The making of a global medical tourism destination: From state-supported privatisation to state entrepreneurialism in healthcare in Turkey

The making of a global medical tourism destination: From state-supported privatisation to state entrepreneurialism in healthcare in Turkey

Journal:	*Global Social Policy*
Manuscript ID	GSP-20-0010.R2
Manuscript Type:	Original Manuscript
Keywords:	healthcare politics, medical tourism, privatisation, public–private partnerships, the entrepreneurial state, Turkey, health tourism
Abstract:	Examining medical tourism, especially in countries with publicly funded and organised healthcare systems, offers a gateway into an understanding of the changing role of the state in contemporary societies. Drawing on a comprehensive documentary review, this article examines the evolving role of the state in transforming Turkey into a global medical tourism destination. The article identifies two stages of state involvement in medical tourism: the period after the 2003 healthcare reform and the rise of an entrepreneurial healthcare state since 2013. The article suggests that the state, in the first period, performed a facilitator role by supporting privatisation in healthcare provision; in the second period, it assumed an entrepreneurial role, establishing large hospital complexes through a public-private partnership and created a public corporation to capitalise on the export of healthcare services. The Turkish case demonstrates that the role of the state in medical tourism is subject to change over time, depending on shifts in governmental strategies for healthcare and government-business relations. The article also offers evidence on the continued relevance of the multidimensional engagement of the state in healthcare that cuts across economic and social policy commitments. This engagement has recently extended into the domain of healthcare provision in the context of medical tourism.

The making of a global medical tourism destination: From state-supported privatisation to state entrepreneurialism in healthcare in Turkey

Abstract

Examining medical tourism, especially in countries with publicly funded and organised healthcare systems, offers a gateway into an understanding of the changing role of the state in contemporary societies. Drawing on a comprehensive documentary review, this article examines the evolving role of the state in transforming Turkey into a global medical tourism destination. The article identifies two stages of state involvement in medical tourism: the period after the 2003 healthcare reform and the rise of an entrepreneurial healthcare state since 2013. The article suggests that the state, in the first period, performed a facilitator role by supporting privatisation in healthcare provision; in the second period, it assumed an entrepreneurial role, establishing large hospital complexes through a public-private partnership and created a public corporation to capitalise on the export of healthcare services. The Turkish case demonstrates that the role of the state in medical tourism is subject to change over time, depending on shifts in governmental strategies for healthcare and government-business relations. The article also offers evidence on the continued relevance of the multidimensional engagement of the state in healthcare that cuts across economic and social policy commitments. This engagement has recently extended into the domain of healthcare provision in the context of medical tourism.

Keywords

Healthcare politics, health tourism, medical tourism, privatisation, public–private partnerships, the entrepreneurial state, Turkey

Introduction

Increase in the volume of medical tourism is a relatively novel phenomenon that challenges the territorially-bound understanding of healthcare services. Healthcare is a social service domain that is permeating global markets, although the World Trade Organization (WTO) (n.d.) reports that integration is slow compared to other sectors. Medical tourism, a subset of health tourism, is defined as cross-border travel for the express purpose of obtaining medical services (Connell, 2006). In 2016, the medical tourism sector was estimated to be worth between $10bn and $61bn (*The Economist*, 2018)—a figure that roughly equals the total revenue the U.K. earned from international students and English language training for the same year (The U.K. Government, 2019).

Despite the relatively small size of the global medical tourism industry, its long-term effects on the organisation of healthcare services worldwide may be substantial. The medical tourism literature, however, suffers from limited comparative and systematic data (Ormond, Mun and Khoon, 2014) and from a lack of a conceptual framework for examining its implications for healthcare systems (Pocock and Phua, 2011). That said, the effects of medical tourism on healthcare systems on both sending countries and recipient countries have attracted increasing attention in the literature (e.g., Hanefeld et al., 2013; Pocock and Phua, 2011). A key concern in recipient countries is that state support for medical tourism may undermine its obligation to ensure healthcare access for their own citizens (Alsharif et al., 2010; Godwin, 2004; Leng, 2010; Pocock and Phua, 2011; Prasad and Sengupta, 2019). This is particularly significant for countries whose healthcare systems are publicly funded and organised, as state involvement in the promotion of medical tourism raises the difficult issue of 'reconciling economic and social policy goals' (Jarman and Greer, 2010: 158).

Turkey pursued the post-Second World War trend in Western Europe and Latin America of establishing publicly funded and provided social services. Since the 1940s, it introduced healthcare financing based on social health insurance, and, it has built significant public capacity for provision. After a major reform in 2003 that combined universalism with marketization (Ağartan, 2012), Turkey's efforts in the last decade to promote medical tourism have made it an important medical tourism destination. Notably, the annual number of medical travellers to Turkey increased from 15,000 in 2007 (Ruggeri et al., 2015: 786) to approximately 746,000 in 2015 (Hava, 2016). The early re-opening of Turkey to international patients in mid-May 2020 during the COVID-19 pandemic (Sert Karaaslan, 2020) symbolised the importance that medical tourism has gained for the Turkish economy.

This article explores the domestic political and policy factors that have contributed to Turkey's rise as a hub for medical tourism. Focusing primarily on the role of the state, it provides a comprehensive review of secondary sources that includes but is not limited to legislative documents, policy papers, media reviews and official statistics. In this way, it contributes to the growing literature on state involvement in medical tourism by examining an underexplored country case with a publicly funded and organised healthcare system.

The next section offers a brief review of the literature on the state as a contributor to a country's attractiveness for medical tourism. The third section examines the role that the state has played in making Turkey a global medical tourism destination. This section is divided into two subsections, each representing a specific stage and modality of state involvement in medical tourism: state-supported privatisation in healthcare provision that started with the 2003 reform, and the rise of an entrepreneurial healthcare state since 2013. The concluding section discusses

the broader implications and benefits of incorporating political and policy factors into the analysis of medical tourism.

The role of the state in medical tourism

Even before the recent rise in medical tourism, there have always been dual perceptions of healthcare in welfare-states—one social, one economic. On the one hand, healthcare has been identified as a social right, a social service to which citizens are entitled. It has also been a significant sector of the economy, especially in pharmaceuticals and medical technology, where the state support for the private sector was key. This double-sided feature of healthcare led Moran (1999) to argue that the notion of welfare state is insufficient to capture this feature of healthcare and its relation to the state. His position was that 'the healthcare state is more than a subsystem of the welfare state. Indeed, the best analogue is not the welfare state at all, but the modern industrial state' (1999: 4). This paper suggests that Moran's assessment, which locates the state and its involvement in healthcare at the intersection of its economic and social policy commitments should be extended to encompass healthcare delivery, particularly given its increasing engagement with medical tourism.

Although the role of the state in promoting medical tourism started attracting attention in policy sciences in the 2010s (Jarman, 2014; Leng, 2010; McCarthy, 2015; Zehavi and Zer, 2012), it is still understudied, particularly in countries with publicly funded and organised healthcare systems (Lunt, 2017). Jarman (2014) offered a reasoned criticism of the medical tourism literature, presenting the main drivers of medical tourism as exogenous to nation-states and portraying states as 'imprisoned' by their global context. By contrast, Jarman (2014) underlined

the primacy of nation-states in shaping the medical tourism landscape in the context of growing global trade in services.

Different states assume a number of roles in medical tourism. Ormond and Mainil (2015) classified these as facilitators, regulators, or providers. McCarthy (2015) provided a more nuanced classification, using a continuum. On one end, states act as facilitators of medical tourism by easing trade barriers and by acting as catalysts for cross-sectoral coordination. On the other, they assume a direct role by engaging in risk-sharing public-private partnerships (PPPs) in order to create a capacity in medical tourism and attract demand for medical tourism services. Like McCarthy, Jarman (2014: 5) suggested that an 'entrepreneurial' healthcare state views healthcare as part of an economic development policy and assumes a pioneering role to create both a demand and a supply for medical tourism. More broadly, 'state entrepreneurialism' refers to direct state involvement in profit-making and productive business activities in emerging sectors (Duckett, 2006: 14). Unlike rent-seeking and developmentalist state types, the entrepreneurial state behaves like a market actor, investing in emerging sectors, taking direct economic risks, and seeking profits. States that engage in medical tourism sometimes display entrepreneurial qualities.

Previous research examining the state's role in medical tourism demonstrate a substantial variation across contexts. Examining four country cases (the U.S., Jordan, Singapore and India), McCarthy found that in the U.S., the public sector role in medical tourism is limited, while in Singapore it is substantial (McCarthy, 2015). Leng (2010: 337) explained the heavy state involvement in medical tourism in Singapore and Malaysia in terms of the developmental character of the state. Pitakdumrongkit and Guanie's (2020) study on Thailand, a developing country with a publicly-funded and organised healthcare system, showed that the country had

attempted to combine its universal healthcare with inbound medical tourism through a government-backed strategy. To implement this strategy, the country had essentially developed a two-track healthcare system – one that served fee-paying patients, including international patients, and another that catered to public patients (Pitakdumrongkit and Guanie, 2020). Another case in point is Colombia, where a substantial improvement in social health insurance coverage (OECD, 2015) was followed by a government-supported promotion of inbound medical tourism (De la Puente-Pacheco, 2018). The U.K. National Health Service (NHS) also provides an illuminating example of the transformation of public sector providers into medical tourism entrepreneurs (Lunt, 2017), in this case as a way to cope with financial austerity, which affected their services (Lunt et al., 2015). Similarly, Zehavi and Zer (2012) identified a bottom-up version of public entrepreneurialism in Israel, where public service leaders act like entrepreneurs by adopting customer internationalisation as a strategy to compensate for cuts to public financing.

Studies on healthcare reforms show that the state's role in medical tourism can change over time. Leng (2010) demonstrated that, since the 1990s, healthcare reforms in Malaysia and Singapore have been major drivers for transforming these countries into medical tourism destinations by expanding the private healthcare sector. Ormond (2011) also found that, in the case of Malaysia, the centrality of the private sector in catering to international patients was followed by the inclusion of public providers into the medical tourism landscape. Public providers' involvement in medical tourism gradually paved the way to a de facto marketization of healthcare services for some Malaysian citizens, who started using paid services in public facilities. Ormond's findings demonstrated the spill-over effect of medical tourism promotion on the publicness of the healthcare system.

In light of this literature survey, this article examines the role of the state in promoting medical tourism in Turkey – a country with a publicly funded and organised healthcare system. In doing so, it explores the modalities of state involvement and the political and policy factors that underlie them.

The Turkish case

Turkey has emerged as an important medical tourism destination in the last decade (Barca et al., 2012; Kaya et al., 2013). According to the United Nations World Tourism Organization (UNWTO), a United Nations specialized agency tasked with promoting responsible, sustainable and universally accessible tourism, Turkey placed 6th in terms of the number of international patient arrivals in 2014, earned US$3 billion in 2016 (PwC, 2018) and rose to 4th place in 2018 (*European Business Magazine*, 2018). International patients choose Turkey for ophthalmology, orthopaedics and traumatology, internal medicine, otorhinolaryngology, gynaecology and obstetrics, general surgery and dental services (Kaya et al., 2015).

Prices for healthcare services are considerably lower in Turkey than in European countries and the U.S. Table 1 displays 2019 prices for selected healthcare services in Turkey, Thailand and India vis-à-vis those in a high-price context, the U.S.

Table 1. Prices (in U.S. Dollars) of Selected Healthcare Services in the U.S., Turkey, Thailand and India

	The U.S.	**Turkey**	**Thailand**	**India**
Heart bypass	$123,000	$13,900	$15,000	$7,900
Angioplasty	$28,200	$4,800	$4,200	$5,700

Knee replacement	$35,000	$10,400	$14,000	$6,600
Hip implant	$40,400	$13,900	$17,000	$7,200
Hair transplant	$25,000	$2,000		

Source: Statista (2019).

As Table 1 indicates, Turkey has a clear comparative price advantage in healthcare services when compared with the U.S., but its prices are not always more favourable than those of its competitors, Thailand and India. While Turkish prices for the services are generally lower than those in Thailand, India appears to offer the most competitive prices overall. U.S. patients can save around 50–65 per cent on healthcare in Turkey compared to benchmark prices in the U.S., they can save around 65–90 per cent in India, and 50-75 per cent in Thailand (Patients beyond Borders, n.d.). The recent devaluation of the Turkish lira may have contributed to Turkey's price advantage.

Turkey also aims to have a quality advantage. To this end, the state requires private hospitals to obtain Joint Commission International (JCI) accreditation in order to benefit from state rewards for promoting medical tourism. As a result of state incentives, the number of JCI-accredited private hospitals in Turkey has risen to 44, still fewer than Thailand's 67, but greater than India's 38 (JCI, 2020).

In the media, the availability of health travel facilitators and all-inclusive packages were cited as attractive features of medical tourism in Turkey (*European Business Magazine*, 2018; Hava, 2016). Turkey strives to consolidate its position in the market by offering convenient transportation and user-friendly access to information. For instance, Turkish Airlines offers discounted ticket prices of up to 50 per cent for international patients who present a patient

admission document from a certified healthcare institution (Memorial, 2015). A website of the Turkish Health Travel Council provides information on medical interventions, prices and discounts at hospitals in Turkey, alongside the same information for different countries, highlighting the advantages Turkey offers (Map2heal, n.d.). Also, the fact that Turkish institutions must have qualified professionals who are proficient in English and other languages and that they must provide translation services eases patient concerns about communication (Luckraft, 2017).

One issue that has attracted negative media attention to medical tourism in Turkey is the number of unregistered clinics. Unregistered hair transplant clinics have been cited as an example of how rapid growth has compromised patient safety. In fact, in 2016, approximately 6 out every 10 of these clinics were operating illegally, exploiting a lack of monitoring and auditing by the MoH (Turkish Ministry of Health) (Hava, 2016). While a hair transplant costs approximately $2,000 in MoH-authorised clinics, the rates drop to as low as $800 at illegal clinics. According to MoH regulations, only physicians are allowed to perform hair transplants. Unregistered hair transplant clinics, however, to keep costs down, employ under-qualified personnel to perform the procedure. One piece of investigative journalism reported that, in several clinics, it was nurses who performed the operations, and physicians become involved only when complications arose (Magid, 2017).

Turkey's rise as a medical tourism destination has attracted only limited attention in the academic and grey literature, however, and what has been reported has been mostly descriptive. Sag and Zengul (2018), for example, in a survey of 288 foreign patients in Turkey, found that the attraction of Turkey for international patients varies with country of origin. Patients from European countries prefer Turkey for its lower prices, but patients from the Balkans and Asia

are motivated by a lack of medical expertise in their home countries. Patients from the Middle East, on the other hand, come to Turkey for treatment so as to circumvent legal and moral restrictions and to avoid long waiting times in their home countries.

Previous literature on medical tourism in Turkey has identified a comparative price advantage (e.g. Yildiz and Khan, 2016) and increased private-sector capacity in healthcare provision (Barca et al., 2013; Uçak, 2016) as major factors that have contributed to increased inbound medical tourism to Turkey, but policy and political factors have been left unexplored. While the literature on healthcare policies and politics in Turkey is rich, medical tourism has so far eluded attention. The promotion of medical tourism in Turkey dates back to the 2003 healthcare reform after the Justice and Development Party (Adalet ve Kalkınma Partisi, AK Party) rose to power as a single-party government. Ağartan (2012) described the content of the 2003 reform as a combination of universalism and marketization. The reform extended social health insurance coverage (Ağartan, 2012) and eased access to medications (Dorlach, 2016). It also gradually introduced marketization dynamics, primarily in provision (Ağartan, 2012; Eren Vural, 2017; Yılmaz, 2017), which later spread into financing and access (Yılmaz, 2013; Yılmaz, 2020). On the one hand, the interest of successive AK Party governments in promoting medical tourism in the context of the reform is in line with the marketization element that is evident in provision. On the other, in contrast to expectations that the state's role in provision would diminish over time (Ağartan, 2012; Eren Vural, 2017; Yılmaz 2017), the state reinstated its role in provision with the launch of 'city hospitals', using a PPP model and collaborating with large construction firm-led consortiums (Gün, 2019).

The present study finds that the state has played a key role in the country's rise as a new medical tourism hub. Over time, its role has changed—from facilitating privatisation in provision in the

first period (2003–2012) to state entrepreneurialism in healthcare, and increased regulation in the second period, from 2013 onwards. The year 2013 was a turning point, which was precipitated by two key events: the inception of city hospitals and the launch of a special development plan for medical tourism.

State-supported privatisation in healthcare provision (2003–2012)

The role of the state in medical tourism between 2003 and 2012 was to facilitate an expansion of the private sector in healthcare provision and to support private sector efforts to attract international patients. The first step towards promoting medical tourism was state-supported privatisation in provision. The 2003 reform initiated this process, offering incentives for new private investment in healthcare provision, the most important of which was the incorporation of private services into the compulsory social health insurance programme. Table 2 shows the share of bed capacity in 2002 and 2017.

Table 2. Percentage Share of Bed Capacity by Hospital Type

Years	Public	University Hospitals	Private Hospitals
2002	78.5*	14.6	6.9
2017	60	18.3	21.8

Source: MoH (2003, 2018: 113).

**Includes the MoH, the Social Insurances Institution and other public hospitals.*

As Table 2 illustrates, private hospitals accounted for less than one-tenth of the bed capacity before the reform; by 2017, their share had tripled. This increased capacity was not originally intended to serve international patients. Instead, this reshuffling of actors on the supply side

occurred in the context of guaranteed domestic demand for private services. However, low rates of social health insurance reimbursement for private sector services and the inclusion of private hospitals into central planning of healthcare resources in 2008 unsettled the relationship between the government and the private hospital sector (Yılmaz, 2017). In the context of limited uptake on private health insurance in Turkey, one strategy that the private hospital sector adopted to increase their profit margins was to diversify demand for their services through 'customer internationalisation', as evidenced in its earlier efforts to attract public sector support for this strategy (Health Tourism Association for Turkey, 2008).

The first organised step towards promoting health tourism in Turkey came from the private sector. Their initiatives led to the establishment of two non-governmental organisations: (1) the Health Tourism Association of Turkey, established by a physician-entrepreneur who was running a private hospital in Erzurum, a province in the east of the country (Health Tourism Association of Turkey, n.d.) and (2) the Turkish Healthcare Travel Council, established by the owner of a medical tourism agency (Turkish Healthcare Travel Council, n.d.). In 2010, the founder of the Health Tourism Association of Turkey was appointed as the first head of the Health Tourism Department in the MoH (Aydın, n.d.), and the founder of Turkish Healthcare Travel Council served as president of Global Healthcare Travel Council. The Health Tourism Association of Turkey has organised annual congresses since 2008 to promote Turkey as a medical tourism destination; these events attracted a series of Turkish Ministers of Health voicing the highest-level political commitment to this objective (Sabah, 2011; İhlas Haber Ajansı, 2013).

Health tourism appeared in Turkey's official policy documents only after the private sector became involved. The first policy document that mentioned health tourism was the Ninth

National Development Plan for 2007–2013, which stated that health tourism would be 'supported in the light of the competitive advantage of Turkey in price, the quality of services, and geothermal resources' (State Planning Organization, 2006: 90). The 2009 report of the Turkish Industry & Business Association (Türk Sanayicileri ve İş İnsanları Derneği, TÜSİAD) on Turkey's medical tourism potential welcomed the state's support for medical tourism and called for more public–private collaboration (TÜSİAD, 2009). A similar emphasis on medical tourism is observed later in the MoH Strategic Plan for 2010–2014, which promised to make Turkey a regional centre for health tourism (MoH, 2009). This plan also emphasised the state's enhanced efforts in the regulation of medical tourism. As part of these efforts, the MoH adopted several strategies, including enabling cooperation with sectoral actors, the determination and enforcement of quality criteria for health tourism institutions and established the Health Tourism Department in 2010, which had four responsibilities: (1) to coordinate the planning, regulation and development of health tourism and activities for health tourism; (2) to authorise and monitor health tourism facilities; (3) to provide advisory and translation services for health tourism patients; (4) to maximise the potential of health tourism (MoH, 2018).

Another driver of medical tourism in this period was state support for increasing the number of specialists in private sector hospitals. The 2003 reform resulted in the closure of most private practice offices of physicians (Yılmaz, 2017) and a slight reshuffling of specialists between the public and private sectors. While the share of specialist physicians in the private sector (including private clinics) was 22.8 per cent in 2000 (MoH, 2001), it reached one-third in 2013 (MoH, 2014).

The reform also propelled strategic initiatives to increase the number of medical school graduates. While the total number of seats available in medical faculties was slightly less than

5,000 in 2003, it had almost tripled by 2018 (Hekim Postasi, 2018). With the reform, the number of private medical faculties increased from 5 before the reform to 24 by the end of 2015 (The Council of Higher Education in Turkey 2019: 17). Table 3 demonstrates the resulting increase in the number of practising physicians in Turkey versus other countries between 2000 and 2014.

Table 3. Number of Physicians per 1,000 Population in Selected Countries

	2000	**2014**
Germany	3.3	4.1
United Kingdom	1.9	2.8
Turkey	1.3	1.8
Malaysia	0.7	1.5
India	0.5	0.7
Thailand	0.4	0.5

Source: World Bank (n.d.)

Table 3 shows that, even before the reform, Turkey had a higher density of physicians than Malaysia, India and Thailand. While the reform contributed to the transfer of physicians from the public to private sector, it also increased the overall number. As of 2014, Turkey keeps its middling position in the number of physicians per 1,000 population. Although increasing the number of physicians was framed primarily as a way to strengthen the Turkish healthcare system in the early days of the reform, it has also only strengthened the capacity of services for medical tourism. In addition, the fast increase in the last decade has led to concerns about potential physician unemployment even among high-ranking MoH bureaucrats (Habertürk, 2016) and physician organisations (Medimagazin, 2019), which has also contributed to

generating consent among physicians about the importance of medical tourism for physician employment and incomes.

Finally, during the same period (2003–2013), the government unveiled a plan to establish Healthcare Free Trade Zones (HFTZ)—the healthcare version of export processing zones (The Republic of Turkey, 2011), which would cater primarily to international patients (Yavuz, 2014). The HFTZs were also expected to increase foreign direct investment, foster capacity building for high-technology medical care, and promote medical tourism. Although no HFTZ project has been launched to date, an initiative to establish an HFTZ came from the business community in Bursa, a metropolitan industrial city in Western Anatolia (Acar, 2018). This paper maintains that the government's shelving of this plan signifies a shift of strategy from promoting medical tourism with a private hospital sector-led strategy to pursuing state entrepreneurialism since the early 2010s, which is examined in the next section.

State entrepreneurialism in healthcare (2013 onwards)

The role of the state in medical tourism has changed from facilitating an expansion of the private sector in healthcare provision to adopting proactive entrepreneurialism and a stricter regulatory function. This shift does not imply that state support for medical tourism in the private sector ended; rather, it means that the state has emerged as a new entrepreneur that has started collaborating with large construction firm-led consortiums to increase supply and to absorb some of the demand for medical tourism.

The AK Party (2011) pledged to promote health tourism (including medical tourism) for the first time during its general election campaign in 2011. It framed health tourism as part of its

economic development strategy – an emphasis that carried forward in its 2015 general election platform (2015). This emphasis on health tourism in the AK Party political rhetoric shows that the marketization component of its hybrid discourse of the early days of the 2003 reform had started to overshadow the universalism component. Universalism was seen as a mission that had been accomplished, while marketization was a new promised land. The AK Party has never acknowledged a tension between these two.

With political commitment for medical tourism, medical tourism started to dominate the official health policy discourse (The Ministry of Development, 2013; The Strategy and Budget Office of the Presidency of Turkey, 2019). The publishing of a special development plan in 2013 dedicated to health tourism was the harbinger of a new era (The Ministry of Development, 2015). The Health Tourism Development Programme Action Plan set five targets to strengthen health tourism in Turkey: (1) the development of an institutional and legal basis for health tourism, (2) the upgrading of physical and technical infrastructure in health tourism, (3) the enhancement of the quality of health tourism services, (4) the expansion of the promotion and marketing in health tourism and (5) the strengthening of international cooperation.

This new era was characterized by deeper government involvement in medical tourism, first in the form of support for the private sector and better regulation. Prices were standardised to eliminate price differences among facilities with the same standard of quality (MoH, 2013). In 2014, the MoH began granting accreditation to healthcare providers for medical tourism services. By the end of 2019, 724 healthcare providers had received authorisation (International Health Services Inc. (Uluslararası Sağlık Hizmetleri A.Ş., USHAŞ), n.d.). Incentives were developed to promote investment in private-sector medical tourism. For instance, a 50 per cent tax reduction was introduced for healthcare services provided to foreigners (The Republic of

Turkey, 2015). Another support was in the form of capacity building, which included regulations on registration and legal protection, reporting and foreign company purchase, marketing, counselling and agent commission (The Ministry of Trade, 2015). Support was also provided for translation services, patient transportation and marketing (The Ministry of Trade, 2015). To strengthen the coordination of the public and private sectors, the Health Tourism Coordination Council (SATURK) was established in 2015, which replaced earlier private sector attempts to bring together these sectors. Bilateral social security agreements between countries were restructured, and new international cooperation agreements that would increase the number of international patients were signed (MoH, 2017).

The first sign of state entrepreneurialism in medical tourism was the launch of the city hospitals in 2015. Other countries had already experimented with the PPP model (Murray, Bisht and Pitchforth, 2016). In the Turkish version, it was a consortium of private contractors that undertook the construction of large hospital complexes and agreed to operate them in collaboration with the public sector for 25 years. At the end of the contract period, the ownership of these hospitals will be transferred to the public sector. City hospitals receive annual rent in U.S. Dollars from the MoH and reimbursement from the Social Security Institution for the services they offer to the publicly insured. By the end of 2019, 10 city hospitals had been launched (MoH, 2019) and were accredited for medical tourism (MoH, 2020). MoH officials expected the newly established city hospitals would play a key role in medical tourism, although they were not designed for that particular purpose (Habertürk, 2018). The fact that the MoH pays rent for city hospitals in U.S. Dollars in the context of the devaluation of the Turkish Lira might have aggravated the need to rely more on medical tourism to ensure the profitability of these investments.

The second and strongest sign of state entrepreneurialism in healthcare was the establishment in 2019 of a public corporation that was subject to commercial law, USHAŞ, which was tasked with promoting Turkey as a global medical tourism destination and encouraging collaboration between the public and private sectors (USHAŞ, n.d.). USHAŞ is authorised to establish medical tourism coordination offices and advanced diagnostic centres abroad (USHAŞ, n.d.), and as of July 2020, it had opened medical tourism coordination offices in eight countries, among which were the U.K. and Russia (USHAŞ, n.d.). While USHAŞ is classified as a medical tourism agency to promote the services of city hospitals and other providers, it has a regulatory function that includes granting authorisation for medical tourism agencies.

The growing presence of the state as both a service provider and a publicity agent in medical tourism has met with criticism from private hospitals and medical tourism agencies alike. In a stakeholder meeting, for example, a representative from a medical tourism agency argued against including medical tourism agency functions into the legal mandate of USHAŞ (The Municipality of Kayseri, 2019). Increasing public sector support for city hospitals in medical tourism also created unease in the private hospital sector (The Private Hospitals and Health Institutions Association (Özel Hastaneler ve Sağlık Kuruluşları Derneği, OHSAD), 2017). In this respect, the head of OHSAD, the leading private hospital business organisation, stated in 2017:

> Turkish citizens must receive priority for public resources. You cannot treat a Libyan or a Dutch when your own citizen is shaking at home with pneumonia. You [the public sector] can perhaps engage in medical tourism if you have excess bed capacity. But it is really hard to do this [medical tourism] with the public sector (OHSAD, 2017).

The head of OHSAD's call for a traditional division of responsibilities between the public and private sectors in healthcare must be read as private sector concerns about the state's growing entrepreneurial role in medical tourism and its negative implications for the private hospital sector. The head of USHAŞ also publicly acknowledged the private providers' discomfort about the changing role of the state in medical tourism:

> They (representatives of private hospitals) have expressed doubts in our earlier meetings. I know they still have doubts ... I would like to reassure private hospitals that USHAŞ will not only serve the public sector, advertise public services and transfer medical tourists to public providers … If we will not be able to increase the total number of medical tourists (visiting Turkey) annually and if incoming patients will attend only to public hospitals, our country will not gain anything from this. We aim to increase the size of the pie through price segmentation (The Municipality of Kayseri, 2019: 31–33).

While this statement promises an increased size of the pie that will improve the position of all stakeholders in medical tourism, it also reiterates the state's position as a central actor in the medical tourism industry, both as an agent and a provider. It leaves open the question of how price segmentation will reconcile the interests of both the private hospital sector and the government especially given the latter's commitment to a PPP model in establishing costly city hospitals.

Conclusion

The present study demonstrates the relevance of Moran's (1999) approach, which underlines a multidimensional engagement of the state with healthcare that cuts across economic and social

policy commitments. The Turkish case offers evidence of the dual role of the Turkish healthcare state—one that performs both a welfare function and an economic one at the same time. While Moran has emphasised this dual-function, especially with respect to medical technologies and pharmaceuticals, this article shows that it has gained new relevance for healthcare delivery.

The present study demonstrates that the state-supported privatisation that came with the 2003 healthcare reform and the rise of an entrepreneurial healthcare state since 2013 have shaped Turkey's path to medical tourism. It suggests that the state's role in medical tourism has changed in response to shifts in both governmental strategies for healthcare and government-business relations.

Between 2003 and 2012, medical tourism arrived policy agenda with the emerging private hospital sector and medical tourism agency initiatives. During this period, the state assumed a facilitator role in promoting medical tourism through a private sector-led strategy. The 2003 reform paved the way for state-supported privatisation in healthcare provision and an expansion of the medical workforce. Turkey's rapid growth as a popular destination for medical tourism would have been impossible had it not transformed its public capacity (especially by facilitating the transfer of publicly-educated specialists to private hospitals and subsidising private hospitals through social insurance) into a foundation for private sector expansion. Therefore, state-supported privatisation of healthcare provision with the reform opened the road for making medical care an export commodity.

Since 2013, the state's role in medical tourism has expanded to a point that goes beyond regulation and support for the private hospital sector. It can now be conceptualised as an emergent entrepreneurial healthcare state. During this ongoing period, the Turkish government

took two important steps. First, it launched PPP projects for large hospital complexes, which resulted in a conflation of interests between the public and private sectors. The private sector here refers to construction firm-led consortiums bringing together diverse set of actors from the medical technology to international legal consultancy sectors. Second, rather than pursuing a private hospital sector-led medical tourism strategy, it established a public corporation that would act as a medical tourism agency and that would promote city hospitals to international patients. These two developments signified a change in the role of the state from facilitator to entrepreneur. The entrepreneurialism of the Turkish healthcare state has created discomfort in the domestic private hospital and medical tourism agency sectors, both of which are concerned about their future role in medical tourism.

This article suggests that the promotion of medical tourism in Turkey is in line with the marketization aspect of the 2003 reform and that Turkey's rise as a hub for medical tourism has been possible due to the state's support for privatisation of healthcare provision. However, considering the extent of state involvement in provision since the 2010s, this article also underlines that the trajectory of medical tourism promotion has diverged from the expected trajectory towards a private hospital sector-led strategy. An analysis of the politics of medical tourism in Turkey reveals heavy state involvement in provision that, coupled with its partnership with large construction firm-led consortiums, has often been at the expense of private hospitals and medical tourism agencies.

In addition to responding to Lunt's (2017) call for research on medical tourism in countries with publicly funded and organised healthcare systems, this article also corroborates previous case studies that find that governments do not consider state support for medical tourism and commitment to universal health coverage as mutually exclusive objectives. Thailand and

Colombia, like Turkey, introduced reforms to achieve universal health coverage while simultaneously aiming at strengthening their place in the global market for medical tourism. This common tendency has made publicly provided medical care both a public good and an export commodity in countries that have opened their public capacity to medical tourism. Pursuing both objectives (to achieve universal health coverage and incorporate public facilities into medical tourism simultaneously) is likely to create a tricky situation where any tensions between these objectives will be played out on the ground as these policies evolve.

The main limitation of the present study is that it relies on a documentary analysis, which limits the analysis here to an interpretation of publicly available sources of information. In-depth interviews with relevant actors would afford an enhanced understanding of their subjective interpretations about the changing role of the state in medical tourism. This study also relies on a single-country case, so its findings cannot be generalised to countries that share similar characteristics with this case. However, the secondary literature on countries such as Thailand and Colombia suggest that there are points of overlap among these cases concerning the state's role in medical tourism; this may inspire further comparative research.

Future studies can address these limitations by gathering qualitative data about the opinions of different actors on the role of the state in medical tourism in Turkey and beyond, and by designing comparative studies to support theory-building efforts. Further research on the conflicts and dilemmas in the political, organisational and professional domains is also needed, particularly in cases with publicly funded and organised healthcare systems. Such research will contribute to a better understanding of the status of healthcare in contemporary societies and ways in which states influence that status in diverse temporal and spatial contexts.

Bibliography

Acar I (2018, Dec 30) Bursa'ya sağlık serbest bölgesi kuruluyor (Healthcare free trade zone is to be established in Bursa). *Sabah*. Available at: https://www.sabah.com.tr/ekonomi/2018/12/30/bursaya-saglik-serbest-bolgesi-kuruluyor

Ağartan TI (2012) Marketization and universalism: crafting the right balance in the Turkish healthcare system. *Current Sociology* 60(4): 456-471.

AK Party (Justice and Development Party) (2011) *12 Haziran 2011 Genel Seçimleri Seçim Beyannamesi* (12 June 2011 General Elections Election Declaration).

AK Party (2015) *2015 Genel Seçimleri Seçim Beyannamesi* (2015 General Elections Election Declaration).

Alonso P (2018, Feb. 10) Medical tourism boosts the health of Turkish economy. *Ahval*, Available at: ahvalnews.com/medicine/medical-tourism-boosts-health-turkish-economy.

Alsharif MJ, Labonté R and Lu Z (2010) Patients beyond borders: a study of medical tourists in four countries. *Global Social Policy* 10(3): 315-335.

Aydın D (n.d.). Available at: http://dursunaydin.com/dr-dursun-aydin-kimdir.html

Barca M, Akdeve E and Balay İG (2012) *Evaluation Report on Medical Tourism in Turkey*. Ankara: MoH.

Barca, M, Akdeve E and Balay İG (2013) Türkiye sağlık turizm sektörünün analizi ve strateji önerileri (The analysis of Turkey's health tourism sector and strategy recommendations). *İşletme Araştırmaları Dergisi (Journal of Business Research)* 5(3): 64–92.

Connell J (2006) Medical tourism: sea, sun, sand and… surgery. *Tourism Management*, 27(6), 1093-1100.

Council of Higher Education (2019) Vakıf yükseköğretim kurumları (Higher education institutions with charity status). Ankara: Council of Higher Education.

De la Puente-Pacheco, MA (2018) Analysis of the Colombian medical tourism industry from a systemic competitiveness approach. *Dimensión Empresarial* 16(2): 111-122.

Dorlach T (2016) The AKP between populism and neoliberalism: lessons from pharmaceutical policy. *New Perspectives on Turkey* 55: 55-63.

Duckett J (2006) *The Entrepreneurial State in China: Real Estate and Commerce Departments in Reform Era Tianjin*. London: Routledge.

European Business Magazine (2018, Oct. 13) Medical tourism boosting Turkey's economy. *European Business Magazine*. Available at: europeanbusinessmagazine.com/business/medical-tourism-boosting-turkeys-economy/.

Godwin AK (2004) Medical tourism: subsidising the rich. *Economic and Political Weekly* 3981-3983.

Gün Ç (2019) *Public-Private Partnership in Turkish Healthcare Provision: The City Hospital Model* (Master's Thesis in Social Policy, Boğaziçi University).

Habertürk (2016, Apr. 29) Sağlık Bakanlığı Müsteşarı Eyüp Gümüş: "5 yıl sonra hekim işsizliğiyle karşı karşıya kalabiliriz" (MoH Undersecretary Eyüp Gümüş: We might face physician unemployment 5 years later). *Habertürk.* Available at: https://www.haberturk.com/saglik/haber/1232494-saglik-bakanligi-mustesari-eyup-gumus-5-yilin-sonunda-hekim-issizligi-ile-karsi-karsiya-kalabiliriz.

Habertürk (2018, May 1) Şehir hastanelerinin bir kısmı sağlık turizmi için kullanılacak (City hospitals will partly be used for health tourism). *Habertürk.* Available at: https://www.haberturk.com/sehir-hastanelerinin-bir-kismi-saglik-turizmi-icin-kullanilacak-1944267.

Hanefeld J, Horsfall D, Lunt N, et al. (2013) Medical tourism: a cost or benefit to the NHS?. *PLoS ONE* 8(10): e70406.

Hava E (2016, Oct. 2) Turkey's medical tourism sector can be a hair-raising experience. *The National*. Available at: www.thenational.ae/business/travel-and-tourism/turkey-s-medical-tourism-sector-can-be-a-hair-raising-experience-1.165501.

Health Tourism Association of Turkey (2008) 1. Uluslararası Sağlık Turizmi Kongresi Sonuç Bildirisi (14-17 Mart 2008) (Final Declaration of the 1st International Health Tourism Congress). Available at: http://www.saglikturizmi.org.tr/media/Kongre/722b4f-1.USTK_Sonuc_Bildirgesi.pdf

Health Tourism Association of Turkey (n.d.). Available at: http://www.saglikturizmi.org.tr/tr/dernegimiz/hakkimizda

Hekim Postası (2018, Sep.1) Tıp fakültelerine 14 bin 647 kontenjan (14,647 placements for medical faculties). Available at: http://www.hekimpostasi.org.tr/2018/10/01/tip-fakultelerine-14-bin-647-kontenjan/.

İhlas Haber Ajansı (2013, November 23) Mehmet Müezzinoğlu Uluslararası Sağlık Turizmi Kongresine katıldı (Mehmet Müezzinoğlu attended the International Health Tourism Congress). Available at: https://www.iha.com.tr/haber-mehmet-muezzinoglu-uluslararasi-saglik-turizmi-kongresine-katildi-312796/

Jarman H (2014) Healthcare, borders, and boundaries: crossborder health markets and the entrepreneurial state. *Policy and Society* 33(1): 1-11.

Jarman H and Greer S (2010) Crossborder trade in health services: lessons from the European laboratory. *Health Policy* 94(2): 158-163.

Joint Commission International (n.d.). JCI-Accredited Organizations. Available at: www.jointcommission.org/about-jci/jci-accredited-organizations/.

Kaya S, Karsavuran S and Yildiz A (2013) Evaluation report on medical tourism in Turkey. Ankara: MoH.

Kaya S, Karsavuran S and Yildiz A (2015) Medical tourism developments within Turkey. In: Lunt N, Horsfall D and Hanefeld J (eds) *Handbook on Medical Tourism and Patient Mobility*. Cheltenham: Edward Elgar Publishing, pp. 332-338.

Leng CH (2010) Medical tourism and the state in Malaysia and Singapore. *Global Social Policy* 10(3): 336-357.

Luckraft K (2017, Oct. 27) Turkey introduces new rules for medical tourism. *Expathealth*: *The Insiders' Guide to Expatriate Health*. Available at: expathealth.org/health-insurance-news/turkey-introduces-new-rules-for-medical-tourism/.

Lunt N (2017) The entrepreneurial state: service exports in healthcare and criminal justice. *Journal of International and Comparative Social Policy* 33(1): 18-35.

Lunt N, Exworthy M, Hanefeld J, et al. (2015) International patients within the NHS: a case of public sector entrepreneurialism. *Social Science & Medicine* 124: 338-345.

Magid P (2017, Apr. 12) In Turkey's cutthroat hair-transplant industry, the losers are patients and Syrian refugees. *Quartz*. Available at: qz.com/954680/in-turkeys-cutthroat-hair-transplant-tourism-industry-the-biggest-losers-are-the-patients-and-syrian-refugees/.

Map2heal (n.d.). Available at: https://www.map2heal.com/.

McCarthy EJ (2015) Public roles in developing the health travel sector. *Journal of Health Management* 17(1):75–85.

Medimagazin (2019, Dec. 5) Hekim, diş hekimi, eczacı ve veteriner hekimlerden ortak açıklama: 10 yıl sonra işsizlik bizi bekliyor! (Joint declaration from physicians, dentists, pharmacists and veterinary physicians: We will face unemployment 10 years later!) *Medimagazin*. Available at: https://www.medimagazin.com.tr/guncel/genel/tr-hekim-dis-hekimi-eczaci-ve-veteriner-hekimlerden-ortak-aciklama-10-yil-sonra-issizlik-bizi-bekliyor-11-681-84587.html

Memorial (2015, Feb 24) Turkish Airlines supports medical tourism. Available at: https://www.memorial.com.tr/en/news/turkish-airlines-supports-medical-tourism/

MoH (Ministry of Health) (2003) *Health Statistics Yearbook 2003*. Ankara: MoH.

MoH (2009) *Stratejik Plan 2010-2014 (Strategic Plan 2010-2014)*. Ankara: MoH.

MoH (2012) *Health Statistics Yearbook 2011*. Ankara: MoH.

MoH (2012) *Stratejik Plan 2013-2017 (Strategic Plan 2013-2017)*. Ankara: MoH.

MoH (2013) *Sağlık Turizmi ve Turist Sağlığı Kapsamında Sunulacak Sağlık Hizmetleri Hakkında Yönerge (The Circular on Health Services Provided under Health Tourism and Tourist Health)*. Ankara: MoH.

MoH (2015) *Health Statistics Yearbook 2014.* Ankara: MoH.

MoH (2017) *Sağlık Alanında İkili İşbirliği Anlaşmaları (Bilateral Agreements in Health Care)*. Ankara: MoH.

MoH (2018) *Health Statistics Yearbook 2017*. Ankara: MoH.

MoH (2018) *Sağlık Hizmetleri Genel Müdürlüğü Hizmet Birimleri ve Görevleri Hakkında Dair Yönerge* (The Circular on the Institutions under the General Directorate of Health Services and their Responsibilities). Ankara: MoH.

MoH (2019a) Sözleşme imzalanan şehir hastaneleri (Contracted city hospitals). Available at: https://sygm.saglik.gov.tr/TR,33960/sehir-hastaneleri.html

MoH (2019b) Ankara Şehir Hastanemiz sağlık turizmi alanında hizmet vermek üzere yetkilendirilmiştir (Ankara City Hospital is accredited to provide services under the domain of medical tourism). Available at: https://ankarasehir.saglik.gov.tr/TR,369654/ankara-sehir-hastanemiz-saglik-turizmi-alaninda-hizmet-vermek-uzere-yetkilendirilmistir.html.

MoH (2020) Sağlık turizmi yetki belgesi almaya hak kazanan kamu sağlık tesisleri (Public facilities accredited for health tourism). Available at: https://dosyamerkez.saglik.gov.tr/Eklenti/36299,kamu-saglik-tesisleripdf.pdf?0.

Moran M (1999) *Governing the Health Care State: A Comparative Study of the United Kingdom, the United States, and Germany*. Manchester: Manchester University Press.

Murray SF, Bisht R and Pitchforth E (2016) Emplacing India's "medicities". *Health & Place* 42: 69-78.

OECD (2015) *OECD Reviews of Health Systems: Colombia 2016.* Paris: OECD Publishing.

OHSAD (The Private Hospitals and Health Institutions Association) (2017, Apr. 11) OHSAD Başkanı Reşat Bahat, Bakış Programında Özel Sağlık Sektörünü Anlattı (Reşat Bahat the president of OHSAD, discussed private healthcare sector on the "Bakış" TV programme). *OHSAD*. Available at: http://ohsad.org/ohsad-baskani-resat-bahat-bakis-programinda-ozel-saglik-sektorunu-anlatti/

Ormond M and Mainil T (2015) Government and governance strategies in medical tourism. In: Lunt N, Horsfall D and Hanefeld J (eds) *Handbook on Medical Tourism and Patient Mobility*. Cheltenham: Edward Elgar Publishing, pp. 154-163.

Ormond M, Mun WK and Khoon CC (2014) Medical tourism in Malaysia: how can we better identify and manage its advantages and disadvantages? *Global Health Action* 7(1): 25201.

Ormond, M (2011) Shifting subjects of health-care: placing 'medical tourism' in the context of Malaysian domestic health-care reform. *Asia Pacific Viewpoint* 52(3): 247-259.

Patients Beyond Borders (n.d.) How much can you save? Available at: https://www.patientsbeyondborders.com/media

Pitakdumrongkit K and Lim G (2020) Neo-liberalism, the rise of the unelected and policymaking in Thailand: the case of the medical tourism industry. *Journal of Contemporary Asia* (early view): 1-22.

Pocock NS and Phua KH (2011) Medical tourism and policy implications for health systems: A conceptual framework from a comparative study of Thailand, Singapore and Malaysia. *Globalization and Health* 7(12): 1-12.

Prasad V and Sengupta A (2019) Perpetuating health inequities in India: Global ethics in policy and practice. *Journal of Global Ethics* 15(1): 67-75.

PwC (2018) Health Tourism today and into the future. Available at: http://dihtf.com/wp-content/uploads/presentations/DrTim%20Wilson%20-%20Health%20Tourism%20today%20and%20into%20the%20future.pdf

Ruggeri K, Záliš L, Meurice CR, et al. (2015) Evidence on global medical travel. *Bulletin of the World Health Organization* 93: 785-789.

Sabah (2011, November 19) 200 bin turist sağlık için geldi (200 thousand tourists visited for health). Available at: https://www.sabah.com.tr/turizm/2012/11/19/200-bin-turist-saglik-icin-geldi#

Sag I and Zengul FD (2019) Why medical tourists choose Turkey as a medical tourism destination?. *Journal of Hospitality and Tourism Insights* 2(3): 296-306.

Sert Karaaslan Y (2020, May 16) Türkiye sağlık turizminde 31 ülkeye kapısını açıyor (Turkey welcomes health tourists from 31 countries). *Anadolu Ajansı.* Available at: https://www.aa.com.tr/tr/koronavirus/turkiye-saglik-turizminde-31-ulkeye-kapisini-aciyor-/1842841

State Planning Organization (2006) *Dokuzuncu Kalkınma Planı (Ninth Development Plan)*. Ankara: State Planning Organization.

Statista (2019) *Medical tourism dossier*. Available at: https://www.statista.com/study/56591/medical-tourism/

The Economist (2018, Jul. 28) How the medical-tourism business thrives. *The Economist,* Available at: https://www.economist.com/business/2018/07/28/how-the-medical-tourism-business-thrives

The Ministry of Development (2013) *Onuncu Kalkınma Planı (Tenth Development Plan)*. Ankara: The Ministry of Development.

The Ministry of Development (2015). *Sağlık Turizminin Geliştirilmesi Programı Eylem Planı (Health Tourism Development Programme Action Plan)*. Ankara: The Ministry of Development.

The Ministry of Trade (2015) *2015/8 Sayılı Döviz Kazandırıcı Hizmet Ticaretinin Desteklenmesi Hakkında Karar'ın Uygulama Usul Ve Esaslarına İlişkin Genelge (The Notice on Promoting Trade Services Earning Foreign Currency No. 2015/8).* Ankara: The Ministry of Trade.

The Municipality of Kayseri (2019) Kayseri sağlık turizmi çalıştayı raporu (Kayseri health tourism workshop report). *Kayseri: The Municipality of Kays*eri. Available at: https://www.kayseri.bel.tr/uploads/pdf/kayseri_saglik_turizm_calistayi-2019.pdf

The Presidency of Turkey Strategy and Budget Office (2019) *On Birinci Kalkınma Planı (Eleventh Development Plan)*. Ankara: The Presidency of Turkey.

The Republic of Turkey (2011) *Sağlık Bakanlığı ve Bağlı Kuruluşlarının Teşkilat ve Görevleri Hakkında Kanun Hükmünde Kararname No: 663 (Decree Law on the Organization and Responsibilities of The Ministry of Health and Related Institutions No: 663)*. Ankara: The Republic of Turkey.

The Republic of Turkey (2015). *Gelir Vergisi Yasası No. 193 (Law on Income Tax No. 193)*. Ankara: The Republic of Turkey.

The UK Government (2019, Jan. 24). Education generates billions for UK economy. Available at: https://www.gov.uk/government/news/education-generates-billions-for-uk-economy.

Turkish Healthcare Travel Council (n.d.). About us. Available at: https://thtdc.org/page/hakkimizda

TÜSİAD (Turkish Industry & Business Association) (2009) Türkiye için yeni bir firsat penceresi: tıp turizmi (A new window of opportunity for Turkey: medical tourism). Istanbul: TÜSIAD.

Uçak H (2016) The relationship between the growth in the health sector and inbound health tourism: the case of Turkey. *SpringerPlus* 5:1685.

USHAŞ (International Health Services Inc.) (n.d.) Available at: http://www.ushas.com.tr/index-en.html

Vural IE (2017) Financialisation in health care: an analysis of private equity fund investments in Turkey. *Social Science & Medicine* 187: 276-286.

World Bank (n.d.) World Development Indicators. Available at: http://data.worldbank.org/.

World Trade Organization (n.d.) Health and social services. Available at: https://www.wto.org/english/tratop_e/serv_e/health_social_e/health_social_e.htm

Yavuz CI (2014, Jul. 24) Sağlık Serbest Bölgeleri (Healthcare Free Trade Zones). *BIANET.* Available at: https://m.bianet.org/bianet/saglik/157400-saglik-serbest-bolgeleri

Yildiz MS and Khan MM (2016) Opportunities for reproductive tourism: cost and quality advantages of Turkey in the provision of in-vitro Fertilization (IVF) services. *BMC Health Services Research* 16:378.

Yılmaz V (2013) Changing origins of inequalities in access to health care services in Turkey: from occupational status to income. *New Perspectives on Turkey* 48: 55-77.

Yılmaz V (2017) *The Politics of Healthcare Reform in Turkey*. Basingstoke: Palgrave Macmillan.

Yılmaz, V (2020) Exploring patient experiences of the internal market for healthcare provision in Turkey: Publicness under pressure. *Journal of Social Policy* (early view): 1-18.

Zehavi A and Zer N (2013) A public road to globalization: public services and customer internationalization in Israel. *Administration & Society* 45(2): 187-212.