. Several keywords were used in searching for data including “pandemic”, “Malaysia”, “health travel”, and “recovery”. Other sources were also taken into the work such as the ASEAN Integration Report 2019, Tourism Malaysia websites and extant journal articles.

This technique aims to explicate the existing forms of collaboration between Malaysia and other ASEAN state members. Further, this technique allows the authors to corroborate the states of tourism and healthcare travel before and post-pandemic. Findings are presented through two general themes which are (a) the Impacts of COVID-19, and (b) Recovery and Rebuilding. Detailed discussions are presented in the following sections.

4 Findings

4.1 Malaysia Tourism Sector: The Impact of the COVID-19 Pandemic

COVID-19 has put a halt in the global tourism industry. ASEAN has been particularly affected due to its substantial reliance on tourism [24]. For example, Bali saw a steep decline in tourist arrivals from 6.2 million in 2019 to 45 in 2021 [24]. Specifically in Malaysia, the travel industry witnessed a significant drop in tourist arrivals and receipts. Figure 2 shows the drastic drop due to travel bans, border closures and lockdowns. The movement control orders (MCO) and challenges in marketing efforts were also recorded as among the contributors [11]. The gradual upward trend of receipts between 2015 and 2019 reached MYR 86.1 billion in 2019 and plunged to MYR 12.7 billion in 2020 [25].

In Malaysia, ASEAN remained the major contributor to foreign tourist arrivals at 68% (2,949,363 tourist arrivals) followed by 20.1% by East Asia and South Asia (870,314 tourist arrivals). Meanwhile, West Asia, the Middle East, the Americas, Oceania, Europe, and Africa accounted for 11.8% with 512,484 tourist arrivals [26]. This signifies the strong interdependence between Malaysia and the AEC. Figure 3 illustrates Malaysia’s foreign tourist arrivals as opposed to other ASEAN countries between 2015 and 2020.

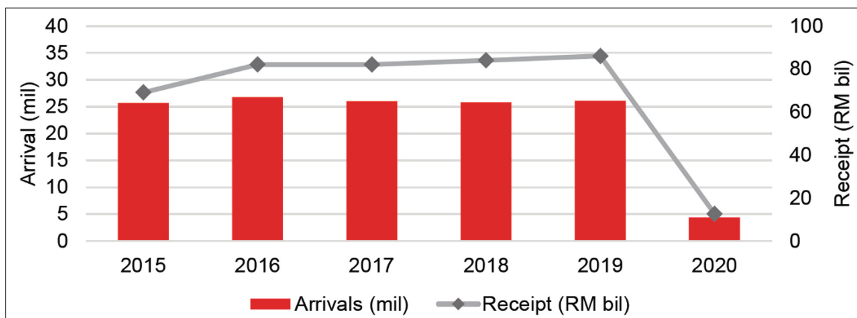

Fig. 2. Tourist Arrivals and Receipts to Malaysia, 2015–2020. Source: Malaysia Healthcare Travel Council [11].

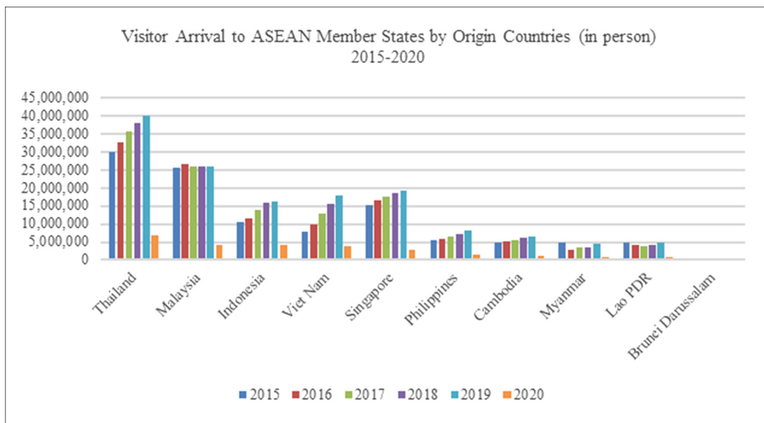

Fig. 3. Visitor Arrival to ASEAN Member States by Origin Countries (in person) 2015–2020. Source: Association of Southeast Asian Nations [27].

Before the pandemic, Malaysia remained the second-highest destination country for total international tourist arrivals. This signifies Malaysia's comparative advantage over other ASEAN member states. However, in 2020, Malaysia witnessed negative growth in international tourist arrival of 83.4% or 4,332,722 in comparison with 26,100,784 in 2019. Despite retaining its second-highest destination country for 2020, Fig. 3 shows that Viet Nam and Singapore were catching up thus signalling the need for stronger efforts from Malaysia.

UNWTO Asia and the Pacific also recorded a decline of 84% in international tourist arrivals. Based on the data from Pacific Asia Tourism Association (PATA) and National Tourism Organizations (NTOs), other ASEAN countries faced a significant drop in tourist arrivals with Singapore registering a decline of 85.7% followed by Thailand (-83.2%), Vietnam (-78.7%) and Indonesia (-75%) [26]. In 2021, Malaysia welcomed only 130,000 tourists with MYR 240 million in receipts [25]. As for 2020, Tourist Receipts (MYR12,688.2 million) were the least contributor to Malaysia's foreign exchange earnings after Manufactured Goods (MYR847.7 billion), Palm Oil (MYR52.1 billion), Liquefied Natural Gas (MYR29.0 billion), Rubber (MYR3.3 billion) and Crude Oil (MYR19.0 billion) [28]. Before the pandemic, Tourist Receipts were the second biggest contributor after Manufactured Goods. These figures suggest the impinging effect of COVID-19 on Malaysia and ASEAN state members' tourism sector.

4.2 Malaysia Healthcare Travel Industry: Recovery and Rebuilding

The plummeted revenue earned from Tourist Receipts reflects the importance of strategizing the development of the healthcare travel industry. Medical travelers and their accompanying family members spend on tourism activities in a destination country such as shopping, accommodation and visiting tourist spots apart from medical services [29, 30]. With a target of 30 million tourist arrivals in 2020 [31], Malaysia previously aimed to be the hub for leisure and business travels for the year [32]. In tandem with Visit Malaysia 2020, MHTC launched the Malaysia Year of Healthcare Travel 2020 (MyHT2020) to

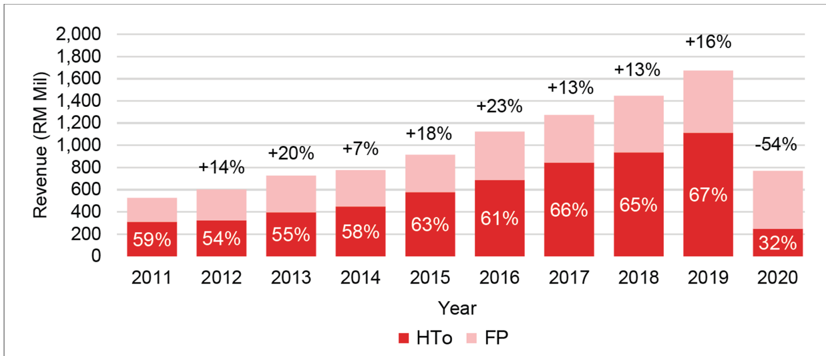

Fig. 4. Malaysia's Healthcare Travel Revenue, 2011–2020. Source: Malaysia Healthcare Travel Council [11].

spur the growth of Malaysia's health tourism. Nevertheless, the plan was halted due to the unprecedented global pandemic. As shown in Fig. 4, Malaysia's healthcare travel industry earned MYR 1.67 billion in revenue in 2019 and dropped to MYR 780 million in the following year. Figure 4 also demonstrates the declined growth percentage from 16% to -54% in the same period.

Note:

- **Health Tourist (HTo):** Tourists seeking healthcare treatment in Malaysia.
- **Foreign Patient (FP):** Resident Non-Malaysian including Expatriates, Foreign Workers, Foreign Students, MM2H participants etc.
- **Healthcare Traveller (HT):** Combination of HTo and FP.

COVID-19 also shifted healthcare investment and impact. The initial focus on long-term investment and equipment in healthcare was deprioritized and shifted directly towards operations and combating COVID-19. As a result, equipment availability and technological strengths of Malaysia's private hospitals were impacted [11]. In terms of travel experiences, the former targets of high-quality healthcare services and ancillary services shifted to the formation of travel bubbles and forced direct stakeholders towards survival modes. Emphasis was then placed towards hygiene and cleanliness, telehealth, and vaccination coverage. In light of the new normal, MHTC launched the Malaysia Healthcare Travel Industry Blueprint 2021–2025 to further elucidate the strategic plans for the industry. The Blueprint outlines the timeline of the Recovery (2021–2023) and Rebuilding (2023–2025) phases with the following strategy map overview [11].

Figure 5 summarizes the three pillars encompassing the Recovery and Rebuilding phases. These phases are I) the Healthcare Travel ecosystem, II) Malaysia's Healthcare Brand, and III) Markets. The strategic objectives revolve around improved care and service delivery quality, diversification, brand cohesiveness, protecting the current primary market, and developing focus and niche markets. Pillar III (Markets) specifically requires the assistance of AEC as Malaysia explores new potential opportunities. MHTC also recognized the changing dynamic of healthcare travel with further turbulence and volatility. An emerging competitor is also identified (e.g. Viet Nam) along with the existing ones

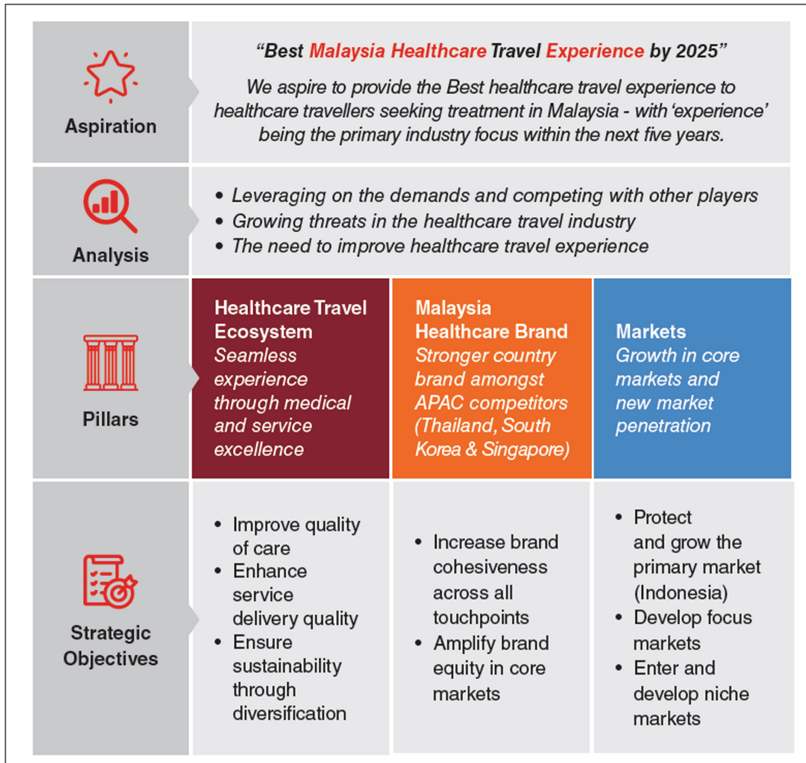

Fig. 5. Strategy Map Overview [11].

i.e. Thailand, South Korea, and Singapore [11]. Nevertheless, learning from neighboring countries, Malaysia should explore the possibility of competitor partnerships and collaborations through AEC avenues.

4.3 Travel Bubbles

Tourism Malaysia targeted the arrival of foreign tourists through 'cross-border tourism' involving the short-haul market (ASEAN) through possible travel bubbles. This move was in consideration of the strategic location of the neighbouring countries that share the land access and proximity to Malaysia. Moreover, neighbouring countries such as Singapore, Thailand, Brunei, and Indonesia represent the largest share in terms of tourist arrivals in 2019 at 68.5% [26]. Similarly for healthcare travel, Thailand, Singapore, and South Korea formed travel bubbles and shifted focus to countries with fewer COVID-19 cases. Emphasis is diverted to promoting new treatments and forming competitor partnerships and collaborations [11]. This is another avenue that Malaysia could explore to further expand its healthcare travels marketing reach.

4.4 Transportation and Movement of Patients

The AEC Blueprint 2016–2025 envisaged further strengthening economic integration between the state members through several characteristics including enhanced connectivity and sectoral cooperation for tourism and transport [33]. These aspects move in tandem with the ASEAN Community Vision 2025. The AEC Blueprint 2016–2025 aims to facilitate the movement of patients and healthcare practitioners. As vaccination is one of the game-changers [11], the Blueprint should be utilised towards assisting vaccinated healthcare practitioners and travellers. This effort will contribute towards a seamless healthcare travel experience through medical and service excellence which Malaysia could potentially utilise.

At the time this article was written, China's National Health Commission announced in December 2022 that incoming tourists would no longer have to quarantine with effect from January 8, 2023, and there would be no official restrictions for its citizens travelling abroad [34]. While Malaysia welcomes tourists and healthcare travellers from China, the authors opined that emphasis should be placed on assisting the transportation and movement of vaccinated travellers.

4.5 Concerted efforts through the ASEAN Tourism Crisis Communications Team (ATCCT)

With the Recovery (2021–2023) and Rebuilding (2023–2025) phases, the Six Market Initiatives 2021–2025 also called for a concerted effort from various stakeholders for the following measures.

a) Collaboration with hospitals for new segments/markets.
b) Collaboration with agencies (Tourism Malaysia, MATRADE, etc.) to open new segments/markets.
c) Market support and activation with hospitals.
d) Partnerships with on-ground strategic partners e.g. banks, and hospitals.
e) Malaysia Healthcare Representative Offices (MHRO)/Malaysia International Referral Centre (MIRC) based engagements.
f) Collaboration with Tourism Malaysia for holistic market entry.

Initiatives (b) and (f) particularly require the support of Tourism Malaysia which also comes in tandem with the ASEAN moves. From the Final Study Report for the Post COVID-19 Recovery Plan for ASEAN Tourism [35], Malaysia and Indonesia are responsible for strengthening the ASEAN Tourism Crisis Communications Team (ATCCT) to improve their tourism resilience towards the pandemic. This platform could be capitalized as the avenue for ASEAN members to promote Southeast Asia as a healthcare travel destination during and after the post-pandemic. Malaysia healthcare travel aims to retain the existing markets, namely Indonesia, China and Singapore while exploring potential new markets such as the Middle East [11]. Therefore, an established avenue such as the ATCCT can be utilized to promote the region while seeding the potential of a new market.

5 Conclusion

The COVID-19 pandemic resulted in a major shift for the healthcare travel industry in Malaysia as well as other ASEAN members. Despite recognising the emerging competition among member states, Malaysia is recommended to explore suitable opportunities with the AEC network. This is hoped to assist the industry in market expansion as well as improving the medical, wellness and ancillary services. Findings from this study are limited to only industry reports and recent news articles. While this article is preliminary, future studies are suggested to provide empirical evidence on the challenges and opportunities with AEC collaboration in light of rebuilding the healthcare travel industry. Primary data through qualitative approaches can be utilised to explore the insights of Malaysian regulators and industry players. Empirical findings on the possible new markets for Malaysia's healthcare travel industry can also be an avenue for future studies.

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