

## Supplementary materials

**Table 1. The results of the analysis of global studies on barriers to the development of medical tourism**

<b>Title</b>	<b>Journal</b>	<b>Numb. of Resp</b>	<b>Type of Respondents</b>	<b>Research Location</b>	<b>Barriers</b>	<b>References</b>
Barriers of developing medical tourism in a destination: A case of South Korea	Iranian Journal of Public Health	15	1) Representative of relevant authorities in medical and tourism sectors 2) Active experts researching on Korean medical tourism	South Korea	1) Policy making and government regulation 2) Language 3) Promotion 4) Expertise 5) Communication skills	9
Barriers to the development of medical tourism in East Azerbaijan province, Iran: A qualitative study	Tourism Management	16	1) Madani Hospital chief executive 2) Imam Reza Hospital chief executive 3) Representatives of the Ministry of Foreign Affairs in the northwest of the country Supervisor 4) Health Tourism Department	Iran	1) Marketing 2) International 3) Cultural 4) Language and communication 5) Hospitals or medical centers 6) Transfer 7) Brokerage	13

Title	Journal	Numb. of Resp	Type of Respondents	Research Location	Barriers	Reference s
			of Medical Council Supervisor		8) Structural 9) Management	
		5)	Health Tourism Department University of Medical Sciences Expert		10) Policies and rules	
		6)	Cultural heritage, Handicrafts tourism organization The Deputy Tourism			
		7)	Tabriz governor The deputy governor			
		8)	Faculty of Geography & Planning, University of Tabriz Associate Professor			
		9)	Behboud Hospital chief executive			
		10)	Shams Hospital chief executive			
		11)	Tabriz International Hotel			

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			chief 12) Medical Tourism Corporation chief 13) Clinic Cardiologist 14) Patient 15) Researcher			
Using AHP to Prioritize Barriers in Developing Medical Tourism: Case of Turkey	International Journal of Travel Medicine and Global Health	6	1) Academicians 2) Medical tourism experts form a public hospital 3) Expert from a private hospital in Istanbul 4) A member of the Health Tourism Coordination Committee	Turkey	1) Human resources 2) Infrastructure 3) Regulations 4) Negative corporate image 5) Quality and provision of healthcare	<sup>26</sup>
Barriers to medical tourism development in the United Arab Emirates (UAE)	MDPI: International Journal of Environmental Research and	12	1) Head of Strategy Public 2) CEO of Hospital Private 3) Director of Health Insurance Private 4) CEO of Health Tourism	UAE	1) Lack of High Healthcare Service Quality 2) High Costs and Prices of Medical Tourism Services 3) Lack of International	<sup>11</sup>

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	Public Health		company Private 5) Medical Director and Cardiologist Private 6) Supervisor, Health Risk Management Private 7) Director of Marketing, Health Exchange Public 8) Chair of Health Department (University) Private 9) Chair of Tourism Major (University) Private		Medical Insurance Accepted in the UAE 4) Lack of Medical Tourism Facilitators/Intermediaries and Marketing 5) Public Transport and Hot Weather	
Exploring the challenges for medical tourism in the United Arab Emirates during the Covid-19 pandemic era: a stakeholder perspective	Emerald	14	1) Head of strategy of public health consulting organization 2) CEO of Hospital 1 Dubai 3) Director of Health Insurance company Dubai 4) CEO of Hospital 2 Dubai 5) CEO of Hospital 3 Dubai	UAE	PRE COV-19 1) Higher medical services cost 2) Limited number of renowned medical research centers and specialist 3) Access to the UAE medical tourism market	27

<b>Title</b>	<b>Journal</b>	<b>Numb. of Resp</b>	<b>Type of Respondents</b>	<b>Research Location</b>	<b>Barriers</b>	<b>References</b>
			6) CEO of Health Tourism Company		DURING COV-19	
			7) Medical director n cardiologist of health clinic		1) A fall in inbound medical tourist numbers	
			8) CEO of Hospital 4 Dubai		2) Medical-travel logistics management	
			9) Supervisor of health risk management insurance company		3) Health infrastructure and technology limitations	
			10) Director of marketing: health exchange		4) More support was needed from local government	
			11) Program director of higher colleges of tecnology (Tourism department)		5) Lack of technological support	
			12) Tourism marketing course director of higher colleges of technology (Business department)		6) Use of Covid Vaccination Card	
			13) Chair of Canadian university dubai (Health		7) Economic crisis and inflation	

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			department) 14) Chair of MODUL University Dubai (Tourism Department)			
Identifying and Analyzing Iran Medical Tourism Development Barriers Using Fuzzy Cognitive	Journal of Health Management	10	1) Medical doctors 2) Private clinic managers 3) Policymakers 4) Academic researchers	Iran	1) Language & communication 2) Lack of infrastructure/superstructur e 3) Lack of expertise/manpower 4) Lack of medical technology and innovation 5) Lack of hospitals and clinics 6) Weak physician training 7) Low quality of care 8) Lack of accreditation 9) Lack of supporting legal	15

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					10) Brokers 11) Managers' lack of knowledge 12) Medical tourists' lack of information 13) Lack of strategic planning 14) Weak marketing, promotion, and branding 15) Lack of cooperation and coordination 16) Weak government support 17) Lack of enabling tourism sector	
Exploring the Potential of a Multi-Level Approach to Advance the Development of the Medical Tourism	Sage Journals	8	1) Medical Tourism Board Indonesia (Government) 2) Directorate of Health Service and Nutrition (Ministry of National Development Planning)	Indonesian	Macro/Social and Policy level: 1) Healthcare condition and its supporting resources 2) Regulation 3) Trust and competition Meso/Institutional level:	<sup>19</sup>

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Industry in Indonesia			3) Manager (Private Hospital) 4) Manager (Public Hospital) 5) Senior lecturer (Academia) 6) Chair (Public health association) 7) Special staff (Ministry of Health) 8) Journalist (Media)		1) Service and product of care 2) Facilities and supporting facilities 3) Marketing Micro/individual level: 1) Competency of health workers	

**Source:** The results of identification and review from several research journal

**Table 2. Barriers to the development of medical tourism in various Asian countries.**

<b>Barriers</b>	<b>UAE<sup>11</sup></b>	<b>UAE<sup>27</sup></b>	<b>South Korea<sup>9</sup></b>	<b>Turkey<sup>26</sup></b>	<b>Iran<sup>13</sup></b>	<b>Iran<sup>15</sup></b>	<b>Indonesia<sup>19</sup></b>	<b>Total (Article)</b>
<b>Internal Factors</b>								
Quality of human resources	✓		✓	✓	✓	✓	✓	<b>6</b>
Management System – Lack of accreditation for healthcare facilities	✓				✓	✓		<b>3</b>
Management System – Hospitals have limited collaboration with insurance providers offering international coverage	✓	✓					✓	<b>3</b>
Technology – Lack of digitalization and technological advancements		✓				✓	✓	<b>3</b>
Infrastructure – Inadequate infrastructure		✓		✓	✓	✓	✓	<b>5</b>
Pricing & Promotion – Lack of price transparency					✓		✓	<b>2</b>
Pricing & Promotion – High service costs	✓	✓						<b>2</b>
Pricing & Promotion – Insufficient promotion/advertising	✓			✓	✓		✓	<b>4</b>
<b>External Factors</b>								
Management System – Lack of strategic			✓		✓	✓		<b>3</b>

<b>Barriers</b>	<b>UAE<sup>11</sup></b>	<b>UAE<sup>27</sup></b>	<b>South Korea<sup>9</sup></b>	<b>Turkey<sup>26</sup></b>	<b>Iran<sup>13</sup></b>	<b>Iran<sup>15</sup></b>	<b>Indonesia<sup>19</sup></b>	<b>Total (Article)</b>
planning								
Supporting Infrastructure – Weak of supporting infrastructure	✓					✓	✓	<b>3</b>
Supporting Infrastructure – Lack of medical tourism facilitators	✓	✓	✓		✓	✓		<b>5</b>
Policy – Regulatory inconsistency and lack of a supportive legal system			✓	✓		✓	✓	<b>4</b>
Competition – Competition between countries	✓		✓				✓	<b>3</b>
Economy – Inflation and economic crisis		✓						<b>1</b>

**Source:** The results of identification and review from several research journal.