



**PREVILLE & ASSOCIATES CONSULTING GROUP (INTERNATIONAL)  
LIMITED**

**REPORT PREPARED FOR THE  
ORGANIZATION OF AMERICAN STATES (OAS)**



**Organization of  
American States**

**Assessment of the Opportunities for the CARIFORUM Health and Wellness Sector  
in Exporting Services to the European Union (EU) under the CARIFORUM-EC EPA**

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NOVEMBER 8, 2013**

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## Executive Summary

The Health and Wellness sector has been identified by most CARIFORUM states as a key sector to drive economic development. With estimates putting the global health and wellness industry at USD 60 billion, growing at an average of 30 % per annum, the sector provides a feasible option for CARIFORUM countries to diversify their service offerings and increase international competitiveness.

Even though a few developed countries, including the United States of America, Japan and Italy dominate the market for Health and Wellness tourism, the catalytic effect of the Health and Wellness sector, particularly health and wellness tourism, on national development has been evidenced in countries such as Thailand, Singapore, and India where innovation in the sector has been directed by continuous research, strategic marketing and promotion efforts. The natural resources present in the CARIFORUM region provide the ideal platform to develop a lucrative health and wellness tourism sector. Currently, the region's health and wellness sector is estimated at a value of USD 180 million. Yet, the sector possesses the ability to contribute significantly more to the region's development, as a preliminary assessment of the CARIFORUM health and wellness industry points to certain key factors, which are preventing the region from realizing optimal results from investment in the sector. Chief among these, as posited by this report, is the lack of a cohesive strategy among countries for development and promotion.

Therefore the report advocates for the following:

- 1) An increased focus on research and statistics development and training;
- 2) The development of a framework for incentives;
- 3) A strategy for promotion and destination branding;
- 4) International accreditation, the development of regional standards for the industry; and
- 5) The use of technology as a supporting tool to advance the development of the sector.

The recommendations contained herein are designed as remedies for the above-mentioned issues, and are based on numerous studies done on the international and regional health and wellness industries. While reference is made to strategies employed by various leaders in the industry, it is important to note that a sustainable health and wellness sector is dependent on the establishment of an internationally recognizable brand, differentiated by the competitive advantages of each CARIFORUM country. The infusion of indigenous herbs and spices in the CARIFORUM health and wellness industry has been identified as a crucial feature in creating a unique selling point (USP) for the CARIFORUM industry. However, to date there has been very limited research as it relates to the medicinal and therapeutic value of these products. Where products are being researched and developed, CARIFORUM states are faced with another bottleneck, as these goods also suffer from limited ability to penetrate key markets, and so, are not as widely

recognized as traditional medicinal and spa brands from developed countries. The medical and spa tourist will therefore not be attracted to this USP unless there is simultaneous marketing of both the goods and services related to the health and wellness sector. Accordingly, the development of the pharmacological aspects is equally important.

Notwithstanding, the EC-CARIFORUM Economic Partnership Agreement provides unique market opportunities for CARIFORUM states, given the increased services commitments offered by both parties and the technical assistance components of the Agreement. While this is so, there must be strategies employed by states to expand relationships beyond those countries with which there are traditional ties. The investment provisions are particularly beneficial in providing tangible opportunities for employment generation in CARIFORUM. These provisions will also encourage technology transfer, an essential process to ensure the sustainability of the industry. Further in-market research is therefore recommended to assess, and provide further information on the opportunities and challenges related to the industry, so that the appropriate remedies can be identified, assessed and applied.

# Chapter 1: Introduction

## Context

An increasingly competitive global marketplace has coerced states to diversify markets and seek out comparative advantages in sectors outside the ambits of traditional export sectors. Additionally, increased movements across borders and technological advancements have facilitated greater trading relationships between and among traditional trading partners, albeit the change in the trading dynamics. The formation of new trading relationships is also evident due to increased interaction.

The CARIFORUM-EC Economic Partnership Agreement represents the first reciprocal trading agreement between CARIFORUM States and the countries of the European Union. The agreement has gained prominence in international trade discourse primarily because of the increased commitments garnered for trade in services and the comprehensive framework presented for investment. The services commitments present new opportunities to be exploited by CARIFORUM States, as these economies are predominantly services-based, with services accounting for over 60% of the exports in most countries and in excess of 80% for many of the smaller Eastern Caribbean countries.

While the Agreement was concluded since December 2007, CARIFORUM States are yet to benefit optimally from the commitments made, mainly due to slow implementation of the services and investment component of the Agreement. In an attempt to remedy this particular bottleneck, CARIFORUM States, with funding from the Organization of American States (OAS), have commissioned this study to assess the opportunities for service sector trade presented through the CARIFORUM-EC EPA. More specifically, the study seeks to identify ways in which CARIFORUM States can take advantage of the development cooperation and the technical assistance provisions of the Agreement, in an attempt to develop domestic capacity in service sectors. Discussions on the draft work plans for the implementation of the Services and Investment component of the EPA, prioritized among other things, the establishment of a databank for the market opportunities and the access to services within the EU.

Given the wide scope of services trade liberalization under the EPA, CARIFORUM countries have prioritized some sectors which are believed to possess significant income generating opportunities in the European market. In this regard, the Health & Wellness; Maritime & Yachting; Education; Culture and Entertainment; Tourism; Professional Services and ICT & related Services sectors were identified. This study focuses specifically on the Health and Wellness sector and provides, so far as the available data allows, an analysis of the market access opportunities for the 14 CARIFORUM states (Haiti is not included as it has not produced a

Services schedule) in the eight (8) EU states which have indicated an interest in the sector. These EU states are:

- Estonia
- France;
- Germany;
- Italy;
- Malta;
- Netherlands;
- Spain; and
- UK

## **Scope of Work**

In an attempt to present a clear and comprehensive analysis of the sector, the paper is divided into seven (7) chapters, each containing sub-sections. The first is the introduction which establishes the context in which the research has been undertaken; the second gives an overview of the Health and Wellness sector in CARIFORUM and the European Union; the third chapter provides an assessment of the CARIFORUM-EC Economic Partnership Agreement and the market access opportunities presented for the Health and Wellness sector; Chapter four presents a case study analysis of the Barbadian approach to trade in the Health and Wellness sector; Chapter five provides a review of trade data between the select EU member states and CARIFORUM; Chapter six provides a suggested framework for the development and operation of the sector in CARIFORUM states for them to maximize the benefits presented, while the concluding chapter consolidates the key findings and presents recommendations for the development of the sector to take advantage of the opportunities provided through the EPA.

The primary aim of the paper is to assess the health and wellness sector in CARIFORUM states and identify areas for further development and expansion in order to leverage the opportunities that have become available due to the growth in the global health and wellness sector. The opportunities for investments and joint ventures are especially important, given the diverse markets within North America and the EU, and the development and technical assistance component of the EPA. We would like to establish from the onset that since this paper is a preliminary examination of the sector, which was conducted through desk research, the data presented are therefore limited to information available via the world wide web and additional information garnered from either national investment promotion agencies or ministries of government in the case of the CARIFORUM member states. Notwithstanding, the consultant has attempted to produce a comprehensive analysis of the sector within CARIFORUM, as well as the interested parties of the European Community. An assessment of the market access and

investment provisions for the Health and Wellness sector within the context of the EPA is also contained herein to ascertain the benefits presented by this Agreement for the expansion of the CARIFORUM Health and Wellness sector.

## **Defining the Health and Wellness Sector**

The terms ‘health’ and ‘wellness’ have been ascribed different meanings depending on the organization or individual describing them. In some instances, the concepts vary extensively among ‘health tourism’, ‘medical tourism’ and wellness tourism, other times the terms are coined into the same concept. Despite the variations in definitions, both terms suggest a lifestyle which promotes the overall wellbeing of mind, body and soul. According to the World Health Organization (WHO), health refers to a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore, health tourism in the context of this study refers to the travel motivated by the need to undertake medical/surgical procedures; involvement in training or exporting of medical personnel, the manufacturing or distribution of medical products for treatment or cure. For the purpose of this study, these activities will be referred to as medical tourism.

Wellness, on the other hand, suggests a more general sense of wellbeing and relates more to everyday state of mind. As used in the *Spa and Wellness Sector Strategy 2014-2018*, wellness tourism in the context of this study focuses on travel aimed at receiving non-surgical cosmetic procedures and other treatments conducted in day spas and other wellness centres. The wellness industry often include, inter alia, yoga, fitness, outdoor activities, meditation, pilates, massage therapy, healthy diet, organic living.

## **Medical Tourism**

A key part of the Health and Wellness industry is the medical tourism sub-sector. Medical tourism relates to an individual “traveling to a destination in another country to receive medical, dental and surgical care; because the destination enables better access to care, provides higher quality care or offers the same treatment at a more affordable price” (Grail Research 2009). This particular sub-sector is growing rapidly, due to increasing cost of health care in developed countries on one part, and the rapid technological development in the area and affordable prices in developing countries on the other part.

In 2011, the global market for medical tourism was estimated at US\$ 50 billion, with more than 1.5 million persons, including 750,000 in North America (Julien 2012). A 2008 Survey conducted by Deloitte Centre for Health Solutions of more than 3,000 consumers in the United States found that nearly 40 % of respondents would consider an elective procedure in a foreign country (Julien 2012). Further research indicates that in 2007, more than 750,000 Americans

traveled abroad for medical procedures (Grail Research 2009). Countries such as Brazil, Costa Rica, India, Korea, Malaysia, Mexico, Singapore, Taiwan, Thailand, Turkey, and the United States have already made significant inroads in generating substantial income from the sector. However, what research has shown is that like any other industry, each country's experience differs, and economic success in the sector is dependent on countries focusing on their own comparative advantage and a unique selling point, rather than on a carte blanche approach to the sector's development.

Despite harsh economic times, the sector has shown tremendous resilience indicating an upward trajectory in growth for years to come. Malaysia, for example, saw a 700% increase in medical tourist arrivals between 2000 and 2008; Thailand, approximately 1 million medical tourists per annum; and countries such as Costa Rica and Colombia have seen significant growth in persons visiting to undertake a wide array of cosmetic surgery (Girard n.d.).

With an ageing world population and an observed trend of persons moving towards preventative rather than curative health care, it is anticipated that the industry will continue to grow and surpass many other traditional sectors. What is even more interesting is that the rising cost of medical treatment in developed countries, presents a push factor, forcing patients to seek alternate options in developing territories.

The ability of trade in health and wellness services to generate sizable income for countries that promote an aggressive policy in these services is evident from an assessment of the sector in countries such as Thailand and Singapore. It is reported in Singapore, for example, that 10% of total revenue generated by the health sector is derived from expenditure of international patients<sup>1</sup>. Thailand, according its Department of Health Service Support, generated 97.8 billion Baht (USD 3.37 billion) from tourist who visited that country for medical purposes in 2011 (Phua 2012).

A recent trend shows medical research and testing services as a growing sub-sector (Emerging Market Economics Ltd. 2007). The rising cost of these services in the developed countries is the main driver of international trade. Many pharmaceutical majors have relocated part of their research activities to cheaper countries such as India where researchers and technicians can be obtained at a fraction of the cost in their home countries (Emerging Market Economics Ltd. 2007). The Internet and other improvements in communications have resulted in increased outsourcing of testing services; these trends are likely to accelerate. Alternative and complementary medicine, a sub-sector of medical tourism and/or wellness and spas, is another potential area for the development of service exports (Caribbean Export Development Agency 2008).

Realizing the opportunities presented for income generation, many CARIFORUM governments have, in one way or another, embarked on a targeted strategy to promote the trade of health



services. Governments in the region are further encouraged to partake in this sector due to the relative success being enjoyed by regional counterparts such as the Dominican Republic, Mexico, Costa Rica, Barbados, and the Bahamas. The Dominican Republic has built a successful industry on hair loss treatment and hair transplant, targeting mainly the US market (Connell 2013). Mexico has leveraged its proximity and immigration links with the US to develop a strong medical tourism industry premised on cosmetic operations. Barbados has developed a reputation as a leading regional destination for fertility treatment through the Barbados Fertility Clinic, where medical tourists account for 80% of all clients (Connell 2013). The Bahamas has a focused medical tourist sector dominated mainly by the services of the Doctors Hospital. The hospital is linked to similar facilities in Washington D.C. and Florida and allows the movement of doctors between facilities, it also offers an option for patients to be treated in the US or Bahamas for spinal surgery or prostate cancer treatment (Connell 2013).

Other CARIFORUM governments are working to set up lucrative medical tourism industries. The Guyanese government has already expressed its intention to set up a specialty surgical hospital by June 2015 (Government Information Agency, Guyana 2013). The facility is expected to provide affordable health care to locals as well as members of the Guyanese Diaspora, particularly in the area of cardiac surgeries. Additionally, a US\$15 million medical and rehabilitation centre is being developed in Nevis in partnership with an Atlanta-based organization, Princeton Health Care Incorporated. The Government of Trinidad and Tobago has also announced plans to design, finance and build medical centres across the island through public/private partnerships with investors from the US and South America (RAMBALLY 2012). Plans are also underway in Grenada to construct a new hospital to position that country as a medical tourist destination (Caribbean Journal 2012). Jamaica signed a Memorandum of Understanding in February 2013 with a U.S. North Carolina-based group of medical professionals who envision a US\$170 million facility, 50-75 bed hospital expanding to 200 beds specializing in plastic and cosmetic surgery, bariatric services and dental procedures (Heyliger 2013). Barbados in June 2011 signed a lease with American World Clinics entailing an investment of US\$100 million that includes revamping a former private hospital. The facility would have a 50-bed capacity (Heyliger 2013). This facility is expected to open in summer of 2015. Further, this same group in April 2013 visited The Bahamas to share ideas of a US\$200- US\$250 million medical tourism facility for that country (Heyliger 2013).

It is obvious from the activity in the sector that medical tourism is a priority area for development for most CARIFORUM states. However structural barriers and resource constraints remain serious concerns in creating a cohesive regional strategy for the region. Firstly the lack of available data on the sector and its contribution to the GDP of each CARIFORUM state makes it difficult to assess the actual impact of the sector on their economies. Other issues include lack of international recognition and accreditation and inadequate infrastructure to support medical procedures beyond the needs of the domestic market. Notwithstanding, there are also

opportunities which include, inter alia, highly trained medical professionals, existing reputation for delivering competitive tourism product and competitive prices for high quality services. These opportunities and challenges are discussed later in this paper. There are also efforts being made to promote increased movement of medical professionals across CARIFORUM. The Caribbean Association of Medical Councils (CAMC) is attempting to do this by developing a regional examination, promoting registration, licensing, and standards. The Regional Nursing Examination is also trying to stem the rising trend of temporary emigration of nurses from the Region (Gonzales 2002), so that there is adequate supply of these professionals to fuel the budding industry.

**TABLE 1: COMPARATIVE TABLE: COST OF MEDICAL PROCEDURES ACROSS FOUR COUNTRIES INVOLVED IN THE MEDICAL TOURISM**

	<b>USA</b>	<b>India</b>	<b>Thailand</b>	<b>Jamaica</b>
Heart Bypass	130,000	10,000	11,000	30,000-40,000
Heart Valve Replacement	160,000	9000	10,000	20,000
Angioplasty	57,000	11,000	13,000	20,000-25,000
Hip Replacement	43,000	9000	12,000	15,000
Hysterectomy	20,000	3000	4500	3000
Knee Replacement	40,000	10,000	13,000	5000

*Source:* Information for USA, India and Thailand is based on American Medical Association Study (2007) as cited on <http://www.indiaprofile.com/medical-tourism/cost-comparison.html>. Information on Jamaica obtained by author's research.

**TABLE 2: TRAINING CAPACITY FOR MEDICAL PROFESSIONALS IN THE CARIBBEAN**

Country	Institution	Year Established	Degree Offered	Accreditation
Antigua and Barbuda	<a href="#">American University of Antigua College of Medicine</a>	2004	MD	1. New York State Education Department (NYSED), CAAM-HP
	<a href="#">University of Health Sciences Antigua School of Medicine</a>	1983	MD	
Barbados	<a href="#">University of the West Indies Faculty of Medicine</a> (Cave Hill)	1967	MBBS	CAAM-HP
	American University of Barbados School of Medicine	2011	MD	
Dominica	All Saints University School of Medicine	2006	MD	
	Ross University School of Medicine	1978	MD	CAAM-HP, Medical Board of Dominica
Dominican Republic	<a href="#">Instituto Tecnológico de Santo Domingo Escuela de Medicina</a>	1972	MD	Ministry of Higher Education, Science and Technology

Country	Institution	Year Established	Degree Offered	Accreditation
	<a href="#">Pontificia Universidad Católica Madre y Maestra Departamento de Medicina</a>	1976	MD	Ministry of Higher Education, Science and Technology
	<a href="#">Universidad Autónoma de Santo Domingo Departamento de Medicina</a>	1538	MD	Ministry of Higher Education, Science and Technology
	Universidad Católica Nordestana Facultad de Ciencias Medicas	1978	MD	Ministry of Higher Education, Science and Technology
	Universidad Católica Tecnológica del Cibao Escuela de Medicina	1983	MD	Ministry of Higher Education, Science and Technology
	<a href="#">Universidad Central del Este Escuela de Medicina</a>	1970	MD	Ministry of Higher Education, Science and Technology

Country	Institution	Year Established	Degree Offered	Accreditation
	<a href="#">Universidad Iberoamericana (UNIBE) Escuela de Medicina</a>	1982	MD	Ministry of Higher Education, Science and Technology
	<a href="#">Universidad Nacional Pedro Henríquez Ureña Escuela de Medicina</a>	1966	MD	Ministry of Higher Education, Science and Technology
	<a href="#">Universidad Tecnológica de Santiago Escuela de Medicina</a> , Santiago de Los Caballeros	1979	MD	Secretary of State for Higher Education, Science and Technology
	<a href="#">Universidad Tecnológica de Santiago Escuela de Medicina</a> , Santo Domingo	1981	MD	Ministry of Higher Education, Science and Technology
Grenada	<a href="#">St. George's University School of Medicine</a>	1977	MD	CAAM-HP, NYSED, Grenada Ministry of Health
Haiti	Université d'Etat d'Haïti Faculté de Médecine	1867	MD	

Country	Institution	Year Established	Degree Offered	Accreditation
	Université Lumière Faculté de Médecine	2006	MD	
	Université Notre Dame d'Haïti Faculté de Médecine	1997	MD	
	Université Quisqueya Faculté des Sciences de la Santé	2002	MD	
Jamaica	All American Institute of Medical Sciences	2011	MD	CAAM-HP
	<a href="#">University of the West Indies Faculty of Medicine</a> (Mona)	1948	MBBS	CAAM-HP
Monsterrat	University of Science, Arts and Technology Faculty of Medicine	2003	MD	
St. Kitts and Nevis	International University of the Health Sciences (IUHS)	1998	MSSS/MD	Accreditation Board of Saint Kitts and Nevis`
	<a href="#">Medical University of the Americas - Nevis</a>	1998	MD	YSED, ACCM, Accreditation Board of Saint Kitts and Nevis

Country	Institution	Year Established	Degree Offered	Accreditation
	<a href="#">University of Medicine and Health Sciences</a>	2008	MD	Accreditation Board of Saint Kitts and Nevis
	<a href="#">Windsor University School of Medicine</a>	2000	MD	Accreditation Board of Saint Kitts and Nevis
St. Lucia	<a href="#">Destiny University School of Medicine and Health Sciences</a>	2001	MD	
	Atlantic University School of Medicine	2010	MD	
	<a href="#">International American University College of Medicine</a>	2004	MD	
	<a href="#">Spartan Health Sciences University</a>	1980	MD	
	Washington Medical Sciences Institute	2011	MD	
St. Vincent and the Grenadines	All Saints University College of Medicine	2011	MD	

Country	Institution	Year Established	Degree Offered	Accreditation
	American University of St Vincent School of Medicine	2012	MD	
	Trinity School of Medicine	2008	MD	
Trinidad and Tobago	<a href="#">University of the West Indies Faculty of Medicine</a> (St. Augustine)	1967	MBBS	CAAM-HP

### SWOT ANALYSIS-MEDICAL TOURISM

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Highly trained medical professionals</li> <li>• Comparatively cheaper cost for most medical procedures</li> <li>• Strategic location, given close proximity to target markets such as the United States, Canada and the UK</li> <li>• Already established tourism brand for most CARIFORUM countries</li> <li>• Large Diasporas</li> <li>• Mostly English speaking doctors and nurses</li> <li>• Modern telecommunications facilities</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Limited resources in terms of both infrastructure and personnel</li> <li>• Lack of industry standards</li> <li>• Niche sectors have not been identified and developed according to the natural competitive advantages of each state</li> <li>• Most countries in CARIFORUM do not have a strong medical tourist sector brand</li> <li>• Most facilities are not internationally accredited</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Growing demand for near-shore medical tourism destinations</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Strong competition from countries in the region such as Cuba, Mexico,</li> </ul>



<ul style="list-style-type: none"> <li>• The EC-CARIFORUM EPA and the CSME provide for increased movement of medical professionals between CARIFORUM and the EU and within the region</li> <li>• Government support to develop the sector</li> <li>• Possibility to use the brand identity developed by some Caribbean countries (fertility in Barbados) to propel the regional sector</li> </ul>	<p>Panama and Costa Rica can be a challenge</p> <ul style="list-style-type: none"> <li>• Migration of health workers</li> <li>• Security concerns in some Caribbean countries</li> <li>• With the exception of Barbados and Dominican Republic, limited awareness of the medical tourism sector in the Caribbean</li> </ul>
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*Source: Author's construction based on the recommendations of a combination of secondary materials.*

## Wellness Tourism

Following a study conducted by Tourism Intelligence International, it appears that the spa and wellness segment is one of the most powerful development sectors for the future growth, competitiveness and sustainability of the Caribbean tourism industry (Tourism Intelligence International 2012). Estimates indicate that the sector generates USD \$60 billion in revenues, making it the 4<sup>th</sup> largest leisure sector (Tourism Intelligence International 2012). Most importantly, the sector continues to grow rapidly at 20-30% per annum since the 80's.

Japan is by far the global leader in the Spa industry with a 2008 Euromonitor study estimating the country's spa industry revenues at USD 4.36 billion (Tourism Intelligence International 2012). The same study estimated spa revenues in the United States and Italy at approximately USD 2.4 billion each, followed by Canada with just over USD 1 billion in revenues. The UK, Switzerland, Germany, France, China and New Zealand are also major players in the global Spa industry accounting for several hundred million dollars of revenues annually.

Destinations such as Thailand have also been noted for their significant contribution to the growth of the global spa and wellness industry. In 2012, for example, Thai spas generated 16 billion Baht (USD 514 million) in revenue (Tourism Authority of Thailand News Room 2013). This is compared to Baht 6.7 billion (USD 197 million) in 2005 (Tourism Intelligence International 2012). The success in Thai spas is not incidental, however, as a combination of public/private initiatives, targeted policies and investment provisions made the growth possible. The State has been working jointly with private sector operators and Thai spa associations to

develop specific standards for the Thai spa industry and has moved to regulate and enforce industry standards via legislation (Tourism Intelligence International 2012).

CARIFORUM states, based on their natural endowments, are rightly placed to benefit from the growth in this sector. The indigenous materials present in the region can differentiate a Caribbean spa tourism product from that of any other part of the world and possibly provide a unique selling point for the sector. As the Caribbean's largest markets, the USA and the UK, become increasingly health conscious and continue to look for ways to maintain healthier bodies, CARIFORUM states can leverage the opportunity to diversify the tourism product through the expansion of spas and wellness centres. To do this however, policy makers and industry officials must be aware of the trends in the sector such as the move towards more use of natural and environmentally friendly products, use of indigenous herbs and spices, membership programmes, affordable packages, and facilities which accommodate family-oriented treatments. In order to ensure success and sustainability, the CARIFORUM industry requires consistent government support and strategic private-public sector partnerships.

While CARIFORUM countries possess many of the inherent materials to develop a world-class spa and wellness industry, there are existing challenges that compromise these developments. As expressed by the Caribbean Spa and Wellness Sector Strategy (2014-2018), these challenges can be characterized in two ways: those that relate to the insufficient scale and uneven quality, and those relating to the lack of a Caribbean Health and Wellness brand identity. While it is possible to implement immediate strategies that will see to heightened and consistent standards in the spa and wellness sector, the establishment of a strong brand identity may take years to build and rely on the experience of visitors. According to the sector strategy, the main challenges related to scale and uneven quality are the lack of adequate financing and investment to expand facilities and the general non-existence of incentives to encourage investment. As it relates to brand identity, the failure to define and delimit the sector specifically as it relates to CARIFORUM states has been a major barrier to its development. This should change however with the launch of the Sector Strategy and the proposed development actions contained therein. Also, the lack of standardization translates into facilities operating by their own established standards and therefore, international best practices may not be incorporated into the operations of some businesses. Another challenge affecting international brand identity and awareness is the absence of a unique selling platform for the Caribbean Spa and Wellness sector to differentiate it from other destinations. The limited research done on indigenous herbs and traditional practices and their medicinal and therapeutic benefits, coupled with the failure to strategically align this traditional sector with spa and wellness tourism has also been a hindrance to the sector's development. Learning from industry leaders such as Thailand, the Caribbean will be best able to optimize economic benefits from the sector if traditional elements, unique to the region are infused in the development of the sector to create a distinct product.

## SWOT Analysis- Spa and Wellness Tourism

The SWOT analysis is based on information presented in the Caribbean Spa and Wellness Sector Strategy, based on previous assessments done by Denzil Phillips International Limited and Tourism Intelligence International Ltd, and discussions with key persons<sup>1</sup> involved in the industry.

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Established traditional tourism sector, resulting in developed infrastructure</li> <li>• Moderate growth in the tourism sector</li> <li>• Natural environment, landscape, weather, geographic location</li> <li>• Cultural heritage which matches well with spa and wellness tourism</li> <li>• Major infrastructure in terms of ports, airports, telecommunications infrastructure</li> <li>• Natural herbs and spices, which have intrinsic medicinal and therapeutic values</li> <li>• Relatively low barriers to entry</li> <li>• Increased movement of persons enabled by the Economic Partnership Agreement and the CSME provide opportunities for increased trade between the CARIFORUM and the European Union</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Highly unregulated sector with no established standards, therefore quality varies across providers</li> <li>• Lack of proper monitoring mechanism to track the growth of the sector</li> <li>• Variations in quality and services of facilities in CARIFORUM states</li> <li>• Environment degradation in the Caribbean</li> <li>• Lack of product development</li> <li>• Domination of sector by large hotel chains</li> <li>• Inadequate government support</li> <li>• Lack of associations and interest groups to support the sector</li> <li>• Lack of public and private sector partnerships targeting specifically, the development of the health and wellness sector</li> <li>• Lack of defined Caribbean Health and Wellness brand</li> <li>• Comparatively small size of the Caribbean spa and wellness sector</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Growth in the global health and wellness sector</li> <li>• Increased interest by Government to develop the sector</li> <li>• Growth potential for the regional spa and</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• International brands that have developed strong brand equity</li> <li>• Increased competition from Latin America and other emerging destinations pursuing the S&amp;W sector</li> </ul>

<sup>1</sup> Discussions were held with mostly practitioners in Jamaica in a period spanning March-April 2013. An assumption was made upon consultation with the secondary literature that in most cases the same opportunities and challenges were being faced by all CARIFORUM states.

<p>wellness sector</p> <ul style="list-style-type: none"> <li>• Growing local and regional demand for natural spa products from indigenous materials</li> <li>• Growth in consumer health consciousness</li> <li>• Creation of new business and employment opportunities</li> <li>• Caribbean healing traditions being incorporated in to the regional sector</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of uniform standards and controls</li> <li>• Regional susceptibility to natural disasters</li> <li>• Limited access to and differing training standards among training professionals</li> <li>• Limited transportation links between CARIFORUM member states</li> <li>• Security concerns in some Caribbean countries</li> </ul>
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*Source: Consultants compilation based on consultation with the literature and a small subset of industry professionals.*

## General Assessment of Trends

### Global Trends in the Health and Wellness Tourism (Highlights)

- 60% of clinics, hospitals and medical tourism reported growth in international patient numbers over the last 12 months. 23% saw no increase and 17% experienced a decline.
- 80% expect their international patient numbers to grow over the next 12 months.
- 49% expect annual growth of more than 10% pa in the medical tourism market over the next five years.
- Over the next five years, cosmetic surgery is seen as the biggest growth area for medical travel (cited by 56% of respondents), with dental treatment (43%), cancer treatment (43%) and infertility treatment (40%) also expected to experience significant growth.
- When asked to name the most popular destinations, in terms of patient numbers, the respondents selected India, Thailand and the USA
- When asked to name the leading destinations in terms of quality and range of services provided to international patients, the respondents ranked the USA, Thailand and Singapore the highest.

*Source: Excerpt from the Medical Tourism Climate Survey 2013 published on the website of the International Medical Travel Journal, March 2013. Retrieved on April 18, 2013 from:*  
<http://www.imtj.com/resources/research-and-statistics/medical-tourism-climate-survey-2013/>

## TABLE 3: EXPORT AND IMPORT ASSESSMENT IN THE HEALTH AND WELLNESS SECTOR BY REGIONS

To From	Asia	Europe	Latin America	Middle East	North America
Africa	95%	4%	1%		
Asia	93%	1%			6%
Europe	39%	10%	5%	13%	33%
Latin America	1%		12%		87%
Middle East	32%	8%		2%	58%
North America	45%		26%	2%	27%
Oceania	99%		1%		

Source: Grail Research (2009) "The Rise of medical tourism". Retrieved on April 15 from: [http://grailresearch.com/pdf/ContentPodsPdf/Rise\\_of\\_Medical\\_Tourism\\_Summary.pdf](http://grailresearch.com/pdf/ContentPodsPdf/Rise_of_Medical_Tourism_Summary.pdf)

Note: The figures are derived from the McKinsey report published in 2008 and represent current data at that time (2008) Source: "Medical Tourism Is Still Small - Getting Care Abroad May Be Less Usual Than Once", Wall Street Journal; Mapping the market for medical travel, TheMcKinsey Quarterly, Health care 2008

## Chapter 2: Overview of the Health and Wellness Sector

### Overview of the Health and Wellness sector in CARIFORUM states

Caribbean states, realizing the significant opportunities presented by this industry have already embarked on deliberate strategies to attract investment and promote the Health and Wellness sector, specifically through Health and Wellness tourism. This diversification has provided a lucrative alternative to the traditional ‘sun, sea and sand’ tourism that has been the signature of the Caribbean tourism sector. It is evident that increased competition in the tourism industry from mainly Pacific Islands, coupled with factors emanating from climate change and shifts in international market structures, have forced these countries to diversify their offerings within the sector.

Furthermore, the region has realized its potential to capitalize on the opportunities in this sector based on its natural competitive advantages, which are bolstered by its strategic location and traditional trading relationships with some of the major source markets for medical tourists<sup>2</sup>. Research has shown that the Caribbean has been involved in the trade for health and wellness services for decades. However, to date no regional strategy has been developed and even in countries where this trade has been relatively developed, the movement is led by mainly privately held medical facilities which have developed a good rapport with international partners. Notwithstanding, success stories, such as that of the Barbados Fertility Clinic<sup>3</sup>, must be noted. The Clinic has been successfully marketed to international patients and has managed to leverage the major tourism selling point of that country and have carved out a regional niche. It has gained international credence through the offerings of high quality in a salubrious environment. More importantly, the clinic boasts a success rate that exceeds the national averages for both the UK and the USA.

The Dominican Republic is also integrally involved in the sector and has capitalized on its ability to offer cosmetic surgery at relatively lower cost than available in developed countries. Jamaica has also made some headway, with the Government highlighting through the country’s National Export Strategy and its Service Sector Development Strategy, a plan to establish the health and wellness sector as a priority sector to be developed. An assessment of the sector in all CARIFORUM states indicates that there are varying levels of development in the sector. This therefore calls for a diagnostic study to be conducted to ascertain the level of development in each CARIFORUM state, consisting of an assessment on whether a regional policy is possible to

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<sup>2</sup> The United States and the United Kingdom have been identified as major source locations for medical tourists, due to high cost of medical care in both countries. These are already markets within which the Caribbean has established a stronghold in the wider tourism industry.

<sup>3</sup> This will be expounded in the case study analysis of Barbados.

advance the region as a health and wellness tourism destination by capitalizing on the service specialization. More recently, the Caribbean Export Development Agency launched the *Industry Standards for Spa and Wellness Entities in CARIFORUM Territories* and the *Caribbean Spa and Wellness Sector Strategy 2014-2018*. The motivation to focus on the Spa and wellness sector came from a consensus among Governments of the CARIFORUM region to focus on specialized tourism markets as a means of specialization, the subsequent identification of the Spa and Wellness sector as a growth prospect by the Regional Private Sector Development Programme of the 10<sup>th</sup> EDF prompted action. The document is expected to provide the blueprint for the regulation the spa industry in CARIFORUM states by, among other things, establishing a seal of approval to ensure that minimum operating standards and procedures are met. While this is an important first step, concerns are raised because of the existing differing levels of development in the sector in the various countries.

The health and wellness tourism market in the Caribbean can be divided into four segments: (1) medical tourism; (2) wellness and spas; (3) nursing and elderly care; and (4) research and diagnostic services (Caribbean Export Development Agency 2008). While there is no one CARIFORUM policy promoting the region as a health and wellness destination, the region has been somewhat involved in mode 4<sup>4</sup> trade of health and wellness professionals. The region's nurses, for example, have been moving across borders to countries such as Canada, the United States and the United Kingdom and also to other countries within the region for a number of years. The exodus of many of these health professionals prompted some Caribbean governments to adopt deliberate policies that seek to centralize and regulate the 'export' of these professionals. In fact, a World Bank (2009) study estimated that between 2002 and 2006 the region lost more than 1,800 nurses from migration. The study states that emigration accounted for 70% of nurse attrition in the region (World Bank 2009). The shortage of nurses caused by the increased migration also led to a reversal in the trade, seeing the Caribbean countries moving from being net exporters of nurses to being importers of these professionals. Research indicates that the English speaking Caribbean recruited approximately 1,000 foreign nurses between 2002 and 2007. The EPA provides a suitable framework for the expansion of these services. However, it is fitting for a strategic review to be undertaken to assess avenues for a value-added dimension of this trade where cooperation can be increased in the area of training and professional development.

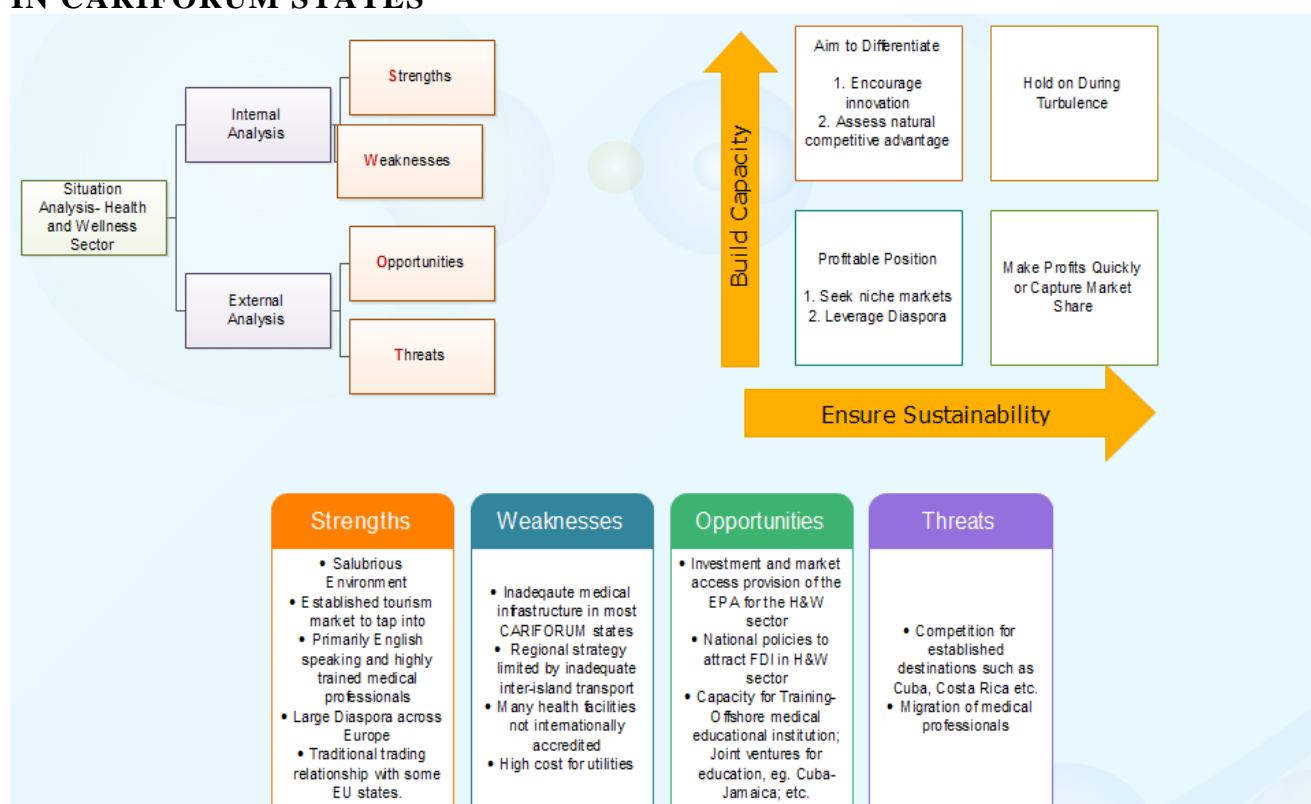
The structure of medical training in the Caribbean has facilitated the development of international referral networks between physicians in the region, which has for years worked to strengthen cooperation in most fields. Ironically, as the region moves to advance its integration movement, there is increased impetus to decentralize regional training. To give an example, the Faculty of Medicine of the University of the West Indies (UWI) was only located at the Mona Campus in Jamaica. Therefore, if a Barbadian applied to the UWI to study medicine, he would

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<sup>4</sup> Mode 4 refers to the temporary movement of natural persons for the supply of services.

have to travel to Jamaica to study. But, the advent of a Medical Faculty on the Cave Hill campus in Barbados, will effectively serve to reduce the interaction between regional medical counterparts and weaken the regional referral network that now exists. This being said, attention needs to be paid to how these crucial relationships can be maintained, given the importance of such an interaction for the sustainability of the health and wellness services exports.

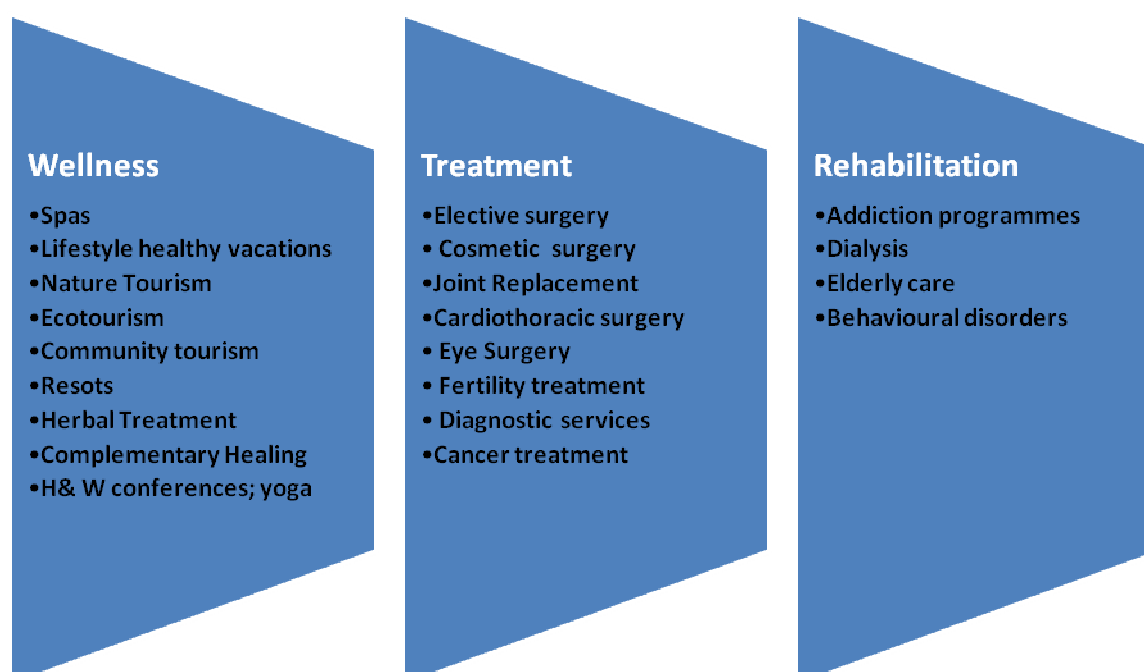
**FIGURE 1: SWOT ANALYSIS OF THE HEALTH AND WELLNESS SECTOR IN CARIFORUM STATES**



Source: Author’s own creation based on review of various works published on the health and wellness sector across CARIFORUM states.



**FIGURE 2: LIST OF PRODUCTS CURRENTLY BEING TRADED BY THE CARIBBEAN**



Source: Adapted from *Health Tourism and Related Services: Caribbean Development and International Trade* by Gonzales, A. et al. (2001). Document submitted to the Regional Negotiating Machinery (RNM), 31 August, 2001. Retrieved by author April 18, 2013 from <http://www.carib-export.com/SiteAssets/Health%20Tourism.pdf>

### Country Specific Assessment

The country specific assessment is included in the study in an attempt to highlight the state of the sector in each CARIFORUM state, and to some extent, to demonstrate the different levels of development of the sector across countries.

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<sup>i</sup> Phua, K. H. and Pocock, N. S. (2012). Transforming the ASEAN Economic Community (AEC) into a Global Services Hub: Enhancing the Competitiveness of the Health Services Sector in Singapore in Tullao, T. S. and H. H. Lim (eds.). *Developing ASEAN Economic Community (AEC) into A Global Services Hub*, ERIA Research Project Report 2011-1, Jakarta: ERIA, pp.111-146.

**TABLE 4: COUNTRY ASSESSMENT-HEALTH AND WELLNESS SECTOR<sup>5</sup>**

Country	Government Involvement	Strengths	Weakness	Ranking
<b>Antigua and Barbuda</b>	Government involvement is limited, with the sector being driven primarily by private sector actors. Foreign owned spas dominate the market	Liberal investment policy, strong expatriate community, established tourism sector	Limited involvement of Government especially as it pertains to the establishment of a targeted strategy	8/14
		Adequate infrastructure as well as world class yachting marinas.	Linkages to be established with other crucial sectors: public health, ICT, tourism and Education	
		Flight connection hub between the Eastern and Western Caribbean states and also between the Caribbean and Europe	The availability of locally trained therapist is limited. Using expatriate therapists increases the cost of treatment.	

<sup>5</sup> Country assessment is based on information obtained from a study conducted by Denzil Phillips International Ltd. for the Caribbean Export Development Agency

Country	Government Involvement	Strengths	Weakness	Ranking
		<p>Opportunities presented for medical transcription services. The country has already sought a niche sector in that area.</p>		
		<p>A suitable broadband and telecoms infrastructure, along with the availability of high caliber of young technologically savvy professionals, and relatively good internet penetration, the island is well poised to take advantage of the opportunities presented.</p>		

Country	Government Involvement	Strengths	Weakness	Ranking
<b>Bahamas</b>	Government involvement is still limited.	Relatively good tourism and urban infrastructure networks, particularly in Nassau	Competition from Florida, which is only a 30 minute flight away and can be reached even by ferry impacts on both local product manufacturers and service providers	According to the Denzil Phillips international ltd. consulting group, Bahamas has been rated alongside St. Lucia as one of the top 3 or 4 spa and wellness locations in the region. This is largely because of the combined strength of its resort spa, day spa and wellness sectors
	However, the establishment of a local chapter of the Caribbean Spa and Wellness Association (CSWA) in the Bahamas has positioned that country as a prime location for spa tourism	The presence of the Mandara spa group in the Bahamas provides a cadre of trained therapists and middle level managers, which lifts the quality, and professionalism of all the spas in the country		

Country	Government Involvement	Strengths	Weakness	Ranking
	The Ministry of Health has recently taken considerable interest in the sector and has become involved in the sponsorship of a number of nutrition and wellness programmes, aimed at promoting medical tourism	Already, the 12 bed Lyford Cay hospital in The Bahamas offers exclusive cosmetic surgery services to tourists		
		The strong linkages that exist between the health and wellness networks in the US make it easier to attract tourists in the area		

Country	Government Involvement	Strengths	Weakness	Ranking
<b>Barbados</b>	Large level of Government and private sector support for the sector, particularly in training and education	<p>The stable political system and economic stability makes the country attractive to investors</p> <p>A relatively low crime rate makes the environment favorable to tourists</p>	Barbados does not attract the sort of overseas tourists that spend large sums of money on H&W	7/14
	The Ministry of Health has organised a steering committee consisting of leading conventional and alternative health practitioners to look at opportunities for medical tourism in Barbados and how best to promote it	The country already taps into an exclusive European market, thought to be the primary importers of health services	Lacks coherence in health and wellness development and promotional strategies, despite its relatively advanced initiatives in the sector	

Country	Government Involvement	Strengths	Weakness	Ranking
	<p>Much of this interest has been due to the success of the Barbados IVF clinic, which has quickly built up an international reputation that others hope to build upon</p>	<p>The strong banking and insurance sectors and the growing professional middle class also encourage the growth of day spas and wellness facilities to meet the local and Diaspora population</p>		
	<p>The Barbados Investment and Development Corporation, as well as the Barbados Coalition of Services Industries have done some work in the area, as it pertains to the promotion of supporting goods, such as natural oils and in the case of the BCSI, the hosting of consultations to sensitize persons to the benefits of trade in</p>	<p>Strong public health and private health care infrastructure</p>		

Country	Government Involvement	Strengths	Weakness	Ranking
	these services			
		Good training facilities at the UWI and other academic and vocational training hubs around the island		
		The Barbados Fertility Clinic has already established a good international reputation, and as such, has established the island as an affordable destination for these services. It is the first		



Country	Government Involvement	Strengths	Weakness	Ranking
		Caribbean facility to achieve JCI <sup>6</sup> accreditation in 2007, which gives patients the assurance of the highest patient safety standards. The BFC was the first fertility clinic in the world to develop The Fertility App, which is available for download on the iPhone and iPad (combination of ICT and H& W sector)		
	Developing the service sector, maximising inward investment and diversifying the tourism offer to include such things as H&WT is a stated			

<sup>6</sup> JCI, the international division of Joint Commission Resources, is a not-for-profit organization, which provides accreditation for hospitals, ambulatory care facilities, clinical laboratories, care continuum services, medical transport organizations, and primary care services, as well as certification for disease or condition specific care in 36 countries around the world.

Country	Government Involvement	Strengths	Weakness	Ranking
	objective of the new government			
<b>Belize</b>	Belize has identified the Health and Wellness sector as a priority for development in both the National Development Plan, the “Long Term National Development Framework for Belize – HORIZON 2030” and the National Sustainable Tourism Master Plan for Belize 2030 (NSTMP)	Belize has also established itself as a site for natural/adventure tourism, with over 200,000 visitors from the United States and Canada annually	Belize tourism suffers from competition from nearby Cancun (only 100 km away), with more advanced infrastructure and significant investment.	6/14
	The Belize Coalition of Service Providers has been active in the promotion of the Health and Wellness sector and has	The country has also established itself as a retirement destination and is home to a large population of North	Lack of funds and staff at the Belize Tourism Board has meant that the vast potential for spa and wellness tourism in	

Country	Government Involvement	Strengths	Weakness	Ranking
	<p>launched a series of initiatives in Belize aimed at its development</p>	<p>American and European retirees, with recent statistics reporting over 8000 Americans presently settling there after retirement<sup>ii</sup></p>	<p>Belize has yet to be fully realized</p>	
		<ul style="list-style-type: none"> <li>• Adequate supporting infrastructure: 4 private hospitals (Belize Medical Associates, Universal, Northern Medical Specialty Plaza Orange Walk, Loma Luz)</li> <li>• 1 Tertiary Public Hospital (Karl Heusner Memorial Hospital) able to offer services to medical tourists (separate</li> </ul>	<p>Lack of targeted strategy to facilitate the growth of H&amp;W sector</p>	

Country	Government Involvement	Strengths	Weakness	Ranking
		<p>building)</p> <ul style="list-style-type: none"> <li>Ambulatory facilities (with potential to export according to BMDA)</li> </ul>		
<b>Dominica</b>	The Dominica Government has realized the benefits of H&WT, and is actively seeking to re-orient the sector/review developments to date and put measures in place to ensure acceptable standards are being met	Dominica's competitiveness lies in production of natural oils, and the part these oils play in particularly spa tourism. These oils include Sea Moss, Bay Oil, Citronella Oil and a host of other medicinal plants	Unlike most of the other tourism sectors in the other Caribbean Islands, Dominica's tourism sector is based on a very small resort hotel sector and very few urban based day spas or beauty salons compared with other islands	9/14
	There is an EU-funded Tourism Sector Development Programme which has	Dominica has the natural resource characteristics which lend themselves to the development of a	Dominica's geographical isolation, small sized economy and market have hindered its	

Country	Government Involvement	Strengths	Weakness	Ranking
	an H&WT component	lucrative health and wellness sector	development. Compared with other Caribbean islands the level of foreign investment has been small.	
		Its volcanic muds, natural springs and variety of wild plants offer a wide range of interesting raw materials for spa treatments. Moreover, the strong interest in the island's cultural heritage gives Dominica some unique features that other islands in the Caribbean do not have.	There are no large tourism resorts, limited airport landing capacity and the urban middle class population is generally too small to warrant investment in capital intensive Spa facilities	
	The Government has also been very supportive of the health and wellness fair which now takes place annually in	The Carib Indian heritage communities are unique features which may provide a unique selling point		

Country	Government Involvement	Strengths	Weakness	Ranking
	Dominica including demonstrations of Massage, Yoga, Physiotherapy, Vegan Foods, Martial Arts, Chiropractic Care, Meditation and Ayurveda. This shows the commitment by government and the community to H&WT activities	for Dominica		
<b>Dominican Republic</b>	Limited Government initiatives specific to the sector. However, the overall investment climate and a booming tourism industry have facilitated the growth of the health and wellness sector in that country	Well-developed day spa and wellness segment	The development of local training facilities and national standards for both the H&WT staff and facilities has been slow to develop. The quality of therapists and facilities is hence very variable and there is very little quality control	1/14

Country	Government Involvement	Strengths	Weakness	Ranking
		Growing middle class, increasing the domestic market for these services		
		The DR already attracts a significant number of tourists from Europe, especially, Southern Europe. Research indicates that these states have the highest propensity to spend on health and wellness		
		The availability of four international airports in the DR makes the country attractive for tourists who want to travel directly to their destination for discrete treatments.		

Country	Government Involvement	Strengths	Weakness	Ranking
		The most recent development at the <i>Hospital General de la Plaza de la Salud (HGPS)</i> , where the authorities have established a department for treating international patients, is testament to the targeted investment being made in this area		
<b>Grenada</b>	In 2009, the Grenada Investment and Development Corporation (GIDC) in collaboration with Caribbean Export undertook a study to assess Grenada's H&W sector. Arising out of that project was the formation of the H&WT association.	A competitive niche area can be carved out for the health and wellness sector, if policy is enacted to twin Grenada's reputation as the spice isle with the promotion of the health and wellness sector.	Lack of funds and investments in the sector, combined with the limited capacity in existing public and private capacities is the main hindrance to the development of the Grenadian health and wellness sector.	7/14



Country	Government Involvement	Strengths	Weakness	Ranking
	<p>The Government therefore has been a supporter of the development in the sector. GIDC has hence been a keen supporter of this process. However there is no indication that there is any national momentum to bolster the development of the sector. Rather, its growth will depend on a regional push.</p>			
		<p>The St George’s University offers a major education and training resource for the local H&amp;WT industry.</p>		
		<p>The leading role played by La Luna, Spice Island Resorts and LaSource resorts in the spa sector is an inspiration to the</p>		

Country	Government Involvement	Strengths	Weakness	Ranking
		region. While the family owned LaSource resort was closed in late 2012, the property has been acquired by Sandals International and will re-open in December 2013.		
<b>Guyana</b>	<p>The Government has been focused primarily on the traditional export sectors, and therefore there are very limited policies related to the health and wellness sector in particular and service sector development in general.</p> <p>However, the Government has</p>	Guyana's inherent appeal as a destination rich in natural resources provides a selling point to raise international awareness of the country as a health and wellness destination.	Guyana presently has a very small tourism sector. This is partly because it has few sandy beaches, very limited tourism infrastructure and partly because it is very much further from the main markets than other parts of the Caribbean.	14/14

Country	Government Involvement	Strengths	Weakness	Ranking
	started to look into the diversification of export markets and has identified eco-tourism as a feasible option for the country. The promotion of an eco-tourism strategy will facilitate seamless development in the health and wellness sector.			
			This country has one of the least developed spa, health and wellness tourism offerings in the CARIFORUM region.	
<b>Jamaica</b>	The Ministry of Health, JAMPRO, JSBDC and the Planning Institute of Jamaica all have interests in the H&WT sector. JAMPRO for	Strong research base is facilitated by a network of Universities and independent professors.	There are a large number of different organisations working in the H&WT sector. There appears to be overlapping functions and sometimes	Jamaica is the largest English speaking island in the Caribbean. It is not only one of the H&WT capitals of the region but also the

Country	Government Involvement	Strengths	Weakness	Ranking
	<p>many years helped to develop the Jamaica wellness cluster as part of an EU – PSDP. This brought together stakeholders and helped prompt the creation of a spa and wellness standards committee, which has been working on H&amp;WT standards for the last 2-3 years</p>		<p>competition between these different agencies. This is not always for the benefit of the sector.</p>	<p>sports and creative capital with world class music, poetry art and science.</p>
	<p>The Heart Academy is a regional leader in the field of vocational training. They promote and supervise training in a wide range of vocational professions including tourism, hospitality, craft, music and spa and wellness. In the H&amp;WT Heart Academy works closely with the UK’s City and Guilds as</p>	<p>Jamaica’s world renowned brand also provides market leverage in this sector. Thus, people will always look to Jamaica for H&amp;WT inspiration in what is a highly creative industry.</p>	<p>The organisations responsible for tourism promotion in Jamaica do not appear to have fully understood the importance or potential of H&amp;WT to their tourist industry. The H&amp;WT sector is hence not given the priority it deserves from these promotional agencies.</p>	

Country	Government Involvement	Strengths	Weakness	Ranking
	well as the UK Government's National Vocational Qualification scheme upon which much of their curriculum is based			
		With a strong ability to attract other wellness activities to the country, Jamaica recently hosted the international yoga conference.		
<b>St. Kitts and Nevis</b>	No national programme for the promotion of H&WT exists, although local authorities in Nevis are keen to promote their hot springs and small, protected open air wellness facilities.	The day spa segment on both islands is relatively small due to the very small urban population. Wellness and outdoor recreation facilities are well developed on both islands	The small size of the country and difficult access limits the potential for particularly day spa development.	10 /14

Country	Government Involvement	Strengths	Weakness	Ranking
		<p>The Nevis volcanic muds and springs could become an important feature if systematically and scientifically developed.</p> <p>Nevis, with its protected environment, up market image and selection of wellness orientated properties could well become one of the Caribbean's wellness islands.</p>		
<b>St. Lucia</b>	The St. Lucia Government is one of the few in the region, which is actively involved in the planning, and promotion of H&WT.	St. Lucia is one of the few islands that still have a Coconut Oil industry and the St. Lucia Coconut Board has a processing plant. Most spas use local	The urban middle class market for H&WT is small and hence the development of day spas has generally been slow.	4 /14

Country	Government Involvement	Strengths	Weakness	Ranking
		coconut oil for their massage therapies.		
	The Government is now running a training school based on the UK's National Vocational Training scheme (NVQ).	St Lucia has some of the best resort spas in the region and a sizeable number of well-trained local spa therapists. There is also spa training capacity and a well-developed market for local and expatriate spa managers. The unique physical environment also lends itself to H&WT.	Lack of targeted investments in the health and wellness sector.	
<b>St. Vincent and the Grenadines</b>	The SVG Investment Authority has been very supportive of efforts to promote H&WT regionally. They have also begun the process of	St. Vincent has a strong sense of cultural identity and a stronger local agricultural base than many Caribbean islands. This can be	The small population base and low level of income do not permit a large day spa and wellness industry to thrive.	9/14

Country	Government Involvement	Strengths	Weakness	Ranking
	registering a local wellness association consisting of leading stakeholders in St. Vincent.	leveraged to increase the country's potential to tap into spa tourism and the export of nutritional goods.		
	The Ministry of Tourism with Commonwealth Secretariat help has recently prepared a strategic plan for Agro Tourism development in St. Vincent and the Grenadines. They have also set up a community tourism association. This group could also help promote rural based wellness tourism facilities.			



Country	Government Involvement	Strengths	Weakness	Ranking
<b>Suriname</b>	The Surinamese Government, based on financial constraints has not been able to promote any targeted approach as it relates to the Health and Wellness Tourism Sector. There is a large and varied international aid programme as well as a series of European, particularly Dutch run charities.	Suriname is one of the two Caribbean countries situated on the South American continent. Therefore the country's ability to tap into the markets of other countries on the South American continent presents a real possibility.	There is neither a large tourism, nor a large manufacturing or service sector in Suriname. Yet, these are the two key factors that largely determine investment by large hotel and entertainment chains.	
		Suriname has a large and virtually untapped forest hinterland rich in medicinal flora and fauna as well as some of the last remaining virgin forests in the Caribbean. Inevitably this will attract a growing number of visitors	Brain drain is a major problem in Suriname as natives tend to migrate to the Netherlands to find employment. This includes doctors and health and wellness practitioners. Many of them also have links in the Netherlands Antilles, which is administratively part	13/14

Country	Government Involvement	Strengths	Weakness	Ranking
		who are looking for new, unusual and culturally rich destinations.	of the Netherlands (hence European Union). Wages are much higher and services greatly superior.	
<b>Trinidad and Tobago</b>	Trinidad and Tobago has an extremely active Coalition of Services, but there is not yet a H&WT.	The Trinidad Carnival, which annually attracts nearly 800,000 visitors from the Caribbean and Latin America, could be considered the single largest wellness event in the region.	In Trinidad there are really no resort spas but only hotel or office/residential based day spas	Trinidad is undoubtedly the leading centre for beauty care in the Southern Caribbean and one of the major centres for day spas. It offers a wide range of beauty care training much of which is relevant to the H&WT industry. 7/14

Country	Government Involvement	Strengths	Weakness	Ranking
		<p>UWI Trinidad has done extensive work on the use of medicinal and aromatic plants and together with IICA has been the home of the Caribbean Herb Business Association for some time (CHBA).</p>	<p>Ethnic and other political differences have resulted in some social and political instability particularly in the main urban areas. The poor security situation in Port of Spain discourages a large tourism industry and an exodus of funds to other islands especially Barbados.</p>	
		<p>Trinidad's strong manufacturing base currency enables H&amp;WT operators to obtain local and imported H&amp;WT inputs and equipment at costs which are significantly below other islands of the region. Perfumery, cosmetics and other wellness products are more easily obtained in T&amp;T than any</p>		

Country	Government Involvement	Strengths	Weakness	Ranking
		other Caribbean country barring Dominican Republic.		

*Source: Adapted from a Draft Report, Development and Promotion of Caribbean Health and Wellness Tourism Sector prepared by Denzil Phillips International Ltd for the Caribbean Export Development Agency (not published). Accessed on March 13, 2013.*

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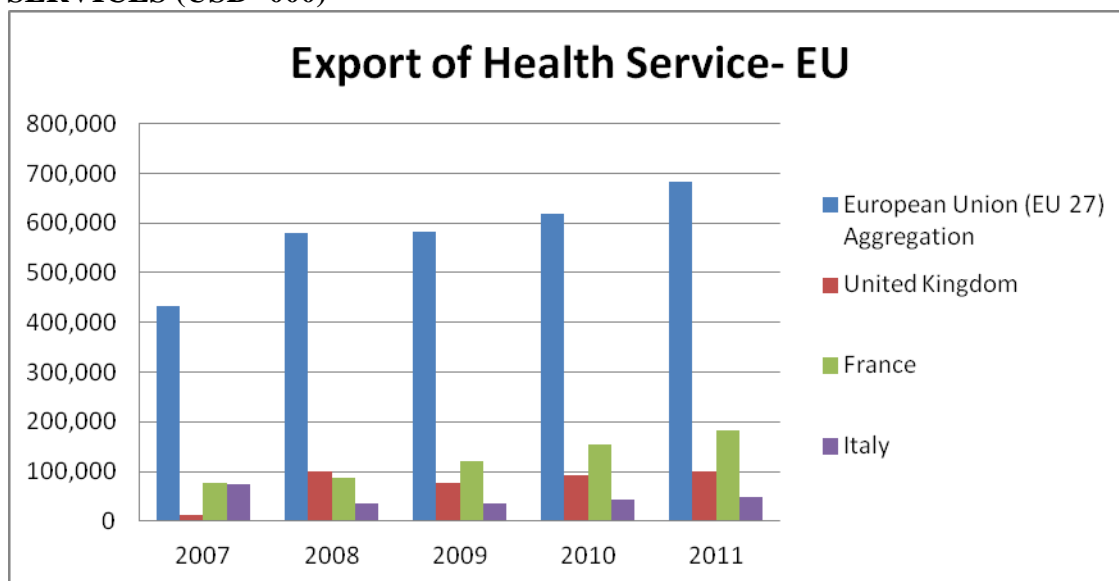
<sup>ii</sup> Manzi, M. (2012). Analyzing the potential of the Medical Tourism sector for investment promotion-Belize. Final sector strategy. BELTRAIDE.

## Assessment of the Health and Wellness Sector in the EU

The aggressive promotion of a healthy lifestyle is common to all European states, based largely on its ageing population and the general consensus within the European population to move from a curative to a preventative approach to health care. The high cost of health care in, especially Western Europe, has forced citizens to seek health care outside the region. This has provided a lucrative market for countries such as Singapore, Thailand, the Philippines, as well as other Eastern European states that are more competitive, and to some extent, has opened market opportunities for the Caribbean region.

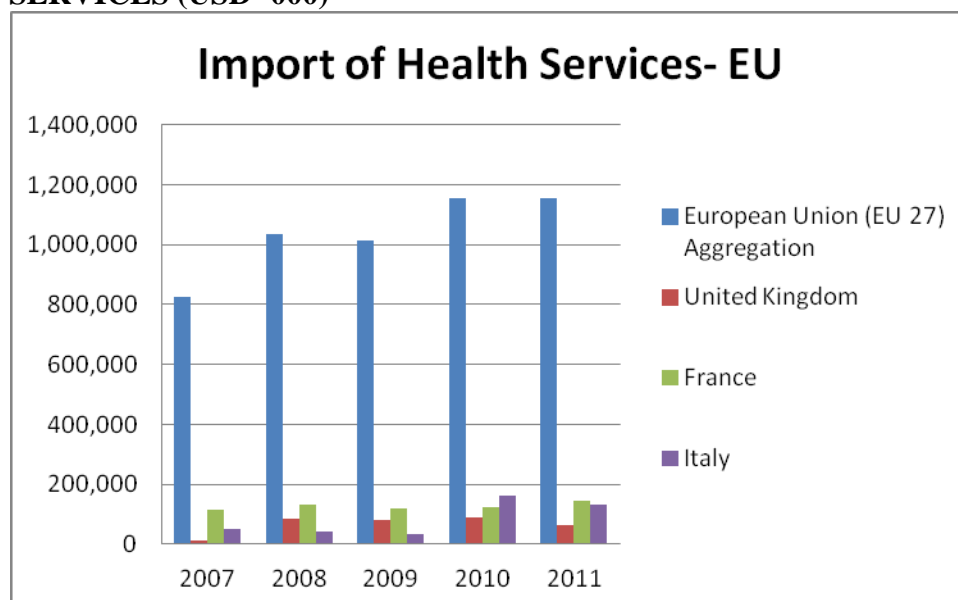
### The EU Health and Wellness sector in Numbers

**FIGURE 5: SELECT COUNTRY EXPORTS OF HEALTH AND WELLNESS SERVICES (USD '000)**



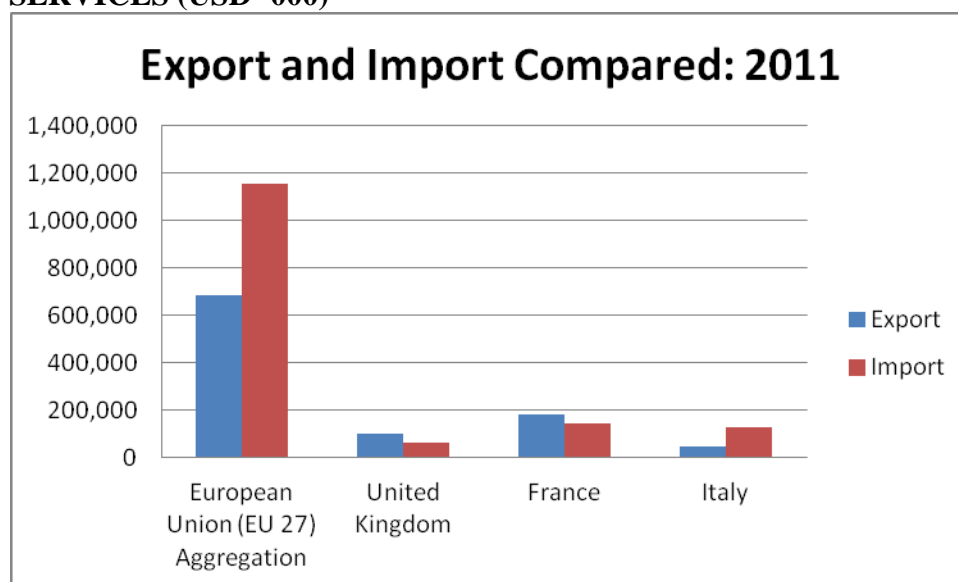
Source: Graphs derived from information obtained from the International Trade Centre's Trade Map market analysis database. Retrieved March 31, 2013 from: [http://www.trademap.org/Country\\_SelService\\_TS.aspx](http://www.trademap.org/Country_SelService_TS.aspx)

**FIGURE 6: SELECT COUNTRIES IMPORTS OF HEALTH AND WELLNESS SERVICES (USD '000)**



Source: Graphs derived from information obtained from the International Trade Centre’s Trade Map market analysis database. Some values represent estimates from UNCTAD, WTO and ITC. Retrieved March 31, 2013 from: [http://www.trademap.org/Country\\_SelService\\_TS.aspx](http://www.trademap.org/Country_SelService_TS.aspx)

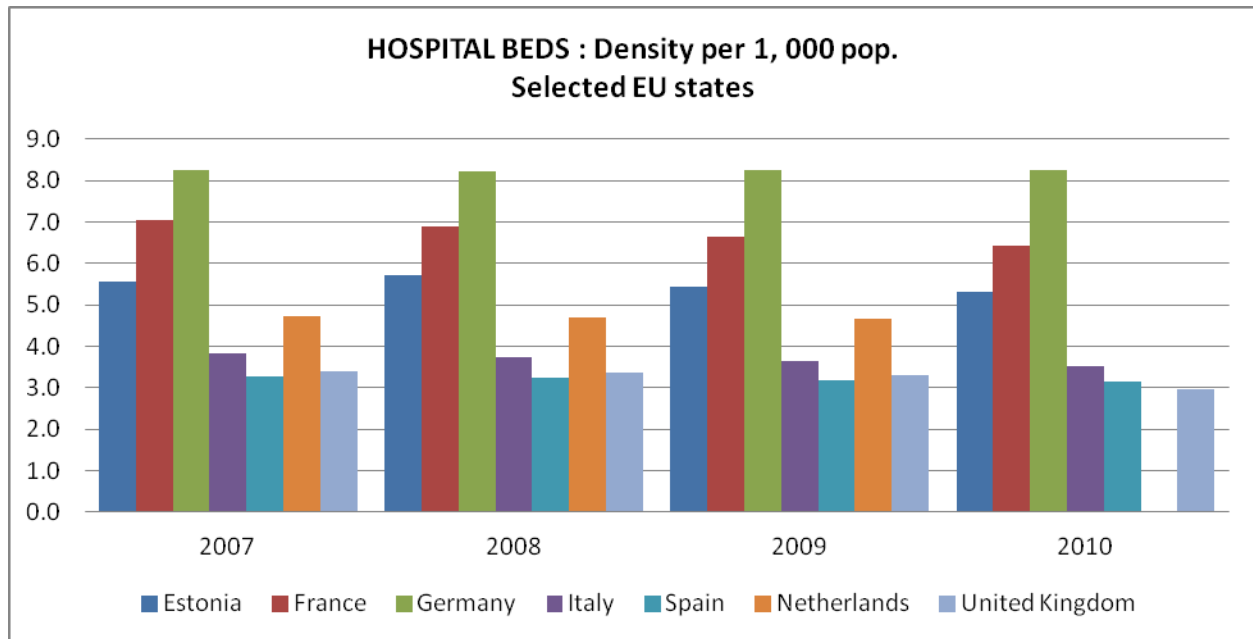
**FIGURE 7: COMPARATIVE TRADE DATA FOR HEALTH AND WELLNESS SERVICES (USD '000)**



Source: Calculations are based on information obtained from the International Trade Centre’s Trade Map market analysis database. Retrieved March 31, 2013 from: [http://www.trademap.org/Country\\_SelService\\_TS.aspx](http://www.trademap.org/Country_SelService_TS.aspx)

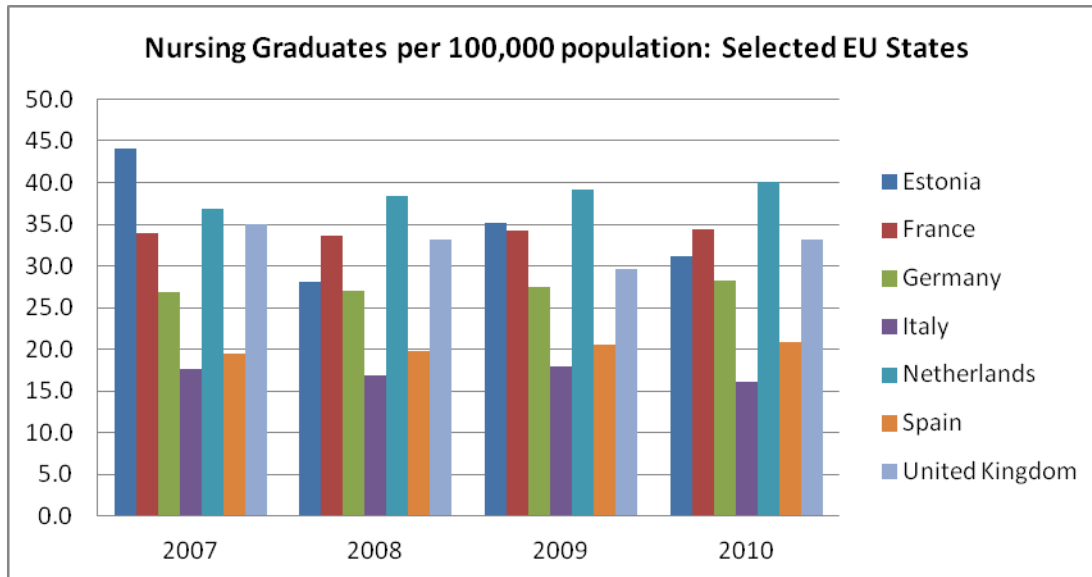
## Supporting Infrastructure

**FIGURE 8: HOSPITAL BEDS (PER 1,000 PEOPLE) IN SELECT EU STATES**



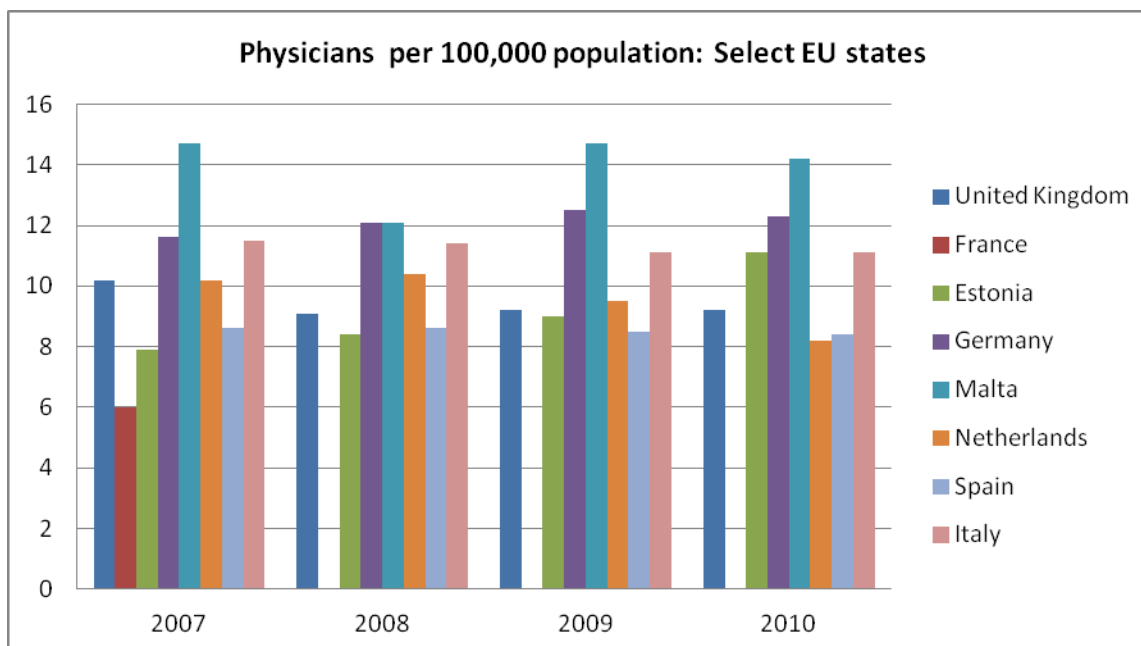
Source: Data obtained from OECD Health Data: Health care resources: OECD Health Statistics (database), OECD - ISSN 2075-8480 - © OECD 2012. doi: 10.1787/hosp-beds-table-2012-2-en.

**FIGURE 9: NURSING GRADUATES (PER 100,000 PEOPLE) IN SELECT EU STATES**



Source: Data obtained from OECD Health Data: Health care resources: OECD Health Statistics (database), OECD - ISSN 2075-8480 - © OECD 2012. doi: 10.1787/nursegrad-table-2012-2-en.

**FIGURE 10: PHYSICIANS (PER 100,000 PEOPLE) IN SELECT EU STATES**





*Source: Data obtained from the World Health Organization, Global Atlas of the health Workforce. Retrieved on: March 18, 2013 from <http://data.worldbank.org/indicator/SH.MED>.*

*\*Physicians include generalist and specialist medical practitioners.*

**TABLE 5: COMPARATIVE MATRIX: MARKET ASSESSMENT OF SELECT EU STATES AS IT RELATES TO THE HEALTH AND WELLNESS SECTOR**

Country	Strengths	Weakness	Business Environment for CARIFORUM states (Opportunities & Regulatory environment)
<b>Estonia</b>	<ul style="list-style-type: none"> <li>• Modern and state-of-the-art medical intervention.</li> <li>• Familiarity with the delivery of health care services to foreigners.</li> <li>• High quality expertise and price advantage relative to some other European states</li> <li>• Many Medical Providers sometimes offer Medical Tourists package deals which include travel, transport, hotel accommodation and aftercare options.</li> <li>• Quality care and low cost</li> <li>• Treatment: 60-70% lower than US or UK.</li> <li>• Estonia's waiting periods are shorter and quality and prices are competitive.</li> </ul>	Lack of Government involvement in financing medical tourism.	<ul style="list-style-type: none"> <li>• Regulatory environment is conducive for starting and operating a company in Estonia (IMF Ease of Doing Business, 18 out of 183 countries).</li> <li>• Estonia is the most transparent and the least corrupt country in the CEE region (Transparency International Corruption Perception Index 2011, 29 out of 182 countries).</li> <li>• The number of foreigners who can settle in Estonia is limited. The annual immigration quota is the quota for foreigners immigrating to Estonia which cannot exceed 0.1 per cent of the permanent population of Estonia annually.</li> <li>• A foreign investor may operate through the following corporate forms that should be registered within the commercial register: a public limited company, a private limited company, a</li> </ul>

			<p>general partnership, a limited partnership, a commercial association or a branch.</p> <ul style="list-style-type: none"> <li>• The private limited company and public limited company are the most commonly used forms of entities for doing business in Estonia due to their most essential characteristic – the limitation of the shareholders’ liability. Business units like permanent establishments or representative offices are not registered with the Commercial Register.</li> <li>• A permanent establishment should be registered in the registry of Estonian Tax and Customs Authorities. As a general rule, Estonian legislation does not recognise the concept of a representative office. However, the branch must be registered in the Commercial Register.</li> <li>• Establishing a company in Estonia may take up to a couple of weeks. Foreign investors may also buy ready-made companies (in this way, these procedures might take only a few days upon receiving all the relevant information/documents).</li> <li>• The estimated minimum cost of setting up a branch or subsidiary in Estonia</li> </ul>
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			<p>may range between EUR 1,000 to EUR 3,000 (excluding a minimum <a href="#">compulsory share capital</a>).</p> <p>Information on Estonian business environment obtained from the Doing Business and Investing Estonia 2012 Report (PriceWaterhouseCooper 2012)</p>
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<p>France</p>	<ul style="list-style-type: none"> <li>• French citizens with the most critical conditions are given 100% coverage by the National Insurance Plan, including full coverage of medication with no co-payments' required.</li> <li>• 11% of the country's gross domestic product is spend on health care and as such provides health coverage for all French citizens.</li> <li>• Health and wellness tourism was one of the most dynamic segments of the travel and tourism industry in 2011 with value sales up 6% <b>(Euromonitor International 2013)</b></li> </ul>	<p>A downfall in the French health plan is the significantly high income tax to fund this sector, which constitutes 21% of taxpayers' earnings.</p>	<p>The French health system is under huge financial pressure and the Government has made it a priority to improve efficiency and cut costs. Consequently, the French are very receptive to new approaches and technologies that can help drive a more efficient healthcare service.</p> <p>The French Government is actively promoting home care (Hospitalisation à Domicile) with the aim of reducing long hospital stays, and so creating a demand for mobile technical equipment and mobile aids for the home.</p> <p>Telecare and telehealth, which uses mobile technology to improve patient service and reduce costing is providing considerable opportunities.</p> <p>24.8% of the population is over 60 and 9.3% over 75. This 'Grey Gold' market offers opportunities for medical devices aiding independent living.</p> <p>The sector combines private and public care, with less of a distinction between the two than in the UK. The private sector is large with prices aligned to the Government guidelines so you can plan route to market via public or private sector. Many health professionals switch between the two sectors.</p> <p>Medication is also under severe price pressures. For instance Generic medicines are</p>
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			<p>being actively encouraged by the Government and its recent legislation.</p> <p>Market Entry</p> <p>Plan route to market by consulting specialists such as UKTI</p>
<b>Germany</b>	<ul style="list-style-type: none"> <li>• Care is financed through a payroll tax based on income.</li> <li>• Largest healthcare market in Europe</li> <li>• Advanced technology and high skills with an excellent reputation in regards to surgery.</li> <li>• International Brand known both locally and internationally.</li> </ul>	<ul style="list-style-type: none"> <li>• Highly bureaucratic system, acting as a barrier to export</li> <li>• Complex tax system which may prove onerous on CARIFORUM</li> </ul>	<ul style="list-style-type: none"> <li>• The Germans respond well to innovation and new technology; therefore this is something for CARIFORUM states to consider when devising a marketing strategy for this particular market;</li> <li>• Germany boasts one of the highest Internet access rates in the EU and new products in the multi-media, high-tech and service areas offer great potential as increasing numbers of Germans join the Internet generation</li> <li>• Experienced representation is a major</li> </ul>

			asset to any market strategy
<b>Italy</b>	<ul style="list-style-type: none"> <li>• In 2002, ranked second in the world and 3rd in Italy's Healthcare Performance.</li> <li>• Top ranked for persons seeking cosmetic surgery and treatment.</li> <li>• Important destination for Thermal Tourism. Thermal tourism has been identified for long with famous locations such as Montecatini Terme, Salsomaggiore, Ischia, Fiuggi and Terme Euganee (Euromonitor International 2013)</li> <li>• Value sales for Italy's health and Wellness sector is expected to increase to EUR1.16 billion by 2016</li> </ul>	High costs may deter majority of locals to undergo procedures within Italy (advantage for CARIFORUM states)	<p>Innovation and technology are major selling points in Italy.</p> <p>Joint ventures are encourage for ease of entry</p>

<b>Malta</b>	Ranked 5th in the World Health Organization's ranking of the world's health systems.		<p>Useful to partner with like service provider in Malta.</p> <p>Franchising, licensing and joint venture agreements are also common.</p> <p>It is also useful, where necessary to set up operating/regional office.</p> <p>CARIFORUM firms considering investing in Malta should review the relevant regulations with the quasi-government investment promotion agency Malta Enterprise. <a href="http://www.maltaenterprise.com">http://www.maltaenterprise.com</a></p>
<b>Netherlands</b>	Healthcare is based on social solidarity.	<ul style="list-style-type: none"> <li>• A study by Euromonitor in 2012 suggests that the health and wellness tourism sector is still underdeveloped (Euromonitor International 2013)</li> <li>• Limited facilities compared to countries</li> </ul>	<p>Most medical professions are regulated in the Netherlands, i.e., you must have a recognised qualification in order to set up a business within that sector. For medical professionals contact must be made with the Ministry of Health, Welfare and Sport</p> <p>Once the qualifications have been recognized the professional will need to <u>register with a local municipality</u> and organise a <u>BSN number</u></p>



		such as Germany and France (Euromonitor International 2013)	<i>(burgerservicenummer)</i> - See more at: <a href="http://www.iamexpat.nl/career/self-employment/setting-up-a-business-in-the-netherlands#sthash.sLAsA40z.dpuf">http://www.iamexpat.nl/career/self-employment/setting-up-a-business-in-the-netherlands#sthash.sLAsA40z.dpuf</a>
<b>Spain</b>	<ul style="list-style-type: none"> <li>Ranked at 7 for highest quality healthcare and as such known as the medical hub of Europe.</li> <li>Also caters to foreigners/visitors just as they do their own citizens.</li> <li>Thermal centres have a long tradition in Spain (Euromonitor International n.d.)</li> <li>Spain is becoming an international leader for hotel &amp; resort spas</li> </ul>	<ul style="list-style-type: none"> <li>Citizens opt for private healthcare because of the long waiting periods in the public health system, which can range from one week to a month.</li> <li>Greatly affected by the global recession</li> </ul>	<p>Joint ventures provide ease of access. Partnering with Spanish local companies is usually essential in helping to navigate Spanish supply chains, various tendering processes, and regulatory barriers.</p> <p>Innovative products are in particular demand.</p> <p>Telehealth and E-Health are gaining a foothold in the Spanish market</p> <p>There are strong links between Latin America and Spain. Therefore, using existing links with Latin American partners, CARIFORUM can create easier channels for penetrating the Spanish market.</p>
<b>UK</b>	Provides low cost or sometimes free health care to citizens. Investments are expected to continue in the UK health and wellness tourism by hotels, which	<ul style="list-style-type: none"> <li>Because of low cost and even free healthcare, citizens tend to abuse this privilege by making excessive and extensive</li> </ul>	Most CARIFORUM countries already have market presence in the UK via traditional trading sectors. The leveraging of these communication channels will be useful in creating linkages for the health and wellness

	<p>are investing in the latest treatments, well organised facilities and trained staff (Euromonitor International 2013)</p>	<p>use of medical services, such as medications.</p> <ul style="list-style-type: none"> <li>• Strongly affected by the recession (Euromonitor International 2013)</li> <li>• At present, very few UK private hospitals have gone through independent international accreditation.</li> <li>• Sector has been greatly affected by the recession. The sector experienced a steady decline over the 2008-2011 period, with revenues being stagnant in 2012, at £836 million, but were some 13% below the peak registered in 2007 at £960 million (Euromonitor International 2013)</li> </ul>	<p>sector.</p>
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*Source: Information presented here is based on the author's own interpretation based on different documents on the state of the health and wellness sector in each EU member state represented.*

## Chapter 3: The EC-CARIFORUM EPA and opportunities for the Health and Wellness Sector

The Economic Partnership Agreement (EPA) between 15 CARIFORUM<sup>7</sup> States, on one hand, and the European Community and its 27 Member States, on the other hand, has set significant precedence regarding the level of liberalization garnered in various areas, which has far surpassed the provisions in the GATS in many respects. Specifically, as it relates to Services and Investment, Section 7, entitled “*Title on Investment, Trade in Services and E-Commerce*”, provides extensive disciplines to facilitate and attract investments to CARIFORUM states through all four established modes of supply. The Agreement also contains specific provisions for e-commerce, development cooperation and technical assistance which can bolster CARIFORUM’s service sector and provide an adequate launching pad for these states to penetrate the generally close-knitted European market. These commitments are essential for two reasons: 1). Services sector accounts for a significant portion of the gross domestic product (GDP) (approximately 62% of GDP from CARICOM are in the service sector); and 2). The concrete provisions for e-commerce and investment provide an avenue of opportunity for CARIFORUM states to diversify their service delivery.

### Investment provisions

The Agreement provides for CARIFORUM investors to be endowed with the same privilege as nationals of the European Union. This means that CARIFORUM investors within the EU would be treated no less favorably than domestic EU investors within the EU, and vice versa. In addition, the most-favoured nation treatment will apply, which means that investors from a ‘third country’, a country that is not Party to the EPA, will not be given better treatment than CARIFORUM investors within the EU, and vice versa.

The text of the agreement highlights that investment liberalization occurs without high social and environment cost, demonstrating the commitment to the employment of sustainable methods for development. The specific rules include clauses committing investors to the safeguarding of the environment and maintenance of high labour and

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<sup>7</sup>CARIFORUM consists of 14 CARICOM member states (Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago) and the Dominican Republic.

occupational health and safety standards. Furthermore, it forbids investors from engaging in corruption to get special concessions from public officials. As it relates specifically to the tourism sector, which includes Health and Wellness Tourism the Agreement guards against large firms undermining the competitiveness of smaller firms in the Caribbean. The provisions for: cooperation and mutual recognition of qualifications; as well as technical assistance offered to the wider tourism sector; remain underexploited by CARIFORUM states, but provide gargantuan possibilities for the further development of the sector.

### Market Access

With respect to professional services, there are also provisions for cooperation and mutual recognition of qualifications as well as technical assistance for the tourism sector. Also, with regards to the movement of services suppliers between Europe and the Caribbean, the EPA includes special provisions for Short Term Visitors for Business Purposes. This allows CARIFORUM nationals to visit the EU for brief periods for business reasons related to research and design, marketing, training, trade fairs and sales. While the EPA does not commit the Parties to the issuing of visas, both sides have committed to making movement across borders easier. Given these provisions, medical professionals may visit the EU to participate in conferences and forge partnerships with EU counterparts to market the CARIFORUM’s regional medical tourism sector. The consulates/embassies of CARIFORUM countries present in these medical tourist target markets, in consultation with the offices of regional and national trade promotional agencies can coordinate joint partnerships to attract investment to the Region. The following is an outline of the commitments of EU states in the Health and Wellness sector under the EC-CARIFORUM EPA.

**TABLE 6: COMMITMENTS IN THE HEALTH AND WELLNESS SECTOR BY SELECT EU STATES**

Sub-Sectors	Mode 1&2	Mode 3	Mode 4	
General commitments		<ul style="list-style-type: none"> <li>CARIFORUM states can establish ‘Commercial Presence’</li> </ul>	The EPA also provides for the temporary movement of professionals in the medical	

		<p>in all EU states except Slovenia and Finland.</p> <ul style="list-style-type: none"> <li>▪ CARIFORUM businesses can also set up establishments to deliver midwives services in all interested EU members except Malta.</li> <li>▪ A CARIFORUM firm can also set up a business to deliver nursing services in certain EC states. Of all eight EU members that have expressed an interest, Malta is the only member state that has not made a commitment in this area.</li> <li>▪ Establishments that deliver physiotherapeutic and paramedical services can also be set up in all interested EU members except Malta.</li> <li>▪ Estonia, France, Germany, Italy, the Netherlands, Spain and</li> </ul>	<p>field. Caribbean firms can, for example secure permission for CARIFORUM professionals to work in established commercial operations in the EC. The categories of professionals as outlined by the Agreement include:</p> <ol style="list-style-type: none"> <li>1. Key personnel (e.g. managers and specialists) and graduate trainees on intra-corporate transfers for a period of up to three years.</li> <li>2. Senior staff responsible for establishing a commercial presence for 90 days in any 12-month period.</li> <li>3. New graduate trainees for one year.</li> </ol> <p>France: the managing director of an industrial, commercial or artisanal activity, if not holder of a residence permit, needs a specific authorization.</p>	
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		<p>the United Kingdom have made commitments which allow for CARIFORUM businesses to offer retail sales of pharmaceuticals, medical and orthopedic goods, and other pharmacist services<sup>iii</sup>.</p> <ul style="list-style-type: none"> <li>• It should be noted, however, that the commitments made in these sections are subject to the general reservations set out by each state. For example, Estonia, Italy, Malta and Spain have outlined specific limitations as it relates to the acquisition of land and real estate.</li> </ul>		
<p>1. Medical (Including Psychologists) &amp; Dental Services (CPC 9312 &amp; part CPC 85201) and other services supplied by pharmacists</p>	<p>Unbound commitments: Estonia, Spain, France, Italy, Germany, Malta, the Netherlands.</p> <p>No limitations</p>		<ul style="list-style-type: none"> <li>▪ Contractual Service Suppliers can provide medical and dental services in Belgium, Cyprus, Czech Republic, Denmark, Germany, Estonia, Ireland, Italy, Luxembourg,</li> </ul>	

	<p>listed</p>		<p>Malta, the Netherlands, Poland, Portugal, Romania, Slovenia, Spain, Sweden, the United Kingdom; and in Austria (psychologist and dental only).</p> <p>France: Annually established quotas apply. Otherwise nationality condition applies.</p> <p>Estonia: Authorization required.</p> <p>Germany: Nationality condition applies, which can be waived on an exceptional basis in cases of public health interest.</p> <p>Italy: Residency required.</p> <p>Malta: Nationality condition applies.</p> <p>Contractual Service Suppliers can provide Medical and dental services in Belgium, Cyprus, Czech Republic, Denmark,</p>	
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			Germany, Estonia, Ireland, Italy, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovenia, Spain, Sweden, the United Kingdom; and in Austria (psychologist and dental only).	
2. Midwives Services (part of CPC 93191); Services provided by Nurses, Physiotherapists and Paramedical Personnel (part of CPC 93191)	Unbound commitments for all EU states		Contractual Service Suppliers can supply midwives services in all EC countries (except Bulgaria, Finland, France, Hungary or Slovakia).  Economic needs test applies in: Estonia, Germany, Italy, Malta, the Netherlands, Spain and the United Kingdom.	
Retail sales of pharmaceuticals and retail sales of medical and orthopaedical goods (CPC 63211) and other services supplied by	All EU states included in this study have listed unbound commitments except Estonia, which has listed	All EU members: The supply of pharmaceuticals is subject to licensing and qualification requirements and	France: Nationality condition applies. Within established quotas, access for third country nationals is possible provided the service provider holds a French degree in pharmacy.	



<p>pharmacists</p>	<p>limitations.</p>	<p>procedures.</p> <p>Economic needs test applies in: Belgium, Germany, Denmark, Estonia, France, Italy, Hungary, Ireland, Latvia, Portugal, Slovakia and Spain. Main criteria are population and geographical density of existing pharmacies.</p>	<p>Germany: Nationality condition applies.</p> <p>Italy: Residency required.</p>	
<p>R and D services on natural sciences (CPC 851) b) R and D services on Social Sciences and Humanities (CPC 852 excluding psychologists services) 2 c) Interdisciplinary R and D services (CPC 853)</p>	<p>EC: For publicly funded R and D services, exclusive rights and/or authorisations can be granted only to EC nationals and to EC juridical persons having their headquarters in the EC.</p>			

HEALTH SERVICES AND SOCIAL SERVICES (only privately-funded services): Hospital Services (CPC 9311) & Residential health facilities other than hospital services (CPC 93193)	All concerned EU members have listed unbound commitments in the provisions of the above services, but have no limitation on mode 2 supply of these services.			
Social Services (CPC 933)	The mode 1 commitments made by the concerned EU states in this area are unbound. However, mode 2 has been fully liberalized in all eight (8) EU states.			

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## Linking Education, ICT and the Health and Wellness Sector

Many CARIFORUM states have also identified the Information, Communication and Technology (ICT) sector as having gargantuan potential for propelling their development ambitions. The advent of ICT has transformed the relationship between patients and potential health care suppliers, and has also revolutionized the transmission of patient information across borders. Combining development efforts in the ICT and Health and Wellness sectors offers tremendous economic opportunities. The use of IT and especially the Internet has expanded the ways that products and services are delivered to customers. The benefit of this to the Health and Wellness sector relates to the creation of an important avenue for healthcare providers to supply multiple markets at a drastically reduced cost. The relationship can be extended even further, where CARIFORUM educational institutions can offer training in the health and wellness sector to students in Europe. The benefits of this relationship are two-fold, as while the economic benefits, through the provision of foreign exchange is apparent; the dual development of both the educational and health facilities in the region is imminent.

Additionally, the Internet is an important marketing platform for promoting the Caribbean's health and wellness sector by creating increased brand awareness globally. The large social networks made possible by the internet are tremendous enablers and amplifiers of word of mouth, an important communication medium for lending credibility to the health and wellness tourism industry. These networks allow clients to share information and experiences and help individuals to make more informed decisions about the service offerings in a particular market. Most medical facilities, certainly those who are serious about promoting their services to a global audience, have created online presences through websites, Facebook.com, blogs and Twitter.com, keeping past and prospective clients engaged and abreast of new offerings and the calibre of service offered. Most websites also provide for clients to leave 'testimonials' to boost credibility. The uploading of video testimonial on platforms such as Youtube.com have also proven to be powerful marketing tools given their ability to reach large audiences at the same time.

Telemedicine is another mode of delivery of medical service that has become popular as technology becomes more advanced. As defined by the American Telemedicine Association, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology (American Telemedicine Association n.d.). Telemedicine can be as simple as two physicians discussing a health condition as it relates to a particular patient over the telephone, or

it may involve more complex procedures such as the use of satellite technology and video-conferencing equipment to conduct a real time consultation between medical specialists in two separate countries. However simple or complex the process may be, telemedicine allows medical professionals access into markets that are possibly difficult to enter via order means.

Realizing the benefit of this sub-sector, the Telecommunication Service of Trinidad and Tobago (TSTT) has submitted a project proposal to leverage telemedicine technology in the provision of quality medical diagnostics to the rural areas of Trinidad and Tobago, Guyana, Jamaica and Barbados in Phase one and a Pan Caribbean deployment in end state. Should this product be successful, it would strengthen the Caribbean's health sector network and address some of the crucial problems of shortage of both medical professionals and equipment in some areas. However, the realization of the benefits of telemedicine will rely heavily on the affordability of implementing these systems and the reliability of the telecommunications networks within each CARIFORUM state.

Industry leader Thailand, has built a comprehensive tele-medicine platform by implementing four main programmes; linking tertiary hospitals to other hospitals by video-conferencing, web-based consultation and education, tele-home care, and the broadcast of selected tele-consultations and education. Through its web-based consultations, they have created a web-based portal for health personnel and patients to have real time consultations. They have also integrated Skype video call and written programme to record consultation history (Roklai, Sutheravut and Nontapun 2011).

The incorporation of information and communication technology in the medical tourism industry will require close collaboration between policy makers, medical professionals, telecom providers and universities offering training in information technology. The delivery of cross-border services will be heavily reliant on reliable infrastructure and will therefore need costly infrastructure in the first instance. Nevertheless, if done as a regional project with the participation of both regional and local stakeholders, this may offset the cost for long term structural investment, that may translate into better communication technology overall.

The EPA provides for the trade in these educational services. Under the Agreement a Caribbean business can provide the following education services from its home country to students in the EU states identified:

- Primary education services in Estonia, Germany, the Netherlands, Spain and the United Kingdom.
- Secondary education services in Estonia, Germany, the Netherlands, Spain and the United Kingdom.
- Higher education services in Estonia, Germany, the Netherlands, Spain and the United Kingdom.
- Adult education services in Estonia, France, Germany, Italy, the Netherlands, Spain and the United Kingdom.

## **Mode 2: Linking Tourism and the Health and Wellness sector**

The Caribbean region is already a well-established tourist destination, with tourism representing approximately 14 percent of GDP, 13 percent of employment, 12 percent of investment and 17 percent of exports, according to a Caribbean Economic Impact Study recently released by the Caribbean Hotel & Tourism Association (CHTA). Leveraging the existing market relationships as the basis for the development of a lucrative health and wellness tourism sector is therefore a logical route. A detailed examination of how linkages can be created with existing health facilities and the hotel and tourism sector in CARIFORUM states is therefore required. Already some CARIFORUM states like Barbados and the Bahamas have developed relationships with cruise ships to provide emergency health care services to passengers on board cruise vessels in the Caribbean Sea.

In an attempt to expand their health service offerings, CARIFORUM states can also explore the possibility of capitalizing on the market that is already available through the cruise ship industry. For instance, developing a strategy that will see to cruise passengers having medical check-ups done as part of a cruise package is comparatively basic to the services

offered in many of the other medical tourism destinations. However, this may provide an entry point into the market, especially for those states that are not at the advance stages of developing a health and wellness policy.

CARIFORUM states may also benefit from the provisions of the EPA by creating a nexus between the opportunities presented for health and wellness and those commitments garnered in the tourism sector. The EPA makes provision for CARIFORUM tour operators to establish businesses or contract their services in Europe. Thus, development of an export promotion agency specifically for the health and wellness sector, which would operate like a tour operator / organizer, is therefore possible. Existence of such an agency is integral to establishing the region as a health a wellness destination. Caribbean Spa and Wellness Association (C-SWA) has recently partnered with the Caribbean Export Development Agency and embarked on a deliberate strategy to make the Caribbean a spa destination by 2015. The recently launched C-SWA website is intended to serve as a repository of spa and wellness professionals and also market the region as a spa and wellness destination.

### **Mode 3: Opportunities for Caribbean Businesses to Establish Commercial Presence**

In accordance with the schedule of commitments made by the EU member states within the scope of this study the following commercial presence opportunities exist for CARIFORUM States in the EU:

- CARIFORUM countries can establish medical (including psychologists) and dental services in all the eight EU members that have expressed an interest in the development of the sector<sup>8</sup>.
- CARIFORUM businesses can also set up establishments to deliver midwives services in all interested EU members except Malta.
- A CARIFORUM firm can also set up a business to deliver nursing services in certain EC states. Of all eight EU members that have expressed an interest, Malta is the only member state that has not made a commitment in this area.

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<sup>8</sup> In fact, CARIFORUM states are permitted to set up these establishments in all EC member states except Slovenia and Finland.

- Establishments which deliver physiotherapeutic and paramedical services can also be set up in all interested EU members except Malta.
- Estonia, France, Germany, Italy, the Netherlands, Spain and the United Kingdom have made commitments which allow for CARIFORUM businesses to offer retail sales of pharmaceuticals, medical and orthopedic goods, and other pharmacist services<sup>iv</sup>.

It should be noted, however, that the commitments made in these sections are subject to the general reservations set out by each state. For example, Estonia, Italy, Malta and Spain have outlined specific limitations as it relates to the acquisition of land and real estate. Estonia and Italy both have residency requirements for senior Board of Directors of the established company. There are limitations on the type of investment, related to the maximum percentage for foreign shareholding or voting rights in France and Italy. Each EU member state also requires registration, licensing and qualification relative to the specific field(s) of the practice. These requirements may vary depending on the EU member state. Germany applies economic needs test when doctors and dentists are authorized to treat members of public insurance schemes, while the United Kingdom stipulates that the establishment of doctors under the National Health Service is subject to medical manpower planning.

### **Opportunities in the wider Health and Wellness Sector**

As it relates to the wider health and wellness sector, CARIFORUM countries can benefit from increased opportunities available to healthcare providers to attract European clients to health care facilities in the Caribbean. In addition, a CARIFORUM business can also attract European investors to develop existing healthcare facilities or increase capacity by establishing new health and wellness facilities. The Caribbean has also had a history of its health professionals migrating to other jurisdictions (mainly US, Canada and the UK) to offer services and inadvertently receive further training in the field. The EC-CARIFORUM EPA provides a more structured framework for doctors, nurses and other healthcare professionals from CARIFORUM states to receive training and work in Europe and for European healthcare professionals to work in the Caribbean.

As it relates to the EC countries that have expressed an interest for increased trade in the health and wellness sector, the following outlines the opportunities for CARIFORUM businesses to establish a commercial presence.

CARIFORUM firms can establish:



- Hospital services in Estonia, France, Germany, Italy, the Netherlands, and the United Kingdom.
- Ambulance services in Estonia, France, Germany, Italy, the Netherlands, and Spain.
- Residential health facilities in Estonia, France, Germany, Italy, the Netherlands, and Spain.
- Social services<sup>9</sup> in Estonia, France, Germany, Italy, the Netherlands, Spain and the United Kingdom.

While this market access is granted, the general reservations as indicated in the services schedules of some of the EU member states may prove to be either prohibitive or onerous for CARIFORUM businesses to penetrate the European market. These reservations include limitation on land or real estate for the setting up of the company (Estonia, Italy, Malta, Spain); residency of senior management or Board of Directors (Estonia, Italy); limitations on the shareholding or voting rights of foreigners (France and Italy); and general registration and licensing requirements as stipulated by each EC party. In France, for example, the managing director of an industrial, commercial or artisanal activity, if not holder of a residence permit, needs a specific authorization.

A Caribbean business may have new opportunities where foreign investment has been liberalized for the medical services sector in the following countries: Antigua and Barbuda, Barbados, Belize, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

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<sup>9</sup> Includes (a) welfare services delivered through residential institutions to elderly persons, people with disabilities, children and other clients; (b) other social services with accommodation; (c) child daycare services including daycare services for people with disabilities; (d) guidance and counseling services related to children; (e) welfare services not delivered through residential institutions; (f) vocational rehabilitation services; and (g) other social services without accommodation.

TABLE 7: COMMITMENTS MADE BY THE CARIFORUM STATES

	Mode 1&2	Mode 3	Mode 4	National Treatment
General Commitments	Where there is an indication of "None" for Mode 1 it means that there are no limitations or restrictions for all categories of natural persons except contractual service suppliers and independent professionals.		<p>In those sectors in which economic needs tests (ENTs) are applied for Mode 4, the main criterion will be availability of persons with the requisite skills in the local labour market.</p> <p>With regard to other modes of supply, the main criteria for ENTs will be the assessment of the relevant market situation where the service is to be provided, with respect to the number of, and the impact on, existing service suppliers.</p>	
Medical and Dental Services (CPC 9312)	Antigua and Barbuda, Belize, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, St. Kitts	Antigua and Barbuda, Belize, Dominican Republic, Grenada, Guyana, Jamaica	Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the	<p><b>Mode 1</b></p> <p>For modes 1 and 2 Antigua and Barbuda, Belize, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, Suriname, Trinidad and</p>

	<p>and Nevis, St. Lucia, Suriname and Trinidad and Tobago indicated no reservation in medical and Dental Services as it relates to modes 1 and 2.</p> <p>Grenada and Barbados have listed unbound market access commitments in these services.</p> <p>St. Vincent and the Grenadines has unbound commitments in mode 1 delivery of these services; however no reservation applies to delivery via mode 2.</p>	<p>and St. Lucia have no limitations on the delivery of medical and dental services via mode 3.</p> <p>In Barbados, only a natural person can practice medicine.</p> <p>Dominica has specified unbound commitments in the area until January 1, 2018.</p> <p>St. Vincent and the Grenadines has also specified unbound commitments.</p> <p>St. Kitts and Nevis' commitments are unbound.</p>	<p>Grenadines, and Suriname commitments are unbound except as indicated in the horizontal commitments.</p> <p>Dominican Republic: Unbound except as indicated in horizontal commitments</p> <p>TTO (CPC 93121 and 93122): 4) Unbound except as indicated in the horizontal commitments; (CPC 93123): 4) None.</p>	<p>Tobago have indicated that they have no limitations on National Treatment.</p> <ul style="list-style-type: none"> <li>▪ Barbados' commitments in modes 1 and 2 as it pertains to national treatment are unbound.</li> <li>▪ St. Vincent and the Grenadines has unbound commitments in mode 1 and no reservations in delivery of services via mode 2.</li> </ul> <p><b>Mode 3</b></p> <p>Antigua and Barbuda has no national treatment limitations. However, businesses must be registered by the Medical Board and licensed by the Medical Council to practice in Antigua and Barbuda.</p> <hr/> <p>Barbados: Unbound</p> <p>Belize, Dominican Republic, Grenada, Guyana, Jamaica, St. Lucia, St. Kitts and Nevis and Suriname have no national treatment limitation as it pertains to delivery of these services via mode 3. Dominica and St. Vincent and Grenadines' commitments are unbound.</p>
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				<p><b>Mode 4</b></p> <p>Antigua and Barbuda and Barbados have indicated that they have no national treatment limitations on mode 4 delivery. Belize, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago have indicated that their mode 4 commitments are unbound except as indicated in the horizontal commitments.</p>
Neurosurgery	<p>No limitations listed for Antigua and Barbuda, Belize, Jamaica, St. Lucia, Suriname, Trinidad and Tobago,</p> <p>Dominican Republic and Grenada: Unbound via Mode 1, but no limitations via Mode 2</p> <p>Barbados: Unbound</p>	<p>No limitations listed for Antigua and Barbuda, Belize, Jamaica, St. Lucia, Suriname, Trinidad and Tobago,</p> <p>Dominican Republic and Grenada: No limitation</p> <p>Barbados: Only natural persons can practice</p>	<p>Antigua and Barbuda, Barbados, Belize, Dominican Republic, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago have unbound except as indicated in the horizontal commitments.</p>	<p>Antigua and Barbuda, Belize, Jamaica, St. Lucia, Suriname, and Trinidad and Tobago have scheduled no national treatment limitations in modes 1, 2 and 3. The Dominican Republic and Grenada, on the other hand, have specified unbound commitments in mode 1, but no limitations in modes 2 and 3. Barbados has unbound commitments in the modes 1 and 2 but none in mode 3. St. Kitts and Nevis and St. Vincent and the Grenadines both have no commitments in modes 1 and 2, but unbound commitments in mode 3.</p> <p>As it relates to mode 4, Antigua and Barbuda, Barbados, Belize, Dominican Republic, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago have indicated unbound commitments except</p>

	<p>St. Kitts and Nevis: no market access</p> <p>St. Vincent and the Grenadines: No limitation</p>	<p>medicine.</p> <p>St. Kitts and Nevis: Unbound</p> <p>St. Vincent and the Grenadines: None except for those made in the horizontal commitments.</p>		<p>as indicated in the horizontal commitments.</p>
Epidemiological Services	<p>Antigua and Barbuda, Belize, St. Lucia, Suriname, Trinidad and Tobago: None</p> <p>Dominican Republic, Grenada and St. Kitts and Nevis have unbound commitments in mode 1, but no limitation related to mode 2.</p>	<p>Antigua and Barbuda, Belize, St. Lucia, Suriname, Trinidad and Tobago: None</p> <p>Dominican Republic, Grenada and St. Kitts and Nevis: None</p> <p>Barbados: Only natural persons</p>	<p>Antigua and Barbuda, Barbados, Belize, Dominican Republic, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago have unbound commitments except as indicated in the horizontal commitments.</p>	<p>Antigua and Barbuda, Belize, St. Lucia, Suriname, Trinidad and Tobago, have listed no national treatment limitation. Dominican Republic, Grenada, St. Kitts and Nevis, St. Vincent and the Grenadines have unbound commitments in mode 1, but have scheduled no limitations in mode 3. Barbados has unbound commitments in modes 1 and 2 and no limitation in mode 3.</p> <p>Antigua and Barbuda, Barbados, Belize, Dominican Republic, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago have indicated unbound commitments in mode 4, except as indicated in the horizontal commitments.</p>

	Barbados: Unbound  St. Vincent and the Grenadines: None	can practice medicine.  St. Vincent and the Grenadines: None except as listed in the horizontal commitments		
CATSCAN Services (CPC 931)	Antigua and Barbuda, Belize, Jamaica, St. Lucia, Suriname: None  Dominican Republic and Grenada: Unbound  Barbados: Unbound  St. Kitts and Nevis, Trinidad and Tobago: None.	Antigua and Barbuda, Belize, Jamaica, St. Lucia, Suriname: None  Dominican Republic and Grenada: None  St. Kitts and Nevis, Trinidad and Tobago: Unbound	Dominican Republic and Grenada: None  Antigua and Barbuda, Barbados, Belize, Dominican Republic, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago commitments are unbound except as indicated in the horizontal commitments.	Antigua and Barbuda, Belize, Jamaica, St. Kitts and Nevis, St. Lucia, and Suriname have not listed any national treatment limitation Dominican Republic and Grenada have unbound commitments in mode 1, but no limitation is placed on modes 2 and 3. Barbados has unbound commitments in modes 1 and 2, but no limitation on mode 3. St. Kitts and Nevis, St. Vincent and the Grenadines and Trinidad and Tobago have listed no limitation with respect to modes 1 and 2, and unbound commitments in mode 3. In terms of mode 4, Antigua and Barbuda, Barbados, Belize, Dominican Republic, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago have indicated unbound commitments, except as indicated in the horizontal commitments.

	St. Vincent and the Grenadines: None	St. Vincent and the Grenadines: None, except those listed in the horizontal commitments.		
Services provided by midwives, nurses, physiotherapists and para-medical personnel (CPC 93191)	<p>Barbados, Dominica, Dominican Republic, Grenada, Jamaica, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago: None</p> <p>Antigua and Barbuda, St. Kitts and Nevis, have listed unbound commitments on mode 1, but have no limitations on Mode 2.</p> <p>Dominica has specified unbound commitments, but has indicated that no</p>	<p>Antigua and Barbuda, Barbados, Grenada, St. Kitts and Nevis and Trinidad and Tobago: Unbound</p> <p>Dominica and Jamaica: None</p> <p>St. Vincent and the Grenadines has scheduled unbound commitments; however, no limitations will be applicable after January 1,</p>	<p>Antigua and Barbuda, Barbados, Dominica, Dominican Republic, Grenada, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago have scheduled unbound commitments in mode 4, however, this does not neglect the commitments made in the horizontal commitments.</p>	<p>Barbados, Dominica, Dominican Republic Grenada, Jamaica, Suriname, St. Vincent and the Grenadines and Trinidad and Tobago have no national treatment restrictions.</p> <p>Antigua and Barbuda and St. Kitts and Nevis have unbound commitments as it pertains to mode 1, but no limitations on the delivery of services through modes 2 and 3.</p> <p>Dominica had indicated, that except the horizontal commitments made, the limitations are unbound. Barbados, Dominican Republic, Grenada, Jamaica, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago have no national treatment limitation as it pertains to delivery of these services via mode 3.</p> <p>Antigua and Barbuda, Barbados, Dominica, Dominican Republic, Grenada, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago have listed unbound limitations in Mode 4 delivery. However, the limitations indicated in the horizontal commitment are</p>

	<p>limitation will be applicable after January 1, 2018.</p>	<p>2018.</p> <p>Services provided by Midwives and Nurses- Suriname: None</p> <p>Services provided by Physiotherapists and paramedical personnel: Suriname will have no limitation after January 1, 2015.</p>		<p>still applicable.</p>
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Source: *International Trade Centre (2009) EC-CARIFORUM Economic Partnership Agreement: Services and Investments Commitments. International Trade Centre: Geneva, Switzerland.*

## Development Cooperation

In addition to the market access commitments gained under the EPA, the agreement also provides for human resource development in the Caribbean. As it pertains to health and wellness tourism, the Annex on Tourism provides for assistance and training to service suppliers and support for training institutions. In the services agreement, there are also provisions for cooperation and mutual recognition of qualifications. The provision of this Agreement makes significant leaps in addressing the concerns of Caribbean States, as the



agreement speaks specifically to cooperation between the EU and CARIFORUM, and also promises to provide technical assistance for the CARIFORUM States. The professional training element also surpasses any provision in the GATS, which applies a broader approach to dealing with trade in services.

### **Barriers to Entry: European Market**

Despite the increased market access promised by Economic Partnership Agreement, there remain certain challenges for CARIFORUM service providers to gain full access to European markets, especially as it relates to Mode 4 delivery of these services. In the case of health care providers, the EU has based its restrictions on two ethical concerns: firstly, not wanting to contribute to the loss of health professionals from developing states which are already experiencing shortages as a result of migration, and secondly the growing demand for healthcare services in the European Union could be sufficiently serviced by EU nationals (ICTSD 2010). In the UK, for example, work permits for healthcare providers can only be granted to non-EU nationals if the enquiring person's profession appears in the national occupations shortage list (ICTSD 2010). The person also must have a concrete job offer, have registered at the corresponding professional body, have demonstrated the equivalence of their qualification to those of UK graduates, and be a proficient English speaker (ICTSD 2010). These requirements may prove burdensome for CARIFORUM professionals, especially given the fact that there is no one regional accreditation body.

## Chapter 4: Individual State Analysis- Inside the Barbadian Health and Wellness Sector

Barbados has managed to catapult itself as a major exporter of health and wellness services comparative to most countries in the region. This can be attributed to the level of integration the country has managed to garner between public and private health care facilities, the educational system, and a generally stable socio-economy. Maintenance of a carefully nurtured tourism sector and international tourist markets has also assisted in the achievement of this goal.

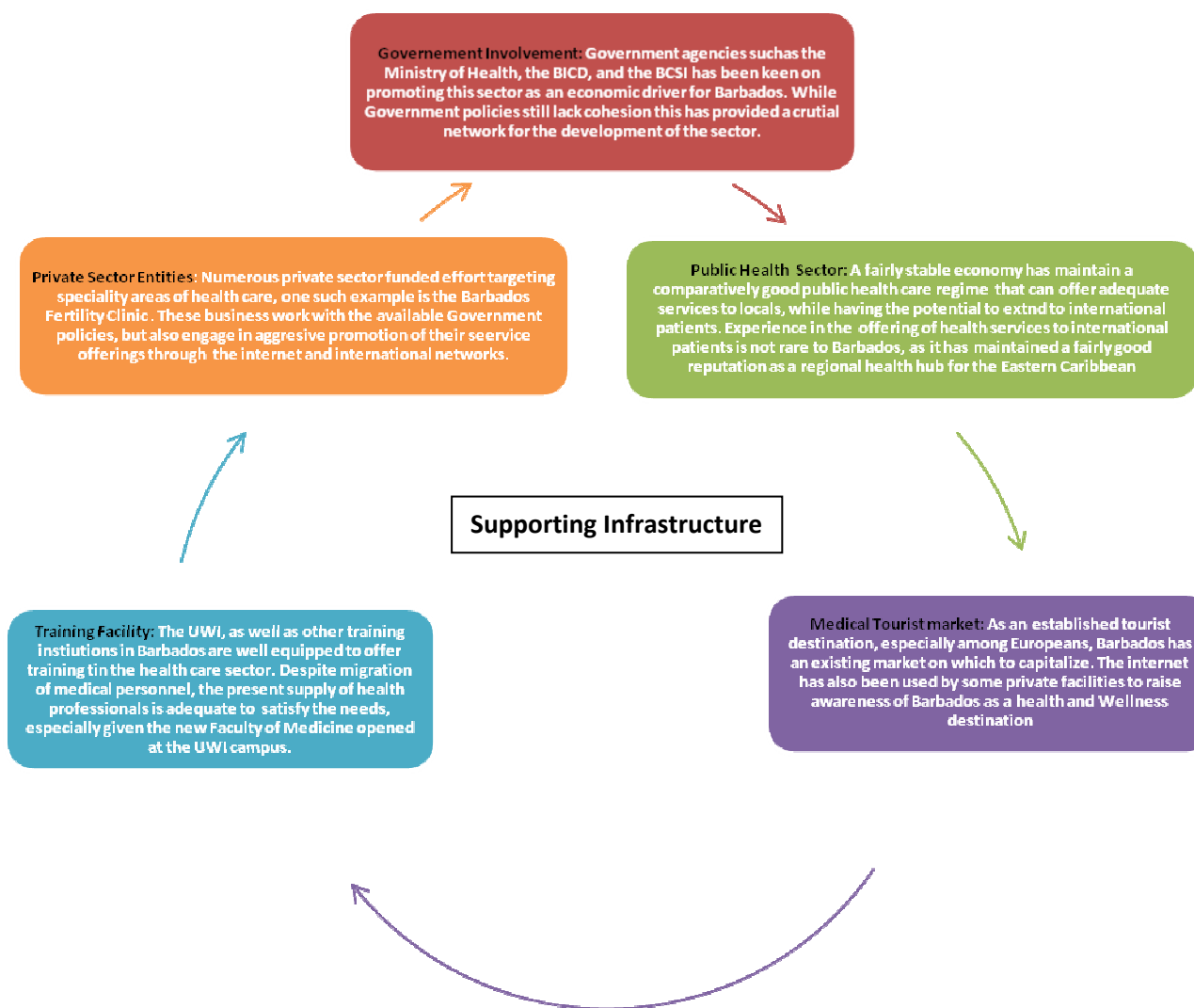
With a relatively advanced tourism and local health care sector and targeted Government policies, Barbados is poised to become a leading health and wellness destination. Research indicates that Barbados has a history of providing health care to foreign visitors. For example, in 1990, data suggests that 2.1% of all admissions represented health services provided to visitor and 1.6% of all accident and emergency visits to the Queen Elizabeth Hospital were tourist who had fallen ill while on vacation (Walters 1993). Additionally, Barbados has had a history of providing health care to regional cruise ship passengers mainly through an agreement between major cruise lines and the Bayview (Private) Hospital (Walters 1993). In fact, it is reported that, cruise line operators are so confident in the medical services provided in Barbados, that they often hold passengers on ship until they arrive in Barbados for medical attention.

Barbados has also been an exporter of health services within the Eastern Caribbean, with the Queen Elizabeth Hospital serving as a referral hospital for specialized consultations and treatment, which are not available in their home countries. Barbados also offers cosmetic surgery to international patients. However, marketing the destination in this regard is inadequate.

The existing health care facilities in Barbados are also conducive to the development of the industry. The island hosts one main public health care facility, along with four district hospitals for geriatric care, a mental hospital, two small rehabilitation facilities, an AIDS Hostel, a children development centre, and a nutrition centre ( Canadian Trade Commissioner 2010). There are also eight polyclinics serving the population. With a physician patient ratio of 18/10,000 population the human resource capability is comparable to a developed country such as Canada with a ratio of 20/10,000 population.

The private health network also adds to the feasibility of the country's success in the promotion and operation of a lucrative health and wellness sector. At present the private system includes one private hospital, Bayview Hospital, as well as pharmaceutical, laboratory, diagnostic, dental, and reproductive and physical therapy services ( Canadian Trade Commissioner 2010). These institutions have built sizable international recognition by tapping into their global networks, especially in the US.

## **The Structure of the Medical Tourism Sector in Barbados**



Source: Consultant’s illustration of what exists in the literature on the Barbadian

Health and Wellness sector

### Existing Medical Tourism Infrastructure

### **Barbados Fertility Clinic**

Started in 2002, the Barbados Fertility Clinic is considered to be one of the leading fertility clinics, treating patients from UK, USA, Canada and the Caribbean Region. The facility is the first in the Caribbean to achieve JCI<sup>10</sup> accreditation in 2007, which gives patients the assurance of the highest patient safety standards. The BFC was the first fertility clinic in the world to develop The Fertility App, which is available for download on the iPhone and iPad (combination of ICT and H&W sector). An assessment of the facility's client base suggests that, medical tourists comprise the bulk of its patient base, representing roughly 80% of its clientele. Of this 80%, roughly half are from within the Caribbean region and the other half from the United States, Canada, the United Kingdom, and Continental Europe (Johnston 2012). Data also suggest that the client base at the facility is growing with figures from 2011 indicating a 130% increase in overseas patients compared to the 2010 figure.

The operators of the clinic are keen on incorporating offering a wholesome package which focuses heavily on a high stress environment. As such they have incorporated spa tourism and some aspects of adventure tourism as a key component of the treatment. The Life and Wellness centre at the BFC offers world-class luxurious facilities with treatment rooms for massages, reflexology acupuncture, reiki, and nutrition consultation. The Clinic also aims to diversify its mode of delivery by offering free telephone consultations, which is classified as cross-border supply (Mode 1).

### **Institute for Regenerative Medicine**

An attempt was made in 2002 to offer stem cell transplants among other things. The institute also targeted an international clientele and marketed unproven stem cell 'therapies' to patients seeking treatment for certain chronic diseases, including diabetes, arthritis and cancer <sup>(Price 2007)</sup>. However, the effort was short-lived due to a scandal which arose concerning the illegal importation of stem cells harvested from viable newborns in Ukraine <sup>(Price 2007)</sup>.

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<sup>10</sup> JCI, the international division of Joint Commission Resources, is a not-for-profit organization which provides accreditation for hospitals, ambulatory care facilities, clinical laboratories, care continuum services, medical transport organizations, and primary care services, as well as certification for disease or condition specific care in 36 countries around the world.

### **Sparman Clinic**

This facility is a shared six-bed inpatient ward in a two storey structure, with a private room for individual patients available on the second floor. While there is no indication that the Clinic has an international target market, a resident *Care Coordinator* is available to make booking arrangements with hotels, airlines, and tour operators if requested by international patients (Johnston 2012).

### **Island Dialysis**

Island Dialysis is a kidney dialysis clinic operating in Barbados that targets its services. The operation currently has no specific promotion targeted at the international market, but has a reputation of providing emergency care to vacationing tourists. However, if supported by adequate Government policy can expand its services to tap into the already existing tourist market by advertising its services through tour operators in Barbados' major tourism source markets.

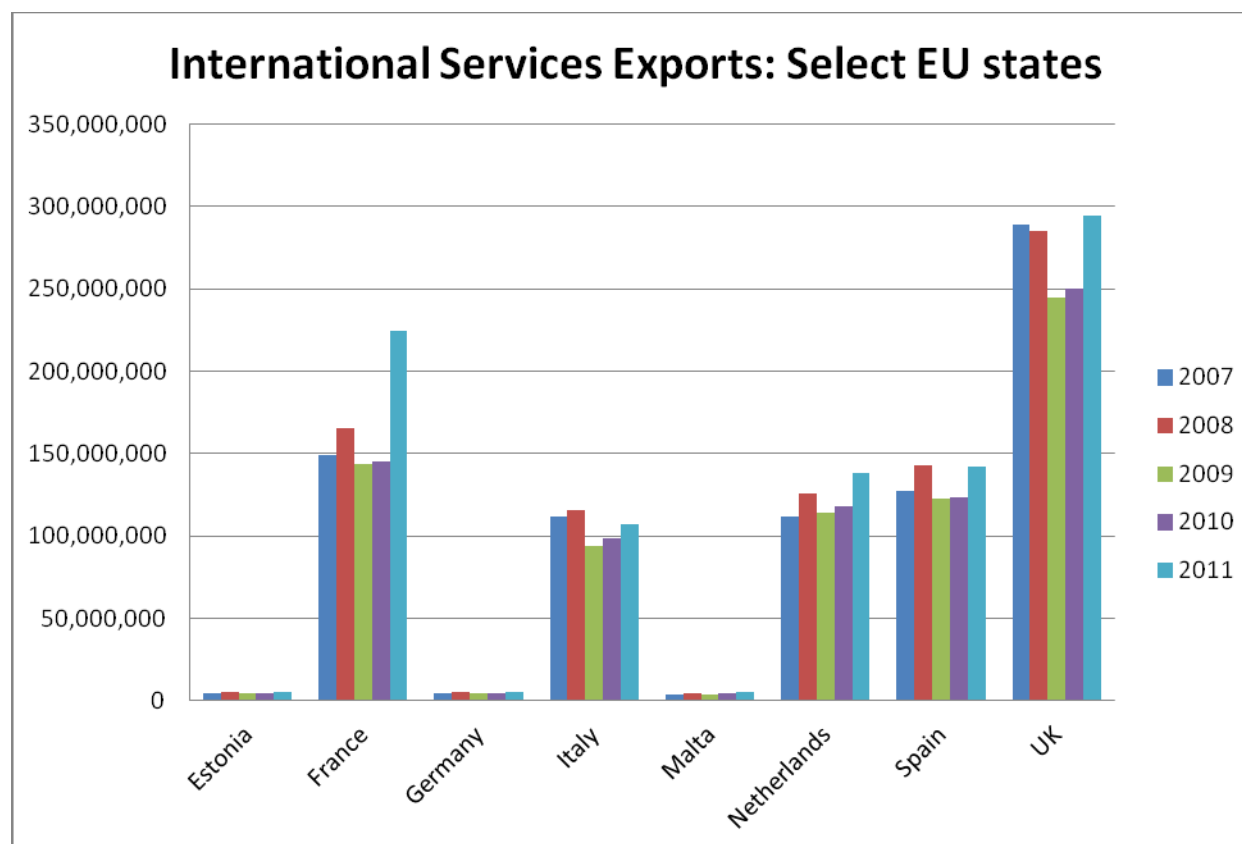
### **Further Development of the Health and Wellness Tourism Sector**

An assessment of the current policy landscape in Barbados suggests more active involvement by the government to further develop the sector. For example, there have been talks to institute more supportive incentives for investors, including the creation of a medical visa similar to those in India and Malaysia (Invest Barbados 2010). This move is believed to encourage tourists to travel to Barbados specifically for health purposes, and create stronger regulatory frameworks to guarantee the quality of care available in the country (Invest Barbados 2010). The recently commissioned Health and Wellness Tourism Task Force is expected to drive these efforts and ensure that the goals are realized.

## Chapter 5: Review of the Trade Data

**FIGURE 11: TOTAL INTERNATIONAL SERVICES EXPORT FOR SELECTED EU COUNTRIES (2007-2011) (USD ‘000)**

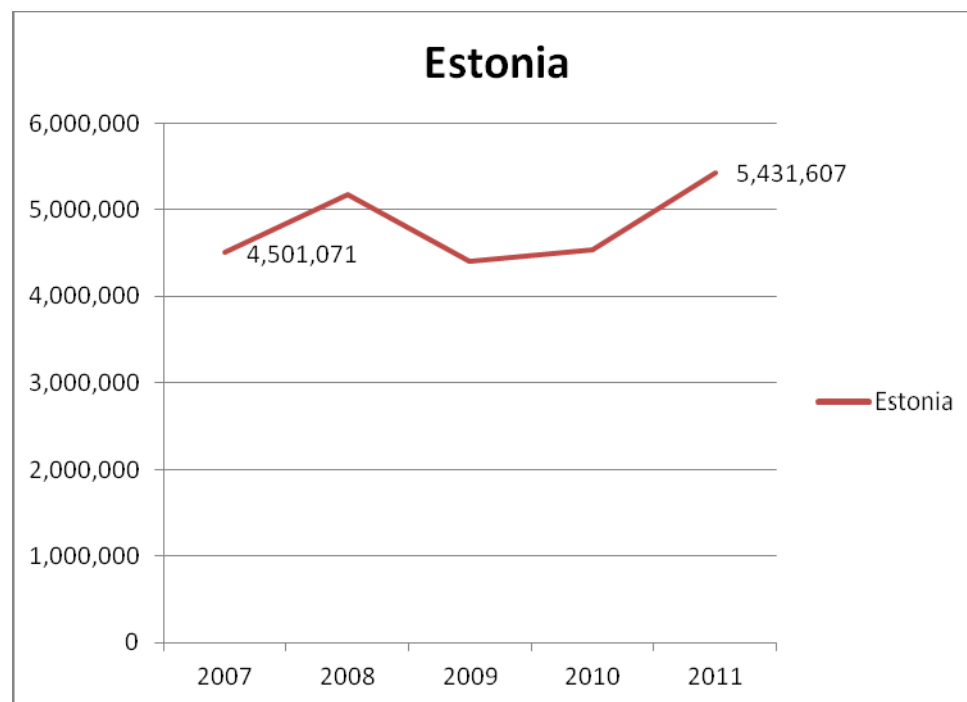




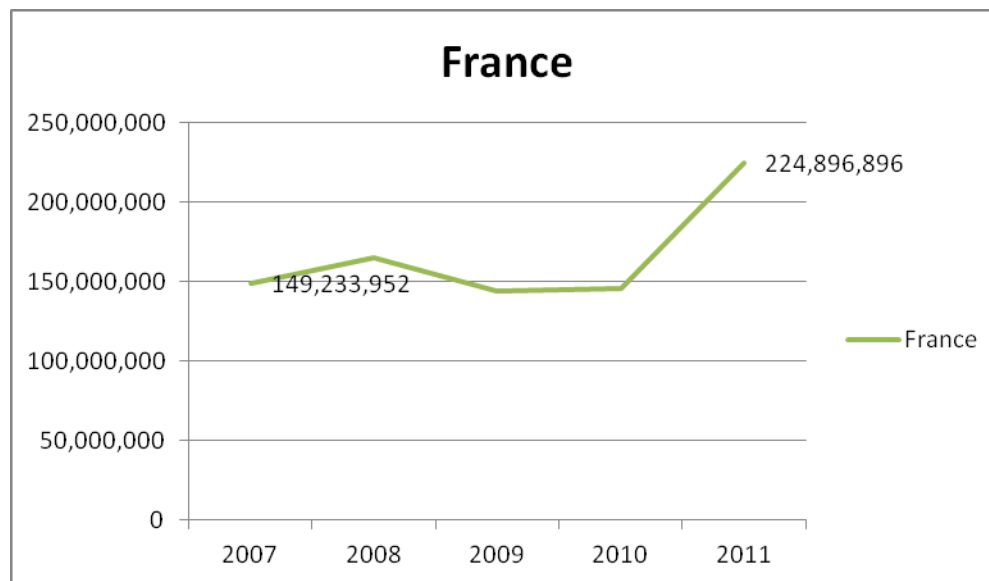
Source: Graph based on data obtained from the International Trade Centre’s market analysis database, Trade Map. ICT’s calculations based on Eurostat’s statistics. Retrieved on March 18 2013 from: [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx).

**FIGURES 12-18: INDIVIDUAL STATE ANALYSIS OF SERVICES EXPORTS**

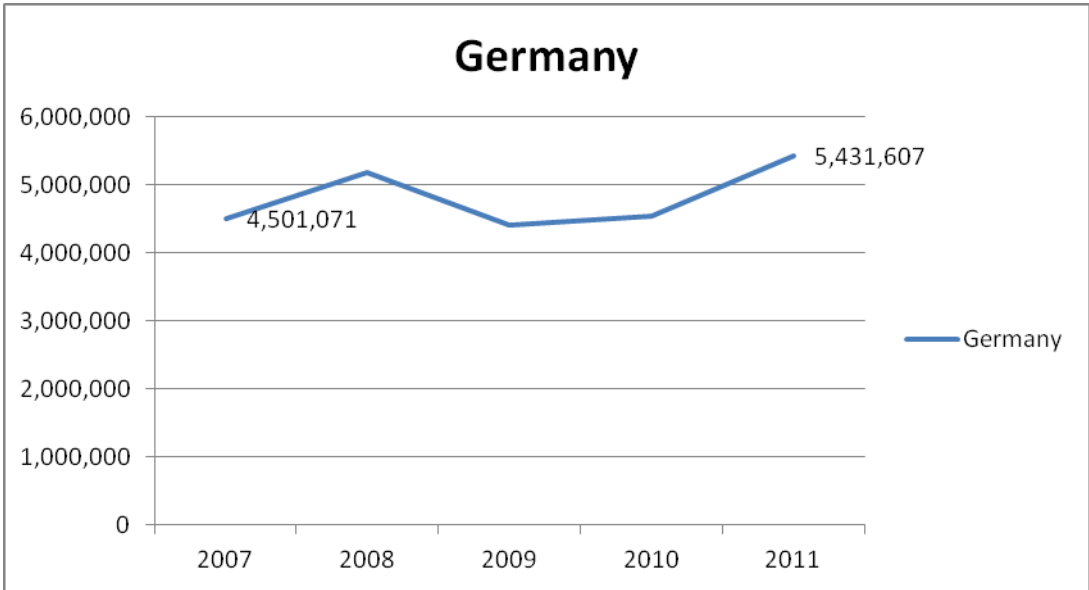
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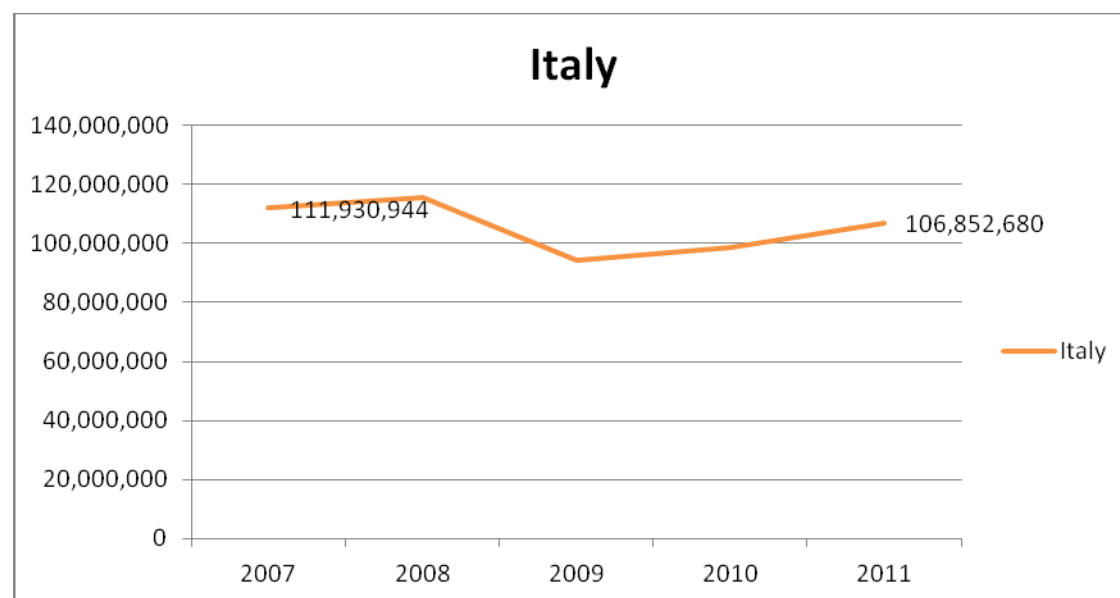
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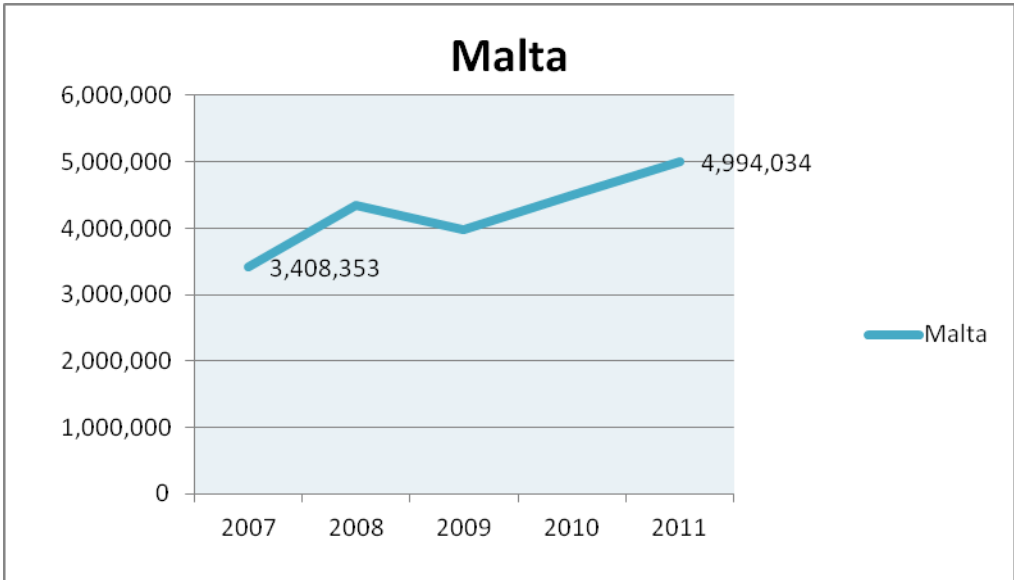
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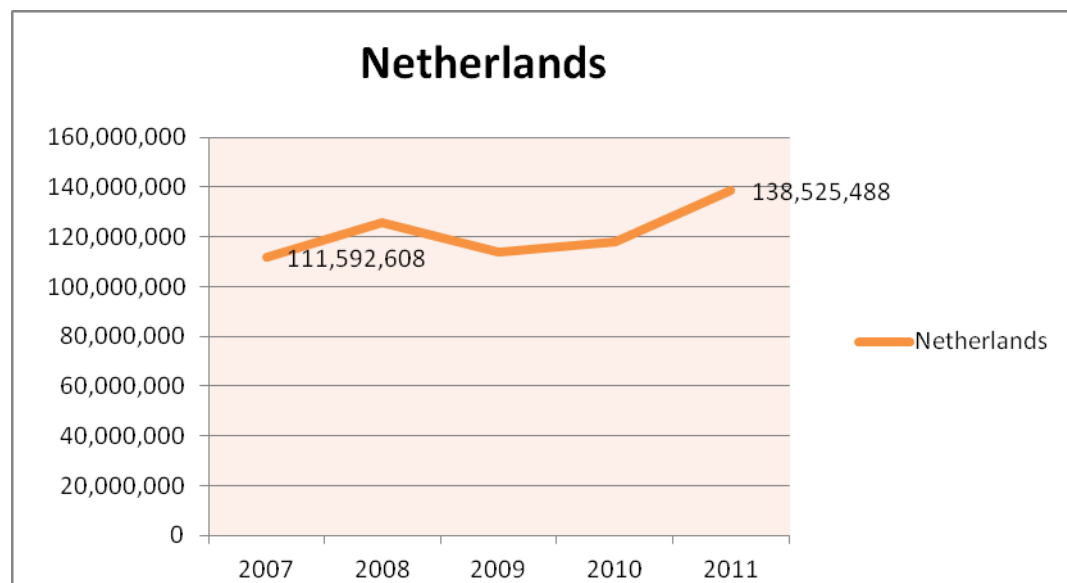
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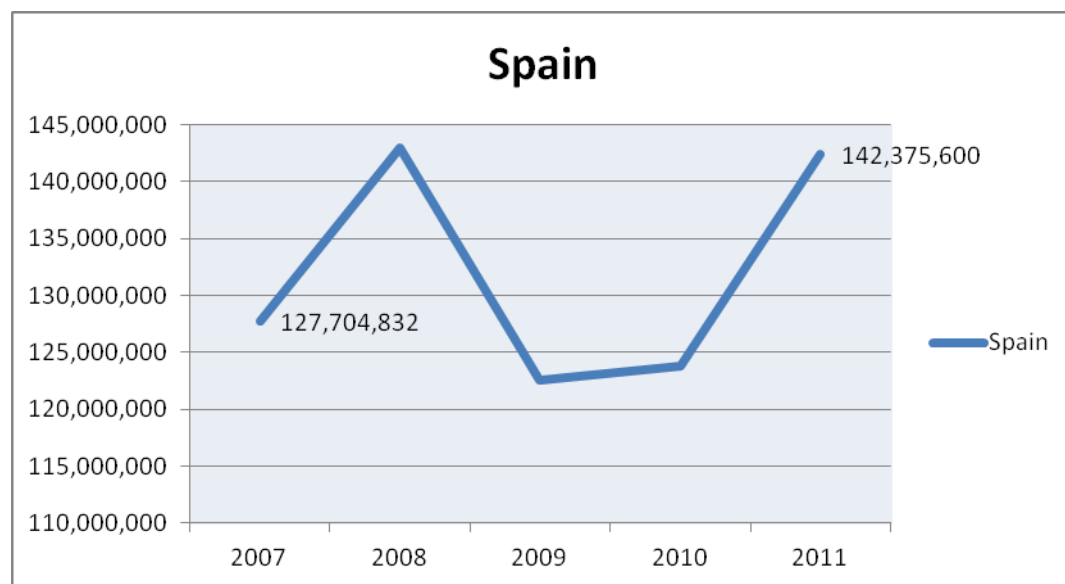
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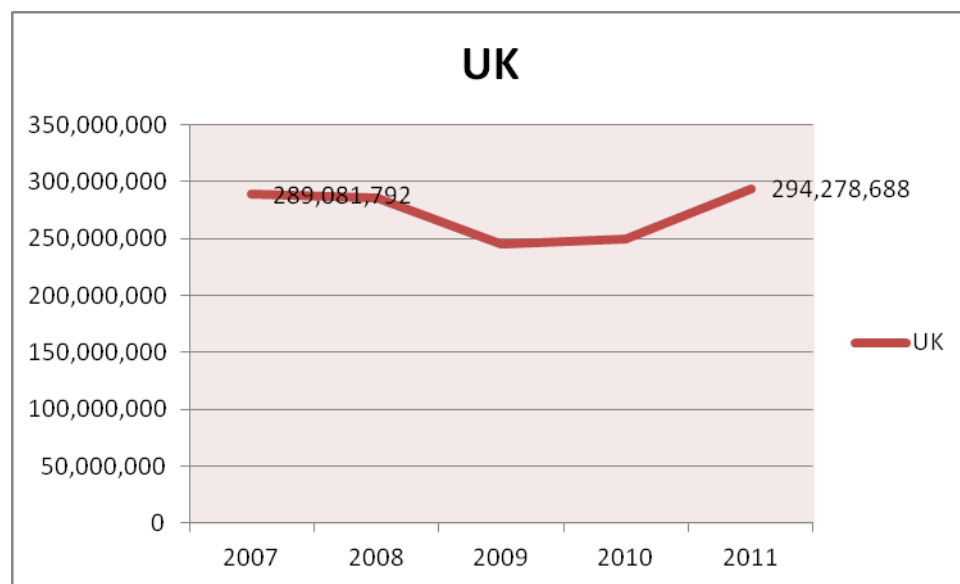


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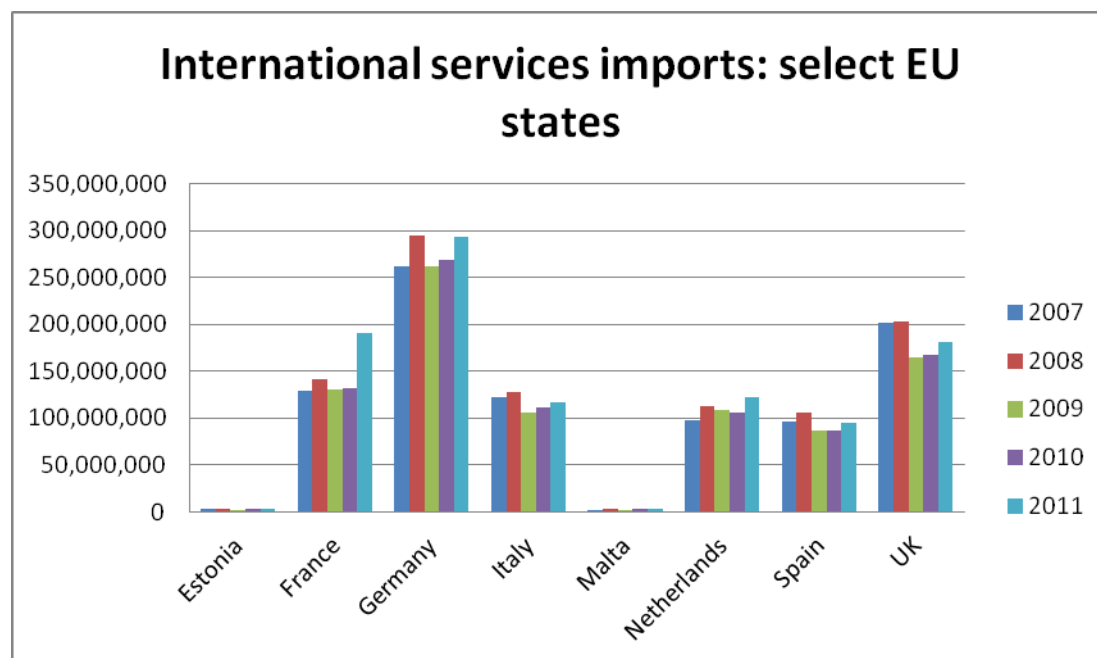




Source: Graphs based on data obtained from International Trade Centre’s market analysis database, Trade Map. ITC calculations based on Eurostat statistics. Retrieved March 18, 2013 from [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx)

## International Services Imports

**FIGURE 20: BAR CHART SHOWING INTERNATIONAL SERVICE IMPORTS OF SELECT EU STATES (USD ‘000)**



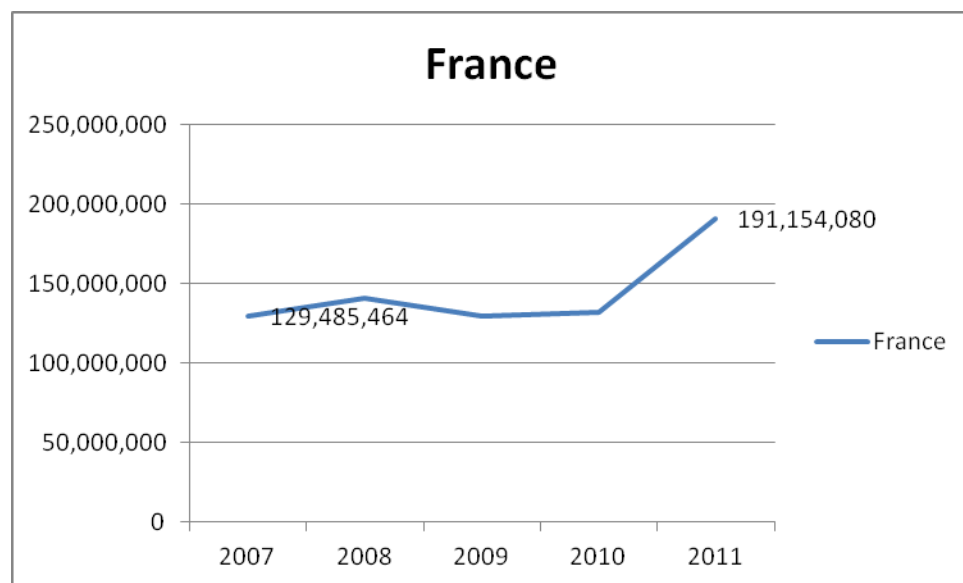
Source: Graph based on data obtained from the International Trade Centre’s market analysis database, Trade Map. ICT’s calculations based on Eurostat’s statistics. Retrieved on March 18 2013 from [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx)

**FIGURES 21-28 INDIVIDUAL STATE ANALYSIS OF SERVICES IMPORTS  
(USD '000)**

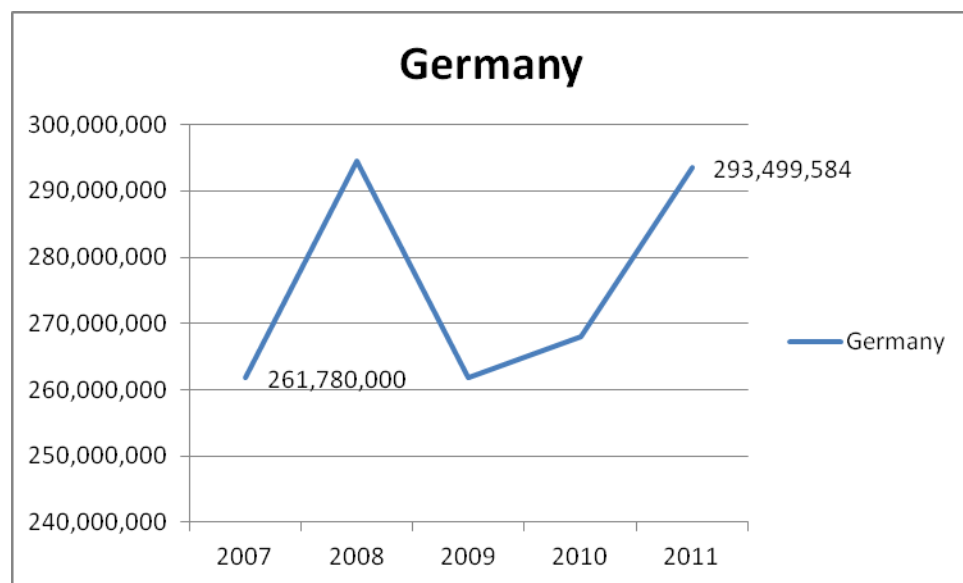
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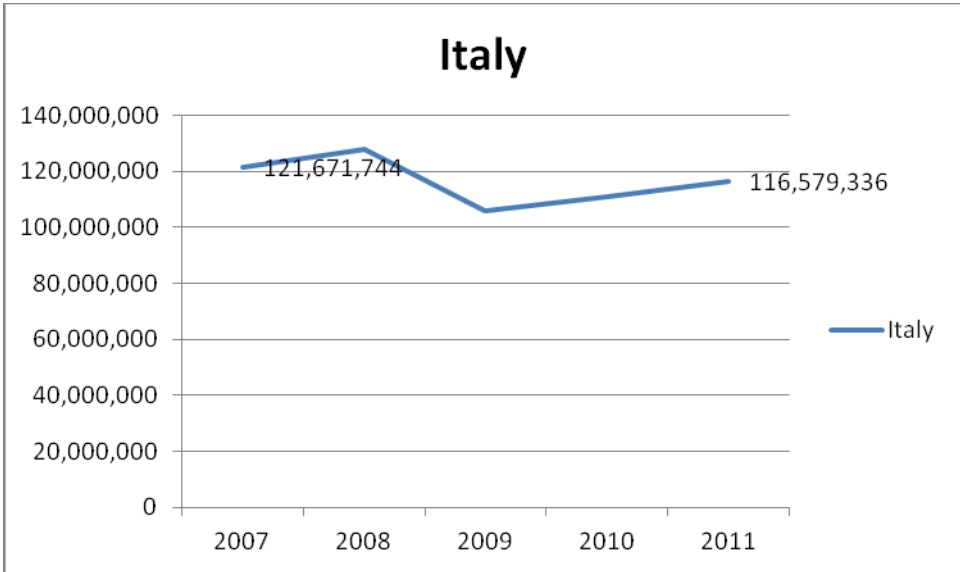
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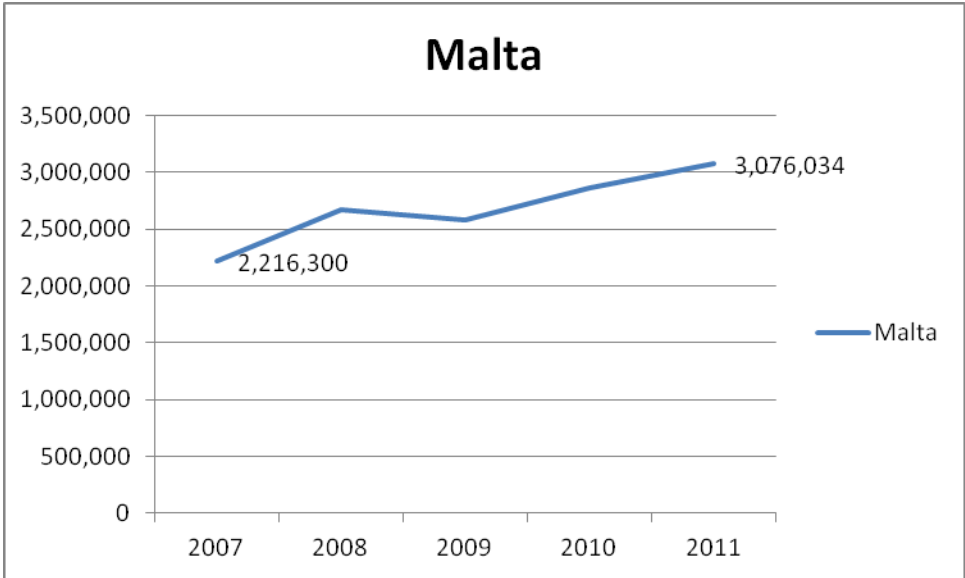
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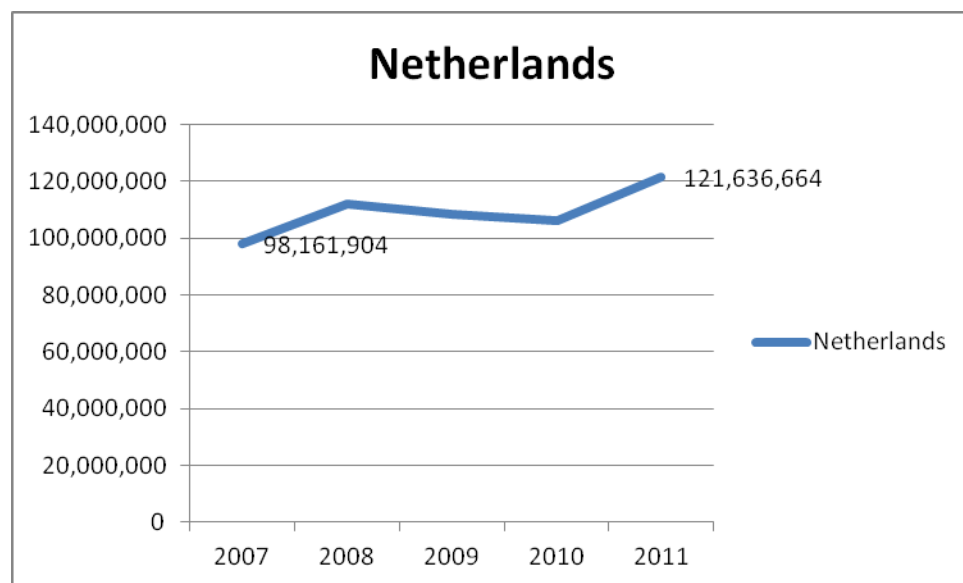
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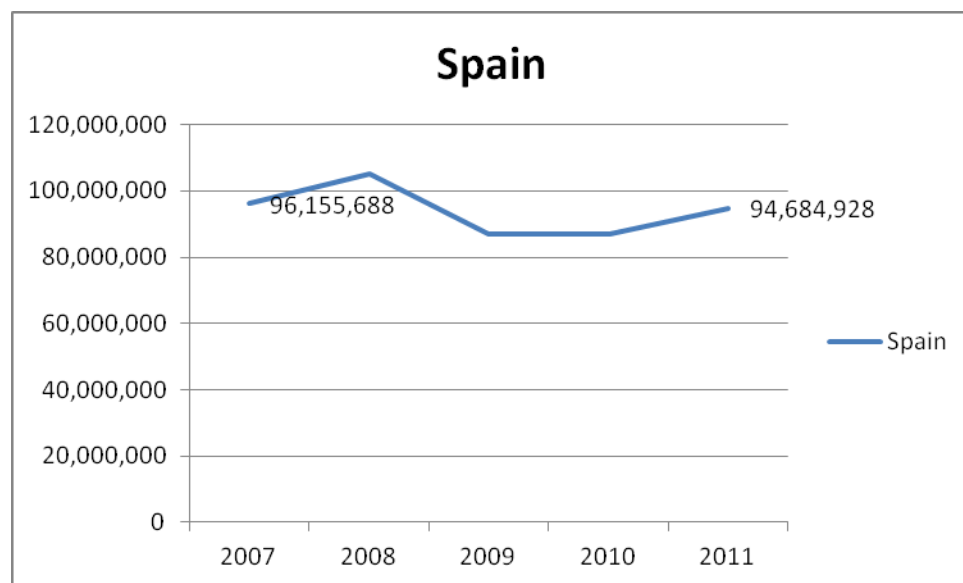


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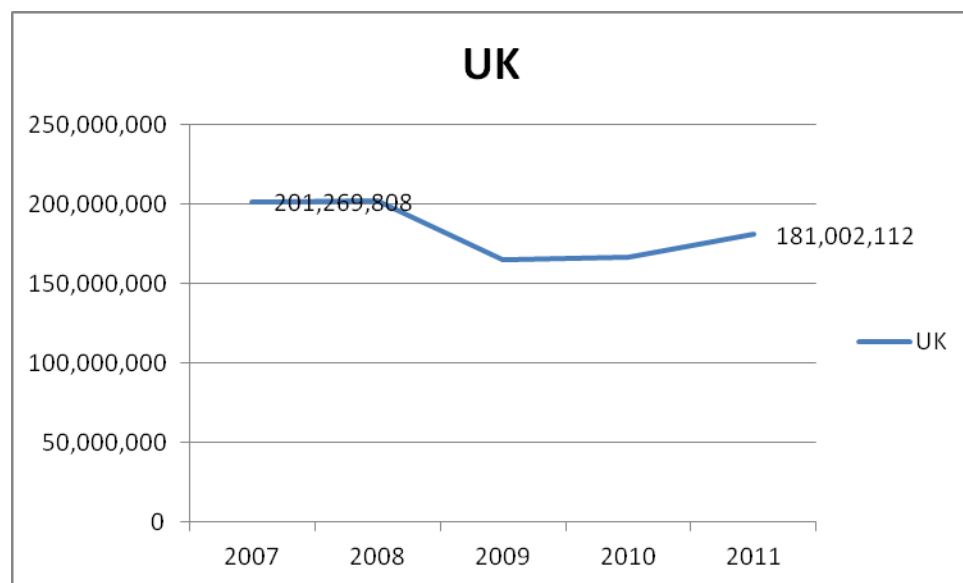


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Source: Graphs based on data obtained from International Trade Centre’s market analysis database, Trade Map. ITC calculations based on Eurostat statistics. Retrieved March 18, 2013 from: [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx)

**Trade in Services: CARIFORUM countries**

**IMPORTS**

**TABLE 8: VALUE OF SERVICES IMPORTS (USD ‘000) BY CARIFORUM STATES OVER FIVE-YEAR PERIOD**

	2007	2008	2009	2010	2011

<b>Antigua and Barbuda</b>	283,461	271,663	227,570	226,227	217,088
<b>Bahamas</b>	1,579,590	1,402,900	1,196,060	1,181,100	1,292,419
<b>Barbados</b>	666,561	736,019	710,627	733,044	569,957
<b>Belize</b>	168,156	169,575	161,747	162,391	171,083
<b>Dominica</b>	63,987	69,945	66,415	66,763	68,017
<b>DR</b>	1,772,400	1,989,400	1,848,600	2,185,000	2,231,900
<b>Grenada</b>	108,496	113,377	98,102	93,843	95,675
<b>Guyana</b>	272,539	323,112	272,421	343,834	
<b>Jamaica</b>	2,281,680	2,367,120	1,880,640	1,824,400	1,946,040
<b>St. Kitts and Nevis</b>	101,644	120,105	96,181	99,449	96,771
<b>St. Lucia</b>	205,689	215,460	190,000	202,969	206,872
<b>St. Vincent and the Grenadines</b>	114,205	102,138	94,235	91,432	91,855
<b>Suriname</b>	317,200	398,100	285,300	259,000	562,518
<b>Trinidad and Tobago</b>	377,400	326,000	383,100	386,600	5,504,000

*Source: Information obtained from International Trade Centre's market analysis database, Trade Map. Data based on IMF statistics. Retrieved on March 18, 2013 from: [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx)*

## EXPORTS

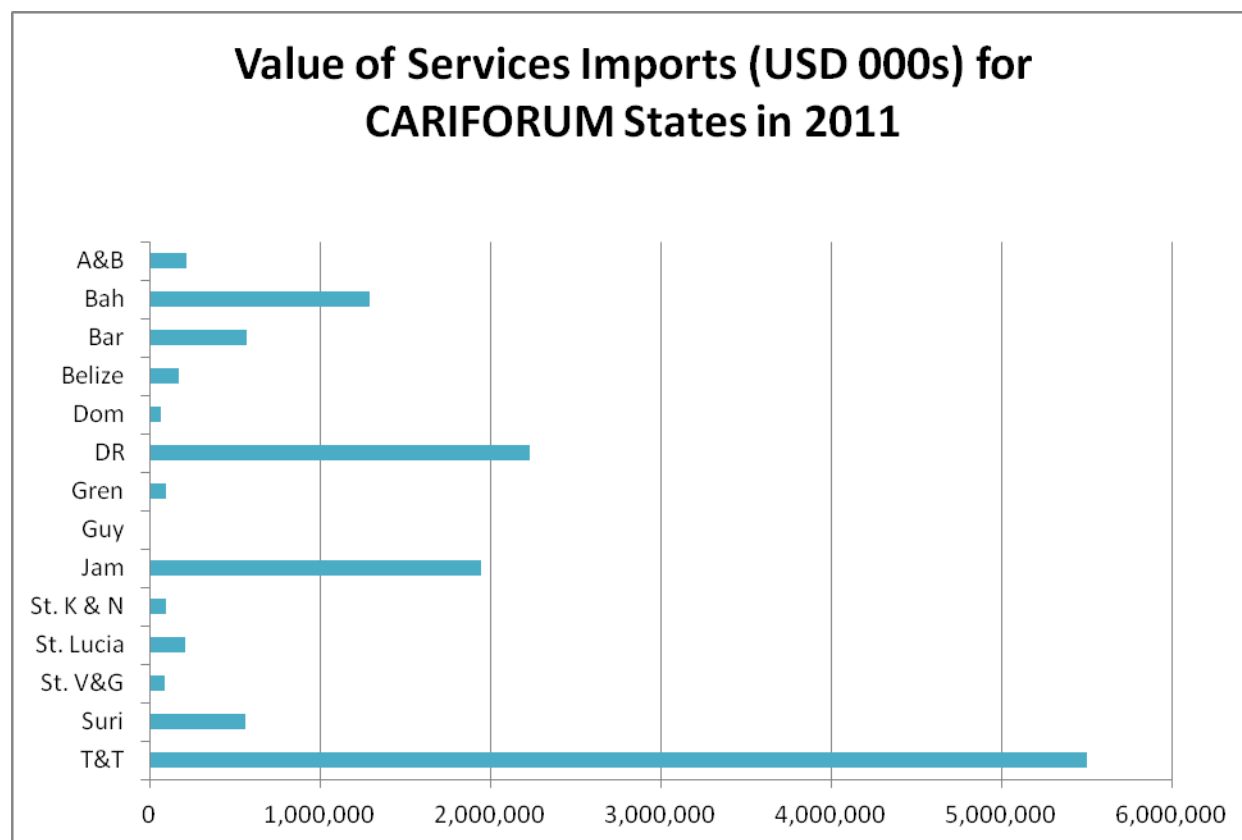
TABLE 9: VALUE OF SERVICES EXPORTS (USD 000) BY CARIFORUM STATES OVER FIVE-YEAR PERIOD

	2007	2008	2009	2010	2011
<b>Antigua and Barbuda</b>	521,901	559,912	510,813	478,519	493,478
<b>Bahamas</b>	2,599,350	2,533,920	2,350,850	2,493,580	2,606,155
<b>Barbados</b>	1,699,540	1,822,480	1,502,829	1,638,150	1,762,510
<b>Belize</b>	398,076	386,479	344,382	353,837	340,152
<b>Dominica</b>	108,824	118,439	119,768	130,866	133,322
<b>DR</b>	4,824,900	4,951,200	4,835,900	5,153,900	5,341,200
<b>Grenada</b>	148,206	149,318	138,915	137,770	147,828
<b>Guyana</b>	172,897	211,880	170,305	248,049	————
<b>Jamaica</b>	2,706,550	2,795,220	2,650,560	2,634,020	2,620,210
<b>St. Kitts and Nevis</b>	172,995	161,104	131,876	160,224	173,451
<b>St. Lucia</b>	355,906	363,582	352,622	390,067	379,663
<b>St. Vincent and the Grenadines</b>	160,867	152,984	138,949	138,575	143,230
<b>Suriname</b>	244,700	284,600	286,700	241,400	200,825

<b>Trinidad and Tobago</b>	923,800	935,700	764,800	874,200	5,812,234
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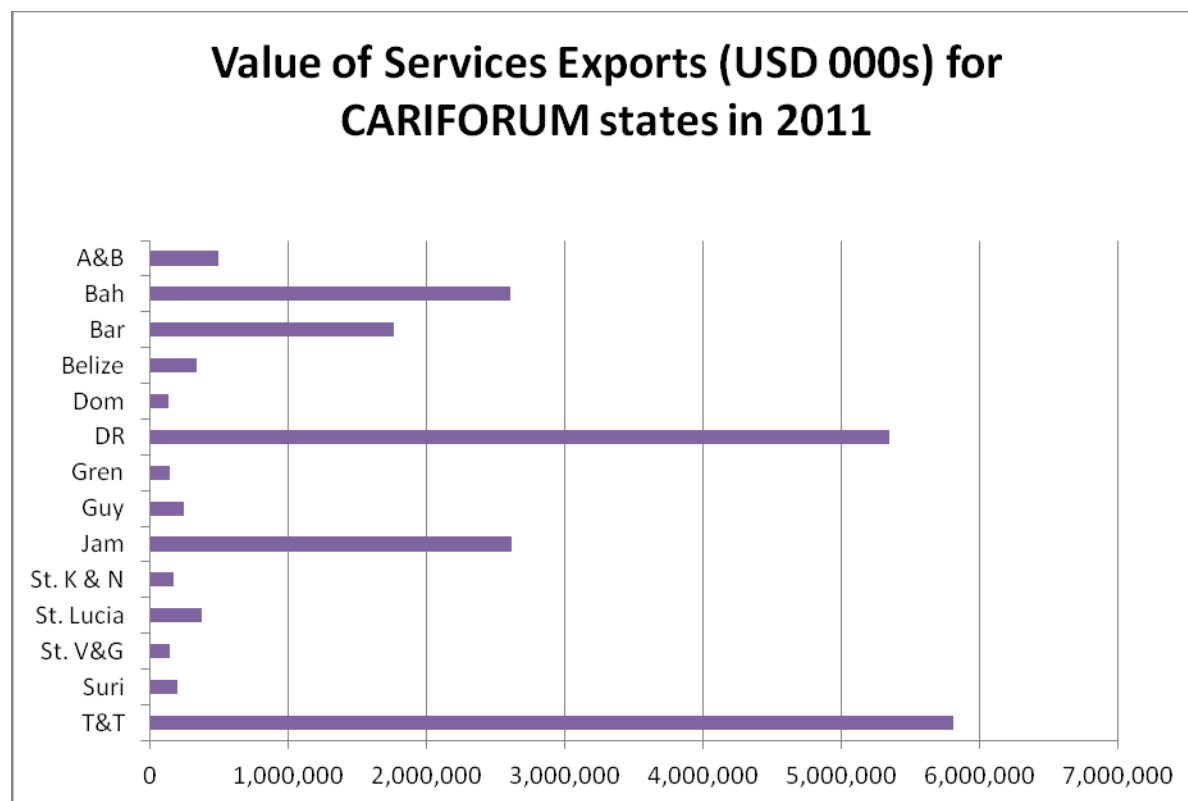
Source: Information obtained from International Trade Centre’s market analysis database, Trade Map. Data based on IMF statistics. Retrieved on March 18, 2013 from: [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx)

**FIGURE 29: CARIFORUM’S SERVICE IMPORTS FOR THE YEAR 2011(USD ‘000)**



Source: Information obtained from International Trade Centre's market analysis database, Trade Map. Data based on IMF statistics. Retrieved on March 18, 2013 from: [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx)

**FIGURE 30: CARIFORUM’S SERVICE EXPORTS FOR THE YEAR 2011(USD ‘000)**



Source: Information obtained from International Trade Centre’s market analysis database, Trade Map. Data based on IMF statistics. Retrieved on March 18, 2013 from: [http://www.trademap.org/Country\\_SelServiceCountry\\_TS.aspx](http://www.trademap.org/Country_SelServiceCountry_TS.aspx)

## EU Service Trade with the CARIFORUM Region

### Imports

The following matrix illustrates the value (in USD 000s) that the EU countries listed in the column imports from the corresponding CARIFORUM States (in 2010 or latest available year). Where trade data are not indicated, it does not mean that trade does not exist, but can indicate that the data have not been captured.

**TABLE 10: SERVICES IMPORTS OF EU MEMBERS FROM CARIFORUM STATES IN 2010\* (USD '000)**

	Estonia	France	Germany	Italy	Malta	Nether lands	Spain	UK
<b>Antigua and Barbuda</b>	397	33,111	-	-	-	-	-	-
<b>Bahamas</b>	1,987	51,653	-	44,236	-	38,276	-	40,163
<b>Barbados</b>	-	9,271	-	7,947	-	2,252	-	460,481
<b>Belize</b>	1,457	5,298	-	1,457	-	14,304	-	4,639



	<b>Estonia</b>	<b>France</b>	<b>Germany</b>	<b>Italy</b>	<b>Malta</b>	<b>Nether lands</b>	<b>Spain</b>	<b>UK</b>
<b>Dominica</b>	132	19,866	-	-	-	3,576	-	1,591
<b>DR</b>	132	-	-	198,00 1	-	35,892	128,469	101,931
<b>Grenada</b>	-	2,649	-	-	-	265	-	38,572
<b>Guyana</b>	-	31,786	-	5,165	-	7,814	-	13,918
<b>Jamaica</b>	397	26,488	-	66,089	-	19,734	-	285,912
<b>St. Kitts and Nevis</b>	662	1,324	-	-	-	278	-	1,903 (2008)
<b>St. Lucia</b>	-	17,218	-	3,179	-	-	-	52,490

	Estonia	France	Germany	Italy	Malta	Nether lands	Spain	UK
<b>St. Vincent and the Grenadine s</b>	6,359*	7,947	-	-	-	3,148** (2007)	-	1,591
<b>Suriname</b>	-	-	-	1,528	-	67,546	-	1,527
<b>Trinidad and Tobago</b>	-	22,515		6,225		18,145	95,359	43,212

Source: Data obtained from the International Trade Centre's market analysis database, Trade Map. Retrieved on March 13, 2013 from: [http://www.trademap.org/Country\\_SelService\\_TS.aspx](http://www.trademap.org/Country_SelService_TS.aspx)

### Exports

The following matrix illustrates the value (in USD 000s) that the EU countries listed in the column exports to the corresponding CARIFORUM States (in 2010 or latest available year). Where trade data are not indicated, it does not mean that trade does not exist, but can indicate that the data have not been captured.

**TABLE 11: SERVICES EXPORTS OF EU MEMBERS TO CARIFORUM STATES IN 2010\* (USD '000)**

	Estonia	France	Germany	Italy	Malta	Nether lands	Spain	UK
<b>Antigua &amp; Barbuda</b>	5,829	50,011 (2009)	17,000	530	-	1,060	-	6,230
<b>Bahamas</b>	1,192	74,168	93,000	6,622	-	27,283	-	251,846
<b>Barbados</b>	-	2,649	96,000	265	-	16,820	-	114,391
<b>Belize</b>	9,274	2,649	6,000	265	-	1,854	-	23,196
<b>Dominica</b>	397	2,649	1,000 (2009)	1,611 (2008)	-	927	-	1,527 (2010)
<b>DR</b>	132	-	50,000	39,335	-	133,237	207,935	46,393
<b>Grenada</b>	-	-	1,000	146 (2008)	-	13,906	-	3,049
<b>Guyana</b>	-	3,973	11,000	132	-	6,490	-	67,99

	Estonia	France	Germany	Italy	Malta	Nether lands	Spain	UK
								8
<b>Jamaica</b>	-	17,218	19,000	9,933	-	37,216	-	44,802
<b>St. Kitts and Nevis</b>	795	1,324	-	1,060	-	-	-	3,049
<b>St. Lucia</b>	-	1,324	4,000	132	-	1,854	-	10,869
<b>St. Vincent and the Grenadines</b>	5,167	2,649	3,000	1,324	-	132	-	4,639
<b>Suriname</b>	-	6,622	2,000 (2009)	132	-	105,292	-	43,212
<b>Trinidad and Tobago</b>	-	26,488	80,000	29,667	-	78,538	-	157,603

Source: Data obtained from the International Trade Centre's market analysis database, Trade Map. Retrieved on March 13, 2013 from: [http://www.trademap.org/Country\\_SelService\\_TS.aspx](http://www.trademap.org/Country_SelService_TS.aspx)

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## **Chapter 6: Framework for supplying Services and conducting business**

Given most country's experience as long-standing tourism destinations, it is only logical that tourism should be the main point of departure into capitalizing on the benefits of the Health and Wellness sector. The interaction between health and tourism is a fairly new concept, and therefore, in an attempt to establish a feasible framework, the level of understanding of the key personnel that will see to the proper operation must be assessed and adequate sensitization applied.

Secondly, the strengths of the region should be carefully examined. A cursory assessment suggests that the relatively low cost of medical care, the availability of highly trained medical personnel, traditional uses of indigenous materials for medicinal purposes, and strong existing trading relationships, particularly with members of the European Union provide unique marketing points for CARIFORUM countries. The market access commitments garnered in the EC-CARIFORUM EPA present a unique opportunity for CARIFORUM states that were not available via the GATS commitments of EU members. However, although market access has been gained, market penetration has proven to be a problem, based on requirements for economic needs tests, residency status and incoherent qualification systems. Accordingly, some actions need to be pursued to ensure that market access opportunities can be translated to market presence in the desired sectors in the EU. Included in these are elements of:

- 1). A Cohesive Strategy
- 2). Research and Statistics Development
- 3). Incentives for Infrastructure Development
- 4). Training
- 5). Destination Branding
- 6). Legal Framework
- 7). Medical Visas
- 8). International Accreditation
- 9). Investment Framework for Technology Transfer

## 10). Price and Quality

These key elements for success are discussed in greater details below.

### **Cohesive Strategy**

The most important development to ensure an optimization of the benefits accorded by the CARIFORUM-EC EPA is the development of a cohesive regional strategy aimed at attaining market recognition as a health and wellness destination. At present, there is no regional strategy being promoted to develop the CARIFORUM health and wellness sector. What exists is each country operating in silos trying to gain portions of the market share in the EU. The recent development of the *Caribbean Spa and Wellness Sector Strategy* 2014-2018 is encouraging. However, this document is new (2013) and therefore lessons cannot yet be taken from the execution of the strategies contained therein. Notwithstanding, the five strategic pillars outlined in the document for the establishment of a globally competitive spa and wellness sector provide suitable guidelines for the development of the wider health and wellness tourism sector. Following from the strategic pillars contained in the spa and wellness strategy, a cohesive health and wellness sector within CARIFORUM would place emphasis on the development of a suitable policy and regulatory framework, organization development and strengthening, marketing, product and services development and capacity building, and resource mobilization.

Within the context of developing the policy and regulatory framework, there is need for an assessment of the specific needs of potential patients in the European market and these needs must be matched with the comparative advantages of each state in an attempt to identify niche segments. As it relates to addressing resource constraints, this would prove effective, as each country would specialize in the segment that best suits its natural capabilities.

The creation of stronger linkages with the traditional tourism sector is also crucial to the continuous development of the sector: the possibility of using existing resorts to act as recuperation destinations is just one of the possible collaborations in this regard. In the absence of the level of investment required to construct a structure similar to the Apollo Group of Hospitals in India, with over 8500 beds across 54 hospitals within and outside India (Apollo Hospitals 2013), it would be in the best interest of CARIFORUM countries to cooperate in this area, rather than employ their own individual policy objectives without regional cohesion. The encouragement of the regional cooperation in the EPA, also

suggests that this will be the easiest way to maximize the benefits gained under that agreement. In this regard regional governments should be encouraged to work towards the strengthening and expansion of the ‘movement of persons’ and the ‘rights of establishment’ issues provided under the Revised Treaty of Chaguaramas, enabling the effective operationalization of the CSME.

Close collaboration between Government ministries and agencies in the domestic domain is also essential. These stakeholders would include the ministries of health and tourism, investment promotion agencies and/or tourism promotion agencies, tour operators, and the ministry responsible for information and communication technologies, especially for countries interested in cross-border supply of these services via telephone or Internet consultations.

It has also been noted that while most CARIFORUM countries see their Diaspora as an important market, many have failed to coordinate a targeted strategy to attract Diaspora groups to raise awareness about the health and wellness sector. Word of mouth is a very critical tool in this industry, and therefore the large Caribbean Diaspora in key markets should be targeted to experience the Caribbean product and act as mass marketing tools in their countries of residence.

## **Research and Statistics Development**

The lack of readily available statistics on international services trade in general, and specifically on the trade in the health and wellness sector, has proven to be a major inhibitor for proper assessment of the sector. Strengthening regional statistics organizations to adequately capture services data in a disaggregated form must be a priority, to allow states to adequately assess market trends and capitalize on opportunities. A policy directive should therefore be in place to ensure that the central statistical offices in each state are tasked to collect data specific to the health and wellness sector. These data should be uniform across all territories with comparative indicators.

## **Incentives for Infrastructure Development**

Despite the fact that the EPA makes provision for firms from CARIFORUM States to establish ‘commercial presence’ in the EU market and vice versa, the actualization of these cross border investments depends heavily on market pull factors, such as the incentives provided by the specific CARIFORUM State to potential investors.

Therefore, it is useful to examine the investment structure of other countries that are aggressively pursuing the development of the health and wellness tourism industry development. For example, the Board of Investment (BOI) in the Philippines has developed an investment structure tailored to healthcare and wellness services including: four (4) years income tax holiday, tax and duty-free importation of medical equipment, and employment of foreign nationals. The latter provision may run counter to the goal of most CARIFORUM countries to reduce unemployment through the development of these sectors and so, an examination of these incentive structures will only provide a guide for what has worked in the industry with a view to making individual incentive structures suited for the country within which it is being implemented. It should be noted that while there are no tailored incentives for the health and wellness sector in CARIFORUM countries, many countries have identified the sector as a priority for development and can offer incentives to investors once certain key developmental conditions are met.

## **Training**

CARIFORUM states have a broad network of training facilities that can aid in bolstering the sector. The University of the West Indies, with medical campuses in Jamaica, Barbados, and Trinidad, provides the ideal platform to train health care professionals, including doctors, nurses and physiotherapists. The research capabilities of the universities can also be useful in conducting specific research to respond to the challenges faced in the sector, or enhance the service offerings. In this regard University personnel should form a part of the core stakeholder group, so as to ensure cohesion between research outcome on industry needs and policy formulation.

Additionally it must be a strategic priority for these regional universities to develop a close working relationship with international universities and colleges located in the region. Joint research and training initiatives could prove beneficial given resource constraints of the region.



As it relates specifically to the spa and wellness sector, the national vocational training institutions through the Caribbean Association for National Training Agencies (CANTA) should seek to develop a common training curriculum and develop guidelines for common standards for spa industry professionals.

### **Destination Branding**

Branding the CARIFORUM region as a health a wellness destination will also require active involvement from both the public and private sector stakeholders. In the case of the public sector, investment promotion agencies should put together a targeted strategy to market individual destinations in the European market and must also play a key role in advocating policy that will be attractive to investors. Also, close collaboration should be developed with Tour Operators in the source countries, paying close attention to destination packaging.

The existing relationship with Europe, especially given the Caribbean Diaspora populations in Western European States makes marketing possible, as it provides a familiarity with the make-up of market segments. This potentially provides an opportunity to forge market links within European States.

### **Legal Framework**

Given the risks involved in surgical procedures, it is important that CARIFORUM States develop a framework for the medical global standards as it relates to medical tourism in particular. While the domestic systems in most CARIFORUM States are for the most part up to international standards, in an attempt to gain the confidence of potential medical tourists, at least a guiding legislative framework should be present. Most importantly, a patient may be dissatisfied with the outcome of a procedure and would like to seek legal recourse. Thus, the absence of such an avenue may discourage travel to such a destination.

## **Medical Visas**

A trend in countries that promote an active medical tourism policy is the introduction of medical visas to enable tourists who visit the country for a medical procedure to stay for the duration of their treatment and possibly recuperation. CARIFORUM States would do well to introduce such visa arrangements as needed to further facilitate the sector. However, the implementation of such a measure would require careful assessment so as not to override border control regulations aimed at protecting a country to determine: eligibility of patients, the length of stay permitted and the types of procedures for which such a visa would be issued.

## **International Accreditation - Joint Commission International**

**The Joint Commission International (JCI) is the global arm of the institution that accredits most U.S. hospitals. Accreditation from this body can raise the international profile of the accredited institution and increase the confidence of prospective tourists in the quality of its service offerings. Already, the Barbados Fertility Clinic (BFC) which was discussed earlier in this study has gained this accreditation. While it is not certain what the impact of the JCI accreditation has had on the increase in patient arrivals to the facility, it can be assumed that this, along with the success stories of the BFC, have played a role in the institution gaining international prominence.**

## **Investment Framework for Technology Transfer**

Continuous development of existing infrastructure, upgrade of service offerings and the application of new technology to medical and cosmetic procedures are crucial to maintaining relevance as a health and wellness destination. Therefore, CARIFORUM States need to factor this into their plans for development of the sector at both local and regional level.

## Price and Quality

The competitiveness of Developing States in the health and wellness sector lies in their potential to deliver premium quality services at low costs. In ensuring service quality, the Minister of Health in Thailand, has issued the quality program called Hospital Quality Improvement Accreditation (HA) for every hospital both public and private to ensure and maintain quality in the healthcare services. Some hospitals have progressed to more international recognition levels such as JCIA (Joint Committee International Accreditation) or to more international standards from various organizations as ISO<sup>v</sup>. Again, CARIFORUM States would do well to follow in such stead as they chart their path to carving their own niche from the global health and wellness sector. A regional quality infrastructure to ensure consistent quality in the health and wellness sector is already in place through the Caribbean Regional Organisation for Standards and Quality – CROSQ – established in 2002. However, the development of these standards must be initiated by directive from industry professionals in each member state who will channel this through national bureaus of standard. A University of the West Indies (UWI) study has been identified in the Caribbean Spa and Wellness Strategy document as a useful launching pad to advise on appropriate standards for the industry. It is proposed that the technical committee comprise of personnel from CROSQ, national Bureau of Standards, C-SWA, CTO, UWI, CHTA, CARPHA, and Caribbean Export.

A UWI Health and Wellness Consultancy has developed standards for the regional health and wellness sector team from the University of the West Indies Cave Hill Campus, has already developed a set of draft standards for the development of the health and wellness sector. This should be incorporated in one strategy.

## Chapter 7: Key findings and Recommendations

### Current Situation No. 1

Our assessment of the CARIFORUM and EU Health and Wellness sectors has revealed that on the CARIFORUM side, the **sector lacks adequate government support** with regards to the **provision of policy initiatives to bolster the sector's development**. However, it must be noted that some countries, notably: Barbados, Jamaica, St. Lucia, Belize and St. Vincent and the Grenadines are actively pursuing the development of the sector. In the Dominican Republic, while there is little direct involvement of the Government in the sector's development, the growing investment in the wider tourism industry has fuelled the health and wellness sector. The accompanying investment in infrastructure has also given the HWT tourism sector a boost in the DR. Belize has also embarked on an approach to promote the sector as a viable economic driver, by first completing a Country Strategy for Medical Tourism, which assesses the country's inherent strengths, as well as its weaknesses. Jamaica has identified the Health and Wellness sector as a priority and has developed through the Jamaica Coalition of Service Industries (JCSI), guidelines for the health and wellness sector. There has also been a national taskforce established to develop a roadmap for the sector. In the case of St. Lucia's, as part of the Government's effort to promote the sector, there is now running a training school based on the UK's National Vocational Training scheme (NVQ). While these country specific initiatives are crucial, to benefit optimally from the EU's market the national policies and roadmaps should be integrated into a regional development roadmap.

### Recommendation No. 1

The commissioning of a **Regional Strategic Plan for the Health and Wellness sector** is needed. This would be developed after consultations have been held with key industry professionals, such as doctors, nurses, operators of convalescent care facilities, spa professionals and owners and operators of existing tourist lodgings that have an interest in

further expanding their wellness offerings. Investment promotion agencies, other private health and wellness operators, and potential investors should also be party to these discussions. In the case of spa and wellness tourism, a regional strategy has already been developed. There is therefore a need for two key follow-up processes to take place: 1). the execution and speedy implementation of the recommendations outlined in the Caribbean Spa and Wellness Sector Strategy 2014-2018; and 2). the development of a medical tourism strategy that will outline clear guidelines for the integration of the spa and wellness sub-sector.

### **Current Situation No. 2**

Currently, there is **no central regulatory body for the sector to manage standards and the operations of personnel** within the sector. What exist are country specific accreditation bodies such as Medical Associations and Nursing Councils, which regulate the standards within specified professions. The spa and wellness segments are far less regulated although the establishment of the Caribbean Spa and Wellness Association (C-SWA) is expected to provide cohesion to some extent. Additionally, there is **disparity between the levels of training of spa professionals across each state and across the region**. In this regard a **regional framework for training must be developed based on international standards and best practices** both regionally and internationally. The Caribbean Association of National Training Agencies (CANTA) possesses the linkages to spearhead this task due to the number of national vocational qualification agencies plugged into its network. However, as outlined in the Caribbean Spa and Wellness strategy, the accomplishment of this common framework requires certain immediate steps. Some key steps include: the execution of training needs assessment, the development of a regional spa and wellness curricula, and the implementation of standardized training programmes for all practitioners working in the sector, based on alliances with international partners.

### **Recommendation No. 2**

The establishment of the dedicated regional taskforce to be called the **Joint CARIFORUM-EU Regional Council on Health and Wellness Tourism** may play a critical role in the regional regulation and the ultimate establishment of a body to introduce industry standards and possibly provide regional accreditation for facilities, which provide health care

services. This body would be a coalition of the national bureaus of standards and the various national health and wellness taskforce, which have been established across the region. The entity would be subsumed under the Caribbean Regional Organisation for Standards and Quality (CROSQ).

The UWI Consulting Group has done a comprehensive ‘Quality Assurance Report’ for the development of the Health and Wellness sector in the Caribbean. The document, among other things, provides a comparison of the quality assurance regimes and standards that have been established in countries across Europe, Asia and North America. This can provide a useful point of departure for developing regional quality standards.

Cohesion at the regional level can also facilitate a single framework under which Mutual Recognition Agreement (MRAs) are negotiated. The successful negotiation of these MRAs is essential to the CARIFORUM States being able to benefit, particularly from the market access commitment garnered, in delivery of health and wellness services via Modes 3 and 4.

### **Current Situation No. 3**

Presently, **CARIFORUM States are not maximizing the opportunities available through the linkages with other sectors.** Creating stronger linkages between the tourism, health and other recreational elements can work to elevate the region’s offerings in the sector.

### **Recommendation No. 3**

The **development and provision of a value chain analysis of the sector** will present a vivid picture of the immediate and indirect linkages that can be created, as countries would then be able to explore the niche markets that have potential for their development. The creation of such a value chain framework will require the input of personnel from ministries of tourism, national tourism organizations, ministries of trade and investments, key personnel practicing in the health and wellness sector and university personnel

conducting research in the area. As an example, Jamaica, with an established sports sector, can look into the possibility of carving out a niche in the **delivery of physiotherapy services to international patients**, particularly athletes.

#### **Current Situation No. 4**

A **disconnect between government initiatives and those spearheaded by the private sector** is evident. An inventory of health and wellness operations demonstrated that privately owned operations are the main participants in the sector and many have indicated that government support/incentives had been limited in the setup of their businesses.

#### **Recommendation No. 4**

**Greater sensitization of the local business operators to the joint venture and business development opportunities provided by the EPA** can help to strengthen existing operations in the region, and also increase the possibility of other infrastructural development. In that connection CARIFORUM Governments should focus particularly on the commitment made by their EU counterparts in terms of market access for commercial presence (Mode 3) and movement of natural persons (Mode 4). The coalitions of service industries (CSIs) within each CARIFORUM state, where they exist, can play a key role in sensitization of personnel as it pertains to Mode 4 delivery of their services. Further, where CSIs do not exist, the main agency for investment promotion and business development should be appointed the task. Governments should also encourage business clustering among health and wellness actors, this will be crucial in ensuring that consultations are held with, if not all, most of the exporters of these services.

#### **Current Situation No. 5**

As indicated by trade data, **trade in services from CARIFORUM States to the EU** and vice versa, continue to **follow traditional trading patterns**. For example, many countries have a vibrant trading relationship with the UK, but from the data presented there seems to be no active involvement in Malta's market. The traditional relationships are essential as often these trade flows follow migration patterns. Therefore where there is a larger Diaspora community (UK) since there is more trade.

### **Recommendation No. 5**

CARIFORUM States should aim to leverage traditional trading markets by strengthening the linkages in those markets and then use them as a source of **leverage into non-traditional markets**. This could be done through the setting up of regional promotional agencies in traditional markets (in cases where they do not already exist) and using that as a base to reach other potential markets. Given the advanced regional integration in Europe, this will be relatively easy.

Additionally, particularly in the field of medical tourism, international partnerships are essential for aftercare if the patient travels back to his or her home country after treatment. In this regard, it would be useful to **develop a targeted strategy to establish relationships between medical care centres and professionals in key target markets**.

### **Current Situation No. 6**

While some CARIFORUM states have identified the health and wellness sector as a priority sector to increase their global competitiveness, little has been done to **identify a unique selling point to market these sectors**. Considering the resource constraints facing most countries and the various elements and sub-sectors of the health and wellness industry, adopting a wholesome approach to the sector's development will yield little or no results, given the advancement of competitors. Creating a unique selling point for the Caribbean health and wellness product is therefore necessary and urgent before a strategy is crafted.



## **Recommendation No. 6**

Each CARIFORUM state should be asked to **carefully assess their current service offering and identify distinctive qualities and benefits**, which will compel visitors to choose their destination over top destinations such as Thailand. The identification of this unique selling point will direct the overall brand strategy, and promote the sector based on these distinctive features. The **infusion of Caribbean herbs and spices in the spa and wellness sector** and the **perceived healing powers of the natural spas** present in the region are reasonable distinctive selling points. However, research through university and private partners should aim to provide credible reference to actual benefits of these products.

## **Current Situation No. 7**

CARIFORUM countries with the exception of Barbados as it pertains to fertility treatment, and to a lesser extent the Dominican Republic as it relates to cosmetic surgery, are yet to **create a recognizable brand in the health and wellness sector**.

## **Recommendation No. 7**

The advent of the Internet and social media has created a large communication network for persons to share pertinent information. Creating a website dedicated to the promotion of the regional health and wellness sector is both cost-effective and necessary to gain international recognition. The Caribbean Spa and Wellness Association already has such a website. Assuming that this website is successful in accomplishing the objective of attracting international visitors to CARIFORUM for spa and wellness treatments, the client base developed there can be a key client base to market wider health and wellness sector offerings. **Social media platforms such as Facebook and Twitter and video platforms such as YouTube** can be useful in lending credibility, as they allow real-time connections with previous and prospective clients.

In addition to the information provided on service offerings, these online platforms should provide price comparisons, patient testimonials, success rates, as well as options for real time communication with medical and or spa professionals to conduct quick consultations.

**Key Indicators of Success**

Action	Key Partners	Indicators
1). Need to develop a comprehensive health and wellness strategy in consultation with stakeholder groups from all CRIFORUM states	Caribbean Export, CAIPA, Caribbean Association of Medical Councils, C-SWA and regional nursing associations.	<p>Draft health and wellness tourism strategy developed and endorsed by all CARIFORUM countries.</p> <p>The strategy must answer among other things, the specific target markets for each state, explain the value proposition, and outline all key stakeholders and their roles</p>

Action	Key Partners	Indicators
2). Development of database for health and wellness tourism statistics	<p>Channeled through the Central Statistical Offices across each CARIFORUM country with the main repository being the Caribbean Health and Wellness website to be developed. If for whatever reason, the website is not established in short order, the website for the Caribbean Tourism Organization can serve as the central repository in the interim.</p> <p>Public and Private hospitals, spas and wellness centres are key to the provision of this data.</p>	<p>Disaggregated data being collected and presented on a monthly basis in the same way that general tourism data is presented.</p> <p>This data will include, inter alia: graduates of the medical profession per year; number of trained spa professionals in the region; patient inflow; Mode 4 delivery of medical services and also broad-based data on transactions being carried out online.</p> <p>Established communication channel between hospitals, spas and wellness centres and the central statistical offices.</p>
3). Incentive Structure for the Health and Wellness sector	Investment Promotion Agencies (CAIPA), Caribbean Export	Development of report on the incentives being accorded to businesses

Action	Key Partners	Indicators
		<p>in the health and wellness industry within the region, and an analysis of the operation of a standard application of these benefits across CARIFORUM states.</p> <p>Also, this report should present the incentives being offered globally in the industry, with a view to assess the feasibility of regional application.</p>
4). Training	CANTA (through the input of all national training agencies), UWI, all other universities and private firms offering courses pertinent to the sector	<p>Spa Tourism:</p> <p>The establishment of a sole curriculum for the training of spa professionals.</p> <p>Scheduled workshops in customer services and various spa techniques.</p> <p>Medical Tourism:</p>

Action	Key Partners	Indicators
		<p>Establishment of a regional accreditation system, which will enable Caribbean medical professionals to easily render services to the US and/or the EU for short periods. This should be developed in tandem with the negotiations on Mutual Recognition Agreements (MRAs).</p> <p>Affiliation between universities in key target markets to facilitate joint research and training.</p>
<p>5). International Recognition and Destination branding</p>	<p>Investment Promotion agencies, Caribbean Export, Ministries of Tourism</p>	<p>Establishment of a Caribbean Health Tourism website.</p> <p>Establishment of social media accounts dedicated to the promotion of Caribbean health and wellness offerings.</p>

Action	Key Partners	Indicators
		<p>Marketing of the joint Caribbean medical tourism brand on international platforms such as that of the International Medical Tourism Journal (IMTJ) and the International Spa Association (ISA).</p> <p>Increased recognition of the Caribbean as a spa, wellness and medical tourism destination in target markets.</p>
<p>6). International Accreditation</p>	<p>National accreditation bodies for medical spa professionals (national medical councils) and <b>Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP)</b>.</p> <p>As it pertains to the spa industry the Caribbean Spa and Wellness Association (C-SWA) would be the main body spearheading this venture.</p>	<p>All major private and public medical institutions having at least Joint Commission International (JCI) status.</p> <p>Work in progress to set up regional standards and accreditation body for all facilities involved in the health and wellness tourism</p>

Action	Key Partners	Indicators
		sector.

*Source: Author's conclusions based on the secondary materials examined*

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## End Notes<sup>vi</sup>

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