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Health Tourism: An Economic Alternative For Norte De Santander

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Abstract

Cúcuta's economy has Historically depended on border trade, so the government and productive sectors are seeking new alternatives for the development of the region, such as health tourism. The objective of this study is to characterize the health tourism sector in Norte de Santander and propose it as an economic alternative for Cúcuta. The method used is quantitative and the results found indicate that the region is located geostrategically favorable for the reception of tourists and has the logistics, infrastructure and conditions, although actions are required to improve technology, human resources, certifications and articulation among actors.

Keywords: Health tourism, economic alternative, Norte de Santander.

Introduction

The economy of Norte de Santander has been characterized by its small and medium-sized enterprises, motivated by its geo-strategic position, which allows them to develop commercial movements in the traditional Colombia-Venezuela market, characterized by dynamic trade in goods and services and the flow of people between countries (Avendaño, 2012). This market is characterized by the dynamic trade of goods and services and the flow of people between countries, despite the economic, political and social differences between the two countries (Amorocho, 2002).

The border economy of the main border population centers has benefited from the advantages provided by the economic models of both countries,

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generating opportunities for trade and exchange and therefore employment; however, it has been affected by the border closure of 2015, bringing poverty, displacement and lack of opportunities as a result of its susceptibility to changes in the economic conditions of both countries (González & Fonseca, 2016).

Contrary to the national behavior, the economic structure and the productive apparatus of this region has not been able to "raise its head", which is why the national, departmental and municipal government entities, associations, academia and the entrepreneurs themselves are trying to create strategies that enable the diversification of the economy and reduce the dependence and impact of the fluctuations of the Venezuelan economy. One of the possible strategies that contribute to responding to this problem is the development and consolidation of Health Tourism, taking advantage of the trend of the international movement of patients that no longer occurs from developing countries to developed countries, but in the opposite direction, which would trigger strategies that contribute to the diversification of the economy (Arias & Caraballo, El turismo de salud: Conceptualización, historia, desarrollo y estado actual del mercado global, 2012). This would stimulate other productive chains such as transportation, pharmaceutical companies, hotels, restaurants and commerce, stimulating the creation of new businesses that diversify the economy and at the same time support the sector.

Although in Colombia, the institutions providing health services are still in the process of international accreditation, the country is projected as one of the main destinations in Latin America for health tourism, for having an infrastructure, and social and cultural conditions, which together are attractive and efficient to achieve well-being and health for the tourist patient (Barriga, Farías, Ruiz, Sánchez, & Jímenez, 2011), but with a strong concentration in Bogota, Cali and Medellin, with institutions with Joint Commission International quality certification, preferred by patients at an international level (Causado et al., 2018).

> According to figures from Migration Colombia (2016) and the statistical yearbooks of international movements issued by DANE, between the period 2012- 2016, Bogota was the main city that received foreigners for Health Tourism travel with a share of 62.7%, followed by Medellin 25.5%, Cali 6.6% and Bucaramanga 2.5%. In the last places are Barranquilla, Cúcuta and other destinations. However, there is a novelty in the participating cities, Cúcuta, which is made known by its My Health Destination Cluster (Beltran & Rincon, 2017, p. 55).

In this order of ideas, the various governmental and trade union initiatives seek to turn health tourism into an economic alternative that generates a development pole within the framework of the creative economy and the orange economy promoted by the national government.

This paper will initially provide a theoretical framework and state of the art of health tourism, pointing out that it is not a modern economic concept, but that it has existed throughout the time when human beings sought relief from their health conditions in other regions. The theories of post-colonialism and the center-periphery will be the central axis of discussion to understand how health tourists not only seek to improve their health conditions but also travel for leisure and distraction with their families or companions. Subsequently, health tourism in Norte de Santander will be described using Porter's five forces and value chain models. The information presented in this section points out the potential and weaknesses of the sector and constitutes a basic input for seeking strategies to consolidate border health tourism. Finally, some conclusions and recommendations arising from the analysis carried out in the study are presented.

Theoretical framework

Health tourism is a dynamic and growing sector worldwide, driven by the need for integral improvement of personal wellbeing, which demands, for different reasons, the search for invasive and non-invasive medical treatments and procedures in other regions outside the national borders, fostering the growth of medical supply for patients who, in addition to quality in technology, protocols and training of health personnel, seek as a result of their transfer, tourist experiences based on the natural, cultural, artisanal and indigenous riches of the destination region (Puente, 2015) for themselves and their companions.

The concept of health tourism is not new, and consists of people traveling from their country of residence to others, to seek an improvement in their health; as Arias & Caraballo (2012) describe it, since around 4000 B.C., the ancient civilizations of India, China, Mesopotamia and Egypt traveled to sacred temples in search of thermal waters and baths to improve health and cure diseases. This trend that was born in ancient times is still alive and well in the modern world; seeking medical care across borders is a trending practice, driven by the rise of information technology and globalization.

Health tourism has been the object of a search for theoretical explanations, among them that of postcolonialism, which proposes to examine how countries that were colonized, as in the case of Colombia, manage to express their national identity by moving away from the domination of the colonizer (Adriaensen, 2003). The existence of two antagonistic poles, the marginal or peripheral pole located in the third world, and the center or metropolis pole, located in the first world, is dealt with in the theory of "Center-Periphery Power".

From the perspective of the "Center-periphery" theory, health tourism is divided into three categories; the first one is based on the exploitation of places recognized for the natural beauty of their landscapes and their contribution to finding favorable health conditions; the second one refers to what is also known as "wellness tourism" (Smith et al., 2011), which includes spas, homeopathic treatments or traditional therapy, yoga, tai chi, vegetarian cafeterias and gardens, as complementary aspects of the medical tourism package; the third group is made up of spaces that revolve around particular and cultural interests, based on social values, where sexuality, race, gender, social class, ethnic groups, etc. are primordial elements for the specialization of health care.

The trend in the international movement of patients from developed countries has been based mainly on the difference in prices (Turner, 2007). For example, Colombia represents the lowest range in costs of medical procedures, with different ranges between 55% and 90%, compared to the United States, Mexico, Costa Rica and India (Causado et al., 2018). This strategy should be reconsidered and preferably focused on strategic essentialism, that is, on the offer of the aspects described in the second and third group of the classification of health tourism, explained by the theory of "Center-periphery", considered as a competitive advantage over the countries of the center of the world. (Spivak, 1988).

It is necessary to establish a balance between the center-periphery relationship and the exploitation of strategic essentialism, as these can lead to problems of inequity in care between low-income local citizens who can hardly have access to high-quality service and tourists from developed countries who invest the necessary resources for their care, contributing to economic development (Nkrumah, 1966) and the professional-patient relationship in cultural terms (Dyck & Kearns, 1995).

Competitive Advantage (Porter, Competitive Advantage. Creating and Sustaining Superior Performance, 2013). is another of the theoretical bodies with which it is possible to explain health tourism; it states that for the structural analysis of industries and therefore sustainable competitiveness, there are two fundamental determinants; the first one determinant consists of the knowledge and influence of the rules of the competition that come from five forces that define the profitability of the industry due to their influence on prices, costs and investment, these are the entry of more competitors, the threat of substitutes, the

bargaining power of buyers, the bargaining power of suppliers and the rivalry between current competitors; the second determinant is the position that the company occupies within the industry, according to its competitive advantage, whether based on cost leadership or product differentiation.

In the same sense, the actions of companies or industries generate synergies with other economic actors, which are articulated to generate benefits among them and to give greater possibilities to customers. This coordination of efforts is what Porter calls the value chain, which is used to explain the various interactions among them, without anyone directing them or establishing rigorous processes for them; they only act according to their mission.

Methodology

A quantitative approach with an explanatory scope was used for this study. For the collection of information, surveys were intentionally applied to the 60 health care institutions, especially involving the most complex clinics in the city. Secondary documentary sources were also used to obtain regulations and statistics, such as the National Department of Statistics, National Planning Department, Chambers of Commerce, Cotelco and the Ministry of Health.

Results

For greater understanding and ease in the provision of information, this section describes health tourism in Norte de Santander, using two important tools: 1) Porter's Diamond or five forces and the Value Chain.

Porter's diamond

This approach constitutes the analysis of the five forces that define sectoral competitiveness: a) the conformation of existing firms, b) bargaining power of suppliers, c) bargaining power of customers, d) the influence and threat of substitute products, and e) potential entry of competitors (Porter, Competitive Strategy, 1980)

The first force is constituted by the conformations of the companies in the health tourism sector and in this aspect Asia and North America are the main destinations worldwide for services in the medical categories, and in the case of the wellness category, the most attractive destinations are the Middle East and Latin America. In terms of market share, India has a 16% market share in curative, preventive and esthetic medicine, the United States 23% in wellness, Singapore 8% in curative, preventive and esthetic medicine, Japan 9% in wellness, Malaysia 5% in curative, preventive and esthetic medicine, and Mexico has 4% of the wellness market (Economic and Social Council of the Autonomous City of Buenos Aires, 2016).

For Puente (2015), health tourism is still an incipient sector in Colombia, in 2014, for example, only 3.4% of tourists entering the country were health tourists, being 2.83% were wellness health tourists, 0.38% of curative medicine, and 0.23% of aesthetic and preventive medicine. Although most of the health tourists who come to Colombia seek wellness services. This country is not a power in terms of this type of tourism, countries such as Mexico, Costa Rica and Argentina have made greater progress (Ehrbeck et al., 2008).

The second component of the market according to the five forces model is related to customers, which in the case of Norte de Santander are foreigners from Venezuela, United States, Canada, Ecuador and Italy (60%) and 40% are Colombians residing outside the country (FONTUR, 2016). Potential clients are also Colombians who do not reside in the country, but who have the purchasing power to seek medical attention, visit their relatives, and reconnect with their natural essentialism. Thanks to its geostrategic position, the city of Cúcuta could enter this sector, being important to developing an offer of integral health tourism, medical services and tourist services, in the same structure.

Figure 1 shows Porter's Five Forces for health tourism in the Cúcuta metropolitan area and is described below.

POTENTIAL COMPETITION: Low due to barriers to entry; Inter-agency accreditation intentional, High investment costs, Expensive technology (Description in english)
SUPPLIERS: Airlines, Travel Agencies, Hotels, Certifications, Tour Operators, Spas, Restaurants, Chambers of Commerce, Laboratories, Pharmacies, Medical Equipment, etc.
SECTOR DYNAMICS: National, Cluster Medellin, Valle del Cauca, Bogota, Barranquilla, Santander, International: India, Philippines, Thailand, Singapore, Malaysia, Mexico, Brazil, Costa Rica, Costa Rica.
CLIENTS: Patients, family members and/or companions of patients from Venezuela, United States, Canada, Ecuador and Italy. United States, Canada, Ecuador and Italy.
PRODUCTOS SUSTITUTIVOS Medicina Alternativa, Telemedicina

Figure 1. Porter's five forces of health tourism in the metropolitan area of Cúcuta.
Source: Own elaboration.

The geostrategic location of Cúcuta makes the city an attractive destination for health tourists and their families or companions from Venezuela, Ecuador, Panama, and Caribbean countries. Other data indicate that of the patients in general who have undergone medical procedures in San José de Cúcuta, 57% of them have traveled alone and 40%, the majority (80%) are women between 18 and 45 years of age. Regarding clients' preferences, tourists select their destination based on institutional characteristics such as the technology used, quality of service, availability and quick access, lower costs for procedures, and the

existence of international protocols and standards (Causado et al., 2018). In sum, considering that the client moves from one country to another to acquire medical services, probably has a high payment capacity and finds a variety of medical centers and hospitals that offer safe, quality and attractive prices, it is considered that the bargaining power of the clients is high, since they have the possibility of choosing the institution that offers the best guarantees, comfort and safety (Mohd et al., 2011).

The third force is related to the suppliers of the health tourism sector: airlines, travel agencies, hotels, certifiers, tour operators, spas, restaurants, chambers of commerce, laboratories, pharmacies and distributors of medical devices, technology and medicines. Colombia has been advancing in measures to equalize the prices of medicines that years ago were sold at much higher prices than in neighboring countries; however, the monopoly of patent exploitation by laboratories or producers of technological innovations is still maintained due to the regulations and international treaties that Colombia has signed regarding copyrights.

The procedures and treatments most demanded by tourists are aesthetic medicine and wellness; in the first category are low complexity procedures, mainly plastic surgeries and removal of signs of aging; in the second category are major invasive procedures such as open heart surgery, knee or hip replacement, spine and gender transformation (Mohd et al., 2011). In Cúcuta, the main medical services offered are mainly curative treatments, followed by aesthetic treatments, plastic surgeries and fertility treatments (FONTUR, 2016).

Substitute products, the fourth force in Porter's model, in terms of health are certainly not of concern, since services that require mobilization generally respond to major procedures involving vital organs; traditional healing methods, such as yoga, tai chi, ayurvedic medicine or Chinese acupuncture, called alternative medicine, can be considered as substitutes for a very small niche market, made up, especially of people seeking a balance between body and mind.

The figure of health tourism has been driven by the globalizing trend, which has caused many countries to take advantage of the business opportunities that health tourism offers, changing the traditional parameters associated with the provision of these services and promoting them aggressively, for greater cross-border movement of patients, which has been driving competition in this industry (Arias & Caraballo, Health tourism: Conceptualization, history, development and current state of the global market, 2012). Only in the United States, the industry generates more than $60 billion a year and is growing at a rate of 20% (Gahlinger, 2008).

The last force in Porter's model refers to potential competition. To establish oneself as a health provider, that is, as a Service Provider Institution, high financial investment is required in the acquisition of adequate technology and infrastructure, search and selection of highly qualified personnel, and complex relationships between the actors in the sector. People who want to enter strongly in the Health Tourism sector must initiate a process of international certifications; therefore, it is considered that the entry barriers to the sector are high and therefore there are economic barriers that prevent the entry of new competitors. In addition, the fact of making a large investment does not guarantee success in the business, they only constitute some of the fundamental conditions to try to attract healthy tourists.

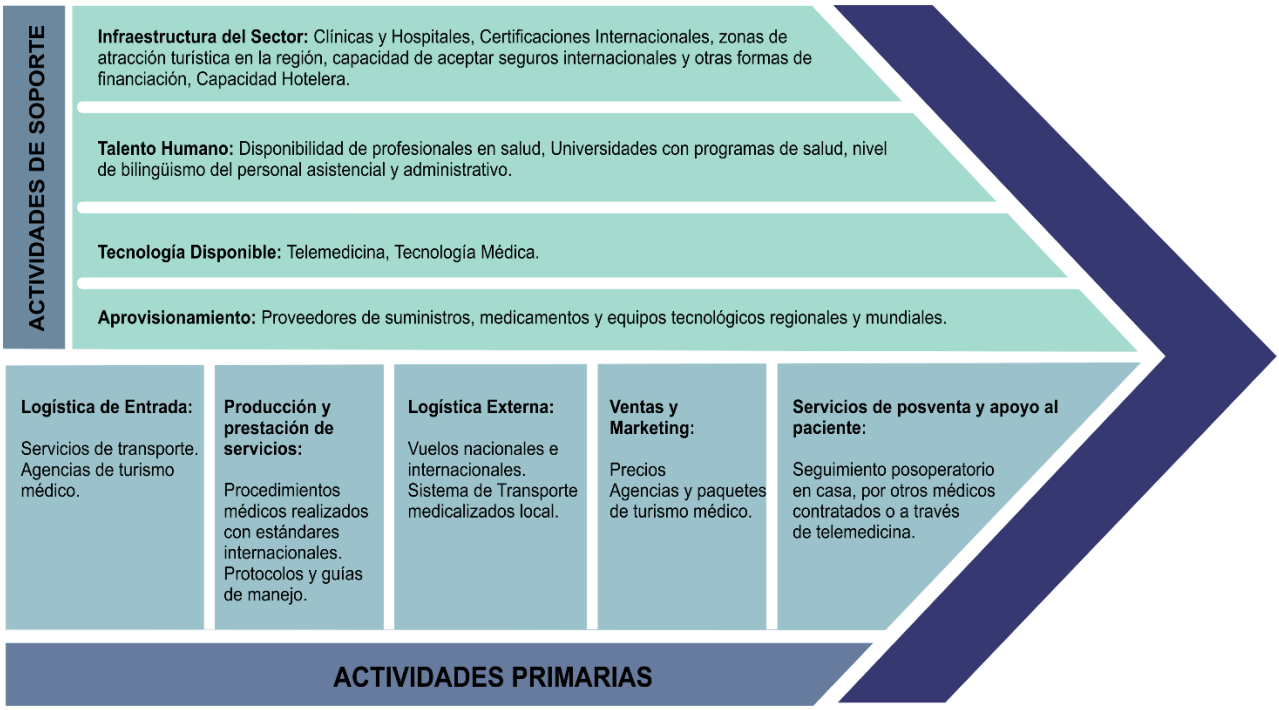
There are several international accreditors that medical organizations seek to obtain their certification, among which are the JCI- Joint Commission International, NCQA National Committee for Quality Assurance, ESQH- European Society for Quality in Healthcare, ISQUA- The International Society for Quality in Health Care, and Trent Accreditation Scheme (UK). Accreditation standards are a vital factor in the evaluation of the quality of care provided by a foreign hospital, and accreditation standards are a vital factor in the evaluation of the quality of care provided by a foreign hospital (Smith & Forgione, 2007). Patients look from academic medical centers and hospitals to primary care providers with international

standards, especially certified in quality and safety of care (Ehrbeck et al., 2008), especially certified in quality and patient safety by JCI.

Achieving JCI accreditation can have a profound impact on the performance, culture, image and business operations of healthcare provider institutions. Currently in Colombia, five institutions are accredited by JCI: Centro Medico Imbanaco in Cali, Hospital Universitario Fundación Santa Fe de Bogotá and Fundación Cardioinfantil in Bogotá; Fundación Cardiovascular de Colombia-Hospital Internacional de Colombia-Instituto Cardiovascular in Floridablanca and Hospital Pablo Tobon Uribe in Medellín (Joint Commission International, 2019). Other 46 institutions have quality certification from the Institute of Technical Standards Institute (ICONTEC, 2019).

Norte de Santander Tourism Value Chain

The value chain shown in Figure 2 is essentially a form of analysis of the business activity through which the health tourism sector in Cúcuta is broken down into its constituent parts, under five primary activities and four support activities (Porter, 2013)The aim is to identify sources of competitive advantage within each of the value-generating activities, as well as that which emerges from their interrelationships.



SUPPORT ACTIVITIES (Description in english)
Sector Infrastructure: Clinics and hospitals, international certifications, tourist attraction zones in the region, capacity to accept international insurance and other forms of financing, hotel capacity.
Human Talent: Availability of health professionals, Universities with health programs, level of bilingualism of health care and administrative personnel.
Available technology: telemedicine, medical technology.
Procurement: regional and global suppliers of supplies, medicines and technological equipment.
PRIMARY ACTIVITIES
Inbound Logistics: Transportation services. Medical tourism agencies

Production and delivery of services: Medical procedures performed with international standards. Management protocols and guidelines
External logistics: National and international flights. Local medical transportation systems.
Sales and Marketing: Prices, agencies and medical tourism packages.
After-sales services and patient support: Post-operative follow-up at home, by other contracted physicians or through telemedicine.

Figure 2. Health tourism value chain in the Cúcuta metropolitan area.
Source: Authors

Infrastructure Sector. The Municipality of Cúcuta, for 2015 has a large supply of health service providers (HSP) enabled and distributed by groups of services as follows: 860 HSP of Diagnostic Support and therapeutic complementation, 1867 HSP of Outpatient Consultation, 127 HSP of Inpatient Service, 103 IPS of Specific Protection and early detection, 299 HSP with Surgical Services, 27 HSP with Emergency Service, 29 IPS of Other services, home care, 30 HSP with Sterilization Service, 3 HSP with basic neonatal care, 23 IPS with basic care transportation and 11 HSP with medicalized transportation (Secretariat of Health of San José de Cúcuta, 2017). These figures do not indicate the number of HSP in the city, but rather the distribution by groups of services that can be provided by the authorized HSP.

According to figures from the Ten-Year Public Health Plan 2012-2021, Norte de Santander has 131 public HSP, 356 private HSP and 884 independent HSP. Of the public HSP, 83.2% are the first level of care (Governor's Office of Norte de Santander-Departmental Health Institute, 2016). At the departmental level, the ESE Hospital Universitario Erasmo Meoz is the institution with the highest level of complexity, located in the city of Cúcuta. The Clínica Medical Duarte has a heliport, which makes it possible to attend emergencies involving patients transported by helicopter from other cities.

For 2015, the indicators of installed capacity show that in Cúcuta there is not enough ambulance per thousand inhabitants, between basic and medicalized ambulances; likewise, the ratio of beds per thousand inhabitants, an indicator that stands at 2.6, is of concern; these two situations represent some of the major problems in the provision of services in the municipality (Secretary of Health of San José de Cúcuta, 2017). These figures are less alarming at the departmental level, for 2015 in the entire network of services there was an availability of 1.5 beds and 1 ambulance per thousand inhabitants, with a total of 137 ambulances, 20 of which are medicalized (Government of Norte de Santander-Departmental Health Institute, 2016).

Although the city has blood banks, the high population density does not guarantee the availability of blood components for safe, timely and sufficient supply in emergency care, which increases the risk of mortality. Likewise, there are mortality risks for high and medium complexity events, derived from the deficient response capacity of the IPS, associated with the industrial backwardness and low business development of the department, so that in situations it is necessary to transfer users to other departments. Health institutions and other actors in the value chain, both public and private, are working on the consolidation of strategic alliances that guarantee the strengthening of the current network of health service providers and the improvement of the road network to increase the geographical accessibility of the population to them and the transfer of patients at the inter-municipal level (Gobernación de Norte de Santander-Instituto Departamental de Salud, 2016).

On the other hand, the tourist attraction and the great environmental richness of the region constitute strategic advantages that can have a great impact, both economically and in terms of productivity, the environment and the development of a new range of services, to mention a few have the Unique Natural Area of the Estoraques, Pamplona with its religious temples and its high architectural and cultural level, the Catatumbo-Barí National Park, El Tamá National Park, the Historic Temple of Villa del Rosario, and the proximity to the regional natural park Santurban, Sisavita, Salazar Regional Natural Park.

The Tourism Information Center for Colombia reveals at the departmental level, for 2018, the total number of lodging and accommodation establishments stood at 385, totaling 7,570 rooms, with a total of 11,752 beds (CITUR, 2019); likewise, that the lodging capacity of Cúcuta is 31 active hotels and 100 pending updating, whose main services are: swimming pool, sauna, wifi zone, currency exchange, air conditioning, cable TV, gym, spa, safety deposit boxes, business room, medical services, among others (CITUR, 2019b).

Human Talent. The human talent in health available in Colombia for 2016 was estimated at more than 563 thousand people, made up of 55% professionals and specialists and 45% technicians, technologists and assistants, representing a substantial and sustained increase, derived from the increase in the number of higher education programs offered by the country's formal Education Institutions. Such has been the growth, that the indicator of density of human talent in health is projected as a goal of 44.5 doctors and nurses per ten thousand inhabitants, established in the global strategy for human resources in health 2030; for Norte de Santander, in 2017, this indicator was above the national goal. As shown in Table 1, about 48% of the country's human talent in health corresponds to people under 35 years of age, with a higher proportion of women. (MinHealth, 2018).

The national educational offer regarding the supply of labor technical or auxiliary health programs, as of 2018, was 1,282 programs, estimating close to 15,000 graduates of these programs annually. The evolution of the educational offer in Colombia is a response to the growth in demand and the number of professionals graduating, particularly in nutrition and dietetics, medicine and nursing, followed by professionals in phonoaudiology and pharmaceutical chemistry, optometry, bacteriology, dentistry and physiotherapy (MinSalud, 2018).

In the specific case of Cúcuta, there is the Francisco de Paula Santander University, University of Pamplona, University of Santander, Simon Bolivar University, Antonio Nariño University, Free University of Colombia, and agreements between the Industrial University of Santander, Pontificia Bolivariana University and the Pontifical Javeriana University with the Chamber of Commerce of Cúcuta, which offer different programs as an extension in the city; Although they offer courses, diplomas, and technical and professional careers in health, none of them offer Tourism and Hotel Management, which is necessary for at least one key player in the health tourism sector.

Tabla 1. Caracterización del Talento Humano en Salud, 2019

Nivel de formación	índice de masculinidad	Distribución por grupos etarios			
		Menores de 25 años	Entre 25 y 34 años	Entre 35 y 49 años	Mayores de 49 años
Auxiliares	6,7	14,1	41,9	34,5	9,4
Técnicos y tecnólogos	3,5	11,9	44,8	35,2	8,1
Profesionales	2,6	2,5	37,8	41,2	18,6
Bateriología	7,9	2,0	35,4	44,1	18,6
Enfermería	8,3	4,7	46,1	36,0	13,3
Fisioterapia	8,5	3,7	48,1	43,7	4,5
Fonoaudiología	14,0	2,9	39,3	46,3	11,5
Instrumentación Quirúrgica	6,0	4,1	37,9	51,3	6,7
Medicina	0,9	0,9	38,6	35,0	25,4
Nutrición y Dietética	13,5	2,3	34,1	40,5	23,1
Odontología	2,2	1,2	27,0	44,2	27,6
Optometría	2,9	1,6	30,0	47,7	20,6
Terapia Ocupacional	14,8	2,6	36,8	49,0	11,6
Terapia Respiratoria	13,6	2,2	20,2	69,2	8,4
Química Farmacéutica	1,3	2,2	39,1	36,7	22,0
Total todos los niveles de formación	**3,7**	**8,0**	**39,9**	**37,9**	**14,1**

índice de masculinidad: Número de mujeres por cada hombre.
Fuente: MSPS, 2017. SISPRO, Información del Cubo de Información del Registro Único Nacional del Talento Humano en Salud, ReTHUS, a septiembre de 2017.

The Health Care Providing Institutions state that, although the level of English or French of the Administrative, medical, nursing and diagnostic support staff is deficient for the provision of services to foreigners with a language other than Spanish, the city has suitable and sufficient medical staff to care for foreign patients (González & Fonseca, 2016). This has been evidenced by the medical and hospital care provided during the massive migratory dynamics towards the department of Norte de Santander due to its border condition, from Venezuela due to the political problems in the neighboring country. This condition represents a disadvantage for a sector that is considered "international", for this reason, it is imperative that the IPS, as well as the services related to health tourism, invest in language training for employees.

It should be noted that in Colombia only 55% of doctors and 8% of nurses speak English, but for the particular case of the study area, this percentage is even lower due to the low demand for this language in the provision of health services (Martínez et al., 2015). But, for the particular case of the study area, this percentage is even lower due to the low demand for this language for the provision of health services, since most of the foreigners who come to the city in search of these services are Spanish-speaking.

Available Technology. The concept of health technology refers to technical and procedural means that allow the application of scientific knowledge for health promotion, prevention, diagnosis and treatment of diseases, rehabilitation and chronic care; thus grouping all drugs, medical and surgical devices, procedures, physical facilities and screening programs that are used in the field of health care (Cubillos, 2011). In Colombia, the import, export and manufacture of medical devices are regulated by Decree 4725 of 2005, which states that:

> "Medical device for human use means any instrument, apparatus, machine, software, biomedical equipment or other similar or related items, used alone or in combination, including its components, parts, accessories and computer programs involved in its correct application,

> proposed by the manufacturer for use in (a) Diagnosis, prevention, monitoring, treatment or alleviation of a disease; (b) Diagnosis, prevention, monitoring, treatment, alleviation or compensation of an injury or impairment; (c) Investigation, replacement, modification or support of anatomical structure or physiological process; (d) Diagnosis of pregnancy and control of conception; (e) Care during pregnancy, birth or after birth, including care of the newborn; (f) Products for disinfection and/or sterilization of medical devices" (Ministry of Social Protection, 2005, p. 3).

Colombia is the third country in Latin America with the largest market for medical devices after Brazil and Mexico, contributing 2.7% of the national GDP. On the one hand, about 35% of imports of these technologies for this sector, which totaled USD 1,082,003 in 2017, come from the United States, projecting that it would open market in Chile taking advantage of the Pacific Alliance FTA signed with Colombia, Mexico, Peru and Chile; on the other hand, for 2017 the trade balance of exports of medical devices was USD 81,086. In 2018 the trend was the import of respiratory devices, gas masks, CT scanners and radiotherapy equipment (Virtual Business Center, 2018)

According to the Biennial Health Investment Plan 2014-2015, health technologies have been acquired for the IPS of the city, finding for example for the ESE Hospital Universitario Erasmo Meoz - HUEM the design, construction, equipping and commissioning of the Radiotherapy Unit of Norte de Santander, the Human Breast Milk Bank, Mother Kangaroo Program and Neonatal Intermediate Care Unit, Morgue Bank, Hemodynamics Unit, Renal Unit, High Complexity Imaging services, Cardiovascular Surgery and Coronary Intensive Care Unit; expansion, equipment and operation of the Adult Intermediate Intensive Care Unit, and purchase of equipment and special control equipment to improve the technological capacity of the HUEM ESE (Source, 2012). Every one of these projects corresponds to the possibility of structural reinforcement, acquisition of equipment and construction of works, among other tasks to improve the provision of health services in the hospital to nationals and foreigners. Investments in infrastructure and equipment made by the state following the Biennial Plan have contributed to the improvement in terms of quality, timeliness and efficiency in the provision of services (Government of Norte de Santander-Departmental Health Institute, 2016).

Additionally, HSP in Cúcuta implemented the Social Protection Information System Modules SISPRO that allows for data standardization and information availability; furthermore, the ICT policy contributes to web-based information access and electronic information exchange (Government of Norte de Santander-Departmental Health Institute, 2016).

Procurement. The main categories of suppliers for the health sector in Colombia are drugs and medical devices, support services, goods or equipment required for health care services, and other administrative supplies. In general, 81% of Colombian PHI's purchases are mainly from national suppliers, delaying payments an average of 96 days from the date the invoice is filed with the PHI, due to liquidity problems. For this reason, some IPS have acquired web-based platforms to facilitate purchasing management and ensure efficiency and transparency in the procurement process. Likewise, it has been thought of establishing payment models by value, with which the benefits of the pharmaceutical and medical device industry will be directly proportional to the health results in patients, and not by the traditional system of sales volume (National Association of Entrepreneurs of Colombia, 2017).

In Colombia, there are about 90 pharmaceutical laboratories, between national and foreign; 57 of them with members of the Chamber of the Pharmaceutical Industry of the National Association of Entrepreneurs of Colombia- ANDI. (Abu, 2018). Despite the abundance of supply, Colombia has been

characterized as having the highest prices for medicines in the world, influencing the cost of medicines (Health Action International, 2009). This has influenced the costs of medical care. Because of this situation, it is necessary to implement models of direct purchase by volume from the manufacturer, when liquidity allows it, or by the joint purchase of a group of entities, with the firm objective of reducing costs by generating economies of scale.

Some of the most common services and/or goods acquired by companies in the health sector are security, public services, waste management, administrative services, communications, technologies, legal services, pharmaceuticals, medicinal gases, medical devices, storage, transportation, cleaning, food, courier services, construction, ventilation and lighting systems, equipment, textiles and uniforms, equipment items, stationery, among others. The acquisition of these goods and/or services are necessary for the operation of the traditional health system; however, to speak of health tourism, restaurants, hotels, warehouses, tourist services, florists, ground and air transportation, and insurance companies, among other related services, should be included as suppliers (Asociación Nacional de Empresarios de Colombia, 2017).

Inbound Logistics. Urban development has expanded the limits of access to the Cúcuta Metropolitan Area from different points of the Colombian and Venezuelan geography. The city is connected by roads to Bogotá, Bucaramanga, Duitama, Valledupar, Tunja and Cartagena, and due to its border position is also connected to all of Venezuela, thanks to land routes through San Cristóbal and the General Juan Vicente Gómez airport in San Antonio del Táchira, through which it communicates with central Venezuela, the Caribbean and Europe (Mayor's Office of Cúcuta, 2014). The Transport Terminal dispatches passengers from Cúcuta to the main cities of the country and the neighboring Venezuelan towns in the State of Táchira; additionally, the new terminal is in the process of construction (Ministry of Commerce, Industry and Tourism, 2012).

Regarding airways, Cúcuta has the Camilo Daza International Airport, which recently completed its modernization process in the first four months of 2019, in Ocaña there is the "Aguas Claras" airport and in Tibú there is an airstrip owned by ECOPETROL; these airways are mainly used by foreign travelers from Ecuador, Brazil, Spain, Cuba, China, United States, Italy, Peru, Taiwan, and Venezuela, among others (Ministry of Commerce, Industry and Tourism, 2012).

To strengthen the dynamics of health tourism in Cúcuta and in general in the department of Norte de Santander, the Ministry of Health, the Ministry of Industry and Commerce, the Governors, Mayors, Chambers of Commerce of the department, the Regional Commission of Competitiveness of Norte de Santander, public and private clinics and operators, health tourism agencies or facilitators, should agree on a strategic articulation, in which each one of them participates in a strategic articulation, in which each one of them participates in a strategic articulation, Public and private clinics and operators, health tourism agencies or facilitators, should coincide in a strategic articulation, in which each of them participates in the process of patient care and accompanying persons, clients of this sector, recognize each other, integrate and organize themselves in a consolidated productive chain; a condition that is being developed under the leadership of the Chamber of Commerce of Cúcuta (Cúcuta Chamber of Commerce, n.d.).

Production and Service Provision. According to Gonzalez & Fonseca (2016), the most demanded procedures by foreigners are orthopedic procedures, knee and hip replacements, cardiac surgery, neurosurgery, sex change procedures, mastopexy, abdominoplasty and buttock augmentation. Also in demand are dental procedures related to smile makeovers, teeth whitening, implants, crowns, and maxillofacial surgery to correct injuries and defects in the head, neck, face and jaw. Other types of

procedures that have less demand refer to cancer therapies, homeopathy, chiropractic, neuropathy, megavitamin therapy, herbs and acupuncture. The Secretary of Health of San José de Cúcuta (2017)The Health Secretariat of San José de Cúcuta, reveals that, of the above services demanded, the city of Cúcuta has IPS qualified to provide most of these specialties, however, none of them with quality accreditation or JCI.

Outbound Logistics. In cases where the provision of health services incurs postoperative follow-up for foreigners, it will be necessary for patients to stay in the city for a longer time to achieve a full recovery (Gomez, 2017). In this case, the municipal transportation services should provide solutions for the transfer between the clinics or hospitals and the place of accommodation, and also, if necessary, the specialized transportation service is provided with medicalized ambulances, and the return trip to their country of residence can be made in a commercial or charter flight, or ambulance planes if the trips are very long, or by land for short national trips.

Sales and Marketing. Given the importance of generating visibility of the services provided at the national level in the Health tourism sector, the Ministry of Commerce, Industry and Tourism and the Sectoral Standardization Units are responsible for encouraging and promoting among domestic and foreign tourists, and among actors outside the sector, a culture of consumption of tourism services, through promotional campaigns to publicize destinations and service providers (MinComercio, 2016).

The fact that it is the Ministry of Commerce, Industry and Tourism that centralizes the advertising of medical tourism services, on the Internet or otherwise, guarantees compliance with the principles of medical ethics in addition to consolidating detailed information about the services, areas of specialty of the service provider and the human resource with training in the area of health qualified to perform certain treatments. Likewise, undue advertising containing incorrect or partial information or information that may mislead patients can be avoided. Other possible mechanisms for the market are the establishment of public-private alliances to promote the sector through the mass media and the signing of agreements with tourism agencies, insurance companies or facilitators to promote and recruit patients from abroad and refer them to Colombia (Arias et al., 2016).

After-sales services and patient support. Given the fact that tourists will return to their place of residence once they have undergone surgery, the specialist physician can follow the patients from a distance. The concept of telemedicine includes remote health care through the connection between the user's residence and the health personnel who follow up and control his case according to their network of institutions and their model of care (Cabezas et al., 2012).

Development Sector

The dynamics of the world economy invite to explore new businesses and ways to generate competitiveness, development and productivity, and Colombia has not been alien to this phenomenon. Health tourism was born in Colombia in 2008 within the framework of Conpes 3527, with the formulation of the Competitiveness and Productivity Policy, as a sector capable of generating representative income for the country, derived from a competitive strategy of costs, improvements and international certifications in terms of Quality of Health Care, and technology innovation, among others (Gutiérrez, 2017).

In Colombia, health tourism is part of a productive transformation policy that aims to promote emerging sectors, especially those related to creative economies, including tourism. Chapter X of the 2018-

2022 development plan devotes space to providing guidelines to promote the orange economy. Likewise, Law 1834 of 2017 "whereby the creative economy is promoted, orange law". These elements are composed of research, strengthening the role of industries, infrastructure development, integration to markets, and institutions and their management for the articulation of different sectors, social inclusion and inspiration.

In Norte de Santander, the Regional Competitiveness Commission has set strategic objectives for regional development, including the need to promote tourism and make it sustainable by taking advantage of the region's historical, commercial, religious and ecological wealth.

At the level of the main population center of the region, the Council of Cúcuta issued Agreement 009 "Whereby the creative economy is promoted in the municipality of Cúcuta - Orange Agreement and other provisions are issued", whose main objective is framed in the promotion and development of initiatives related to creative economic activities in the city. The municipal government of the city will develop the agreement through the formulation, implementation and regulation of a public policy called Cúcuta Naranja in which the target sectors of the agreement will be identified and guidelines will be formulated to strengthen them as creators of added value in the local economy.

From the point of view of trade union formation, in Norte de Santander, the health cluster has been formed, initially by 17 health care providers, including clinics, laboratories, and centers specializing in aesthetics, alternative medicine clinics, ophthalmology and dentistry clinics. These efforts are aimed at getting the region's institutions accredited, improving infrastructure and technological capacity, and training healthcare and administrative personnel (González & Fonseca, 2016).

Conclusions

Health tourism is the provision of health care services to foreigners or Colombians living abroad, the latter being predominant. Generally, patients are accompanied by a family member or partner, which is a perfect excuse to take advantage of the transfer and make tours to historical or natural wealth sites, which is accompanied by complementary services to leverage other sectors or industries in the region, such as the hotel industry, restaurants, tourism agencies, among others. Cúcuta has a favorable geostrategic position that should be taken advantage of, especially its proximity to Venezuela and the Caribbean countries, to promote medical tourism in a short time, due to the easy access and the similarity of the language.

The medical services provided to health tourists become an opportunity for their families and companions to enjoy their vacations and find relaxation while visiting places full of natural, historical and cultural beauty, such as the Estoraques Unique Natural Area, Pamplona with its religious temples and its high architectural and cultural level, the Catatumbo-Barí National Park, the Tamá National Park, the Historical Temple of Villa del Rosario where the Republic of Colombia was born, and the Venezuelan border, which is always a tourist and commercial destination.

The greatest difficulty currently encountered in the development of the sector is the accreditation and recognition of health care institutions by health institutions such as the Joint Commission International, the Joint Commission on Accreditation of Healthcare Organization or the International Organization for Standardization. Accreditation standards are a vital factor in the evaluation of the quality of care provided by foreign hospitals and intermediary agencies, and for this reason, they seek institutions that have had this recognition.

Another weakness of the sector is the low level of bilingualism, and as a consequence, it will be difficult to attract health tourists from countries such as the United States and Canada, where the largest concentration of potential clients is located; therefore, it will be necessary to establish training programs

that achieve a natural interaction with the patient and the completion of the medical history in their native language.

The main specialties requested by medical tourists are plastic surgery, sex change procedures or treatments related to drug rehabilitation, preventive medicine, minor procedures in cosmetic and dental surgery, major invasive procedures such as open heart surgery, knee or hip replacement, and spine and bariatric surgery. All these specialties are authorized in the region by the respective health authorities, although none of them are accredited by international organizations. The departmental and national governments are promoting projects to ensure that health institutions obtain this recognition.

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