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Contents

Papers' abstracts / Анотації до статей	5
Olha Kozmenko, Varvara Lysenko	
Contribution of insurance companies to the development of the world health supermarket	6
David Dickerson, William F. Pore	
A global strategic framework for marketing across cultures	14
Ruth Lumb, Yi Chu	
Application of experiential analogy in event exhibition	24
Dana-Nicoleta Lascu	
Marketing to the subsistence consumer: a comparative analysis	31
David Horowitz	
Teaching Photoshop	36
Namita Rajput, Akanksha Khanna	
Cause-and-effect relationship among apparel buying	42
Authors of the issue	51

Papers' abstracts / Анотації до статей

Ольга Козьменко, Варвара Лисенко

Внесок страхових компаній до розвитку світових супермаркетів здоров'я

У статті досліджується вплив глобалізації на світову охорону здоров'я. У ній аналізується природа та передумови медичного туризму, які визначають потенціал України щодо інтеграції в глобальне медичне та туристичне середовище.

Девід Дікерсон, Вільям Ф. Поре

Нова глобальна стратегічна структура для міжкультурного маркетингу в Азії

Значення та визначення «міжнародного маркетингу» може бути виділено та зрозуміло по-різному. У статті досліджується необхідність «крос-культурного маркетингу», який створює нову глобальну стратегічну маркетингову структуру, аніж експортує англо-саксонську модель з однієї культури в іншу. Застосування теорії дилеми вводиться як засіб до рішення провального ринку стратегій входу, перевіряючи проникнення Уол-Марта на ринки Південної Кореї та Німеччини. Вважається, що якщо перевірка не вбудована в стратегію формування процесу міжнародного ринку, то виконання ринкових стратегій входу буде продовжувати падати.

Рут Ламб, Йі Чу

Застосування емпіричної аналогії у розкритті подій

Стаття наполягає на застосуванні емпіричної аналогії у розкритті подій. Емпіричне вивчення – не нова ідея, та, як пропонує назва, ідея включає вивчення досвіду, визначаючи його між механічним та дидактичним вивченням. Завдяки «маркетинговому шуму» та надмірному використанню традиційних медіа, маркетологи повинні були знайти нові засоби розташування своїх брендів у головах споживачів. Один із шляхів такого досягнення – використання емпіричних аналогій, де споживачі можуть бачити цільовий продукт в рамках досвіду, який він пропонує, а не тільки список функціональних якостей та переваг. У статті надається приклад нової емпіричної аналогії, яка відображає індивідуальний базовий досвід та має значний емоційний вплив.

Дана-Ніколета Ласку

Маркетинг щодо прожиткового мінімуму споживача: порівняльний аналіз

В ринку, що розвивається, домінують сегменти прожиткового мінімуму споживачів нижньої ланки піраміди. В той час як більшість маркетингової літератури країн з високим рівнем доходу концентрує увагу на прожитковому мінімумі споживачів, було зроблено мало спроб щодо визначення різниці між прожитковим мінімумом споживачів країн з високим рівнем доходу та країнами, що розвиваються. Ця стаття пропонує порівняльний аналіз споживачів прожиткового мінімуму країн з високим доходом, низьким та середнім доходом, та пропонує поглянути на те, як маркетологи можуть впливати на споживачів. Зокрема, стаття показує, що маркетингова інформація та репутація брендів прямо впливає на споживачів прожиткового мінімуму у країнах з високим доходом, в той час як в країнах з низьким та середнім доходом маркетингова інформація доводиться до споживачів нижньої ланки непрямо, завдяки міжособистісним впливам, які включають процес обговорення та соціальне схвалення.

Девід Горовіц

Навчаючи фотошопу

Мета цієї статті – перевірити залежність між навчанням Фотошопу в курсі маркетингу та ефективністю навчання. В кінці 16-тижневого семестрового курсу, представленого в програмі курсу у цій статті, були зібрані та проаналізовані оцінки даних студентами курсу. Результати говорять про те, що студентам-маркетологам подобається курс та ефективність його викладання. Викладачі маркетингу можуть навчити програмі Adobe Photoshop та питанням маркетингової графіки в рамках програми 16-тижневого курсу, представленого у цій статті. 16-тижнева програма семестрового курсу включає посилання на щотижневі семінари, шаблони Фотошопу, та додаткові матеріали, щоб допомогти вивчити Фотошоп студентам. Програма 16-тижневого курсу включає описову програму, щоб допомогти викладачам презентувати ідеї та висновки курсу студентам та іншим викладачам маркетингу.

Наміта Раджпут, Аканкша Ханна

Причинно-наслідкові відносини при купівлі одягу

Промисловість пошиття одягу посідає перше місце, а також витрати на одяг серед споживачів зростають з кожним днем, тому стає необхідним вивчати зміни в поведінці споживачів. Мета цієї статті – розширити інформацію щодо купівлі одягу серед Індійських споживачів та в практичному сенсі розуміння факторів, які впливають на наміри купівлі. Ця стаття досліджує причинні зв'язки серед факторів стимулювання, контрольних груп, якості зберігання, показників продукції та характеристик споживачів в поведінці купівлі одягу. В ній емпірично досліджуються причинно-наслідкові відносини серед напрямків поведінки купівлі споживачів щодо брендового одягу та розвивається структурна порівняльна модель.

Olha Kozmenko (Ukraine), Varvara Lysenko (Ukraine)

Contribution of insurance companies to the development of the world health supermarket

Abstract

The paper investigates the impact of globalization on the world's healthcare. It analyzes the nature and prerequisites of medical tourism determining the potential for Ukraine's integration into the global medical and tourist environment.

Keywords: globalization of healthcare, medical supermarket, medical tourism, voluntary health insurance, healthcare.

JEL Classification: I10, I11.

Introduction

Globalization and integration processes taking place in the world, gradually erase the borders between countries giving green light to the cross-border movement of goods, services and customers. The field of medicine is not an exception. The development of low-cost airlines in the recent decade was one of the preconditions for the popularization of medical tourism. Today the industry is estimated at 100 billion US dollars. In the last ten years it has grown 2.5 times¹. Experts predict that by 2017 Americans will have spent at least 228 billion US dollars on healthcare abroad [16]. According to Deloitte [5], the sector of medical tourism in India will have a 30% annual growth from 2008 to 2015. In accordance with various assessment techniques of the medical tourism, the number of the so-called "medical tourists" in the world today ranges from 60 to 175 thousand people each year. This means that at the present stage the analysis of health systems in individual countries may not reflect the complete picture of healthcare in the world.

The purpose of the paper is to analyze the impact of the existing globalization processes on the health care system as well as the research of the potential for the integration of the Ukrainian medical system into the global one.

Analyzing the development of global corporations we can argue that globalization directly or indirectly stimulates branding. Without dwelling on the positive or negative aspects of this phenomenon (see Ahmad [1]) it is difficult to deny the fact that brands can make the movement of people around the world more comfortable due to the previously asserted quality of goods or services behind the brands. For example, seeing the logo of the international fast food chain McDonald's consumers realize that there they can buy affordable and quality food the recipe of which is the same regardless of the restaurant location. We have decided to investigate whether such unification is possible in healthcare, and which economic impact it might have.

1. The main idea of unification of cross-border provision of medical services

Removal of the barriers between countries (especially within the creation of the groups of countries similar to the European Union), development of the relevant legislation (the EU directive 2011/24 / EU to facilitate cross-border provision of medical services [6]), and a shift from the theoretical to the practical part to allow patients to receive medical services abroad. In addition, one should realize that most of the healthcare services in the developed countries are provided to patients through a system of health insurance (state or private). Therefore, the expansion of territorial boundaries for medical services may be perceived as a factor in reducing the medical costs by insurance companies.

Conceptually, "medical supermarket" can be presented as a system the participants of which are consumers, insurance companies, healthcare providers and, if necessary, intermediaries (Fig. 1, see in Appendix).

In our opinion, it is important that insurance companies are bound by corresponding relationships with medical centers in each link of the system (ideally, multinational insurance companies and international clinics and/or authorized clinics in each country in which a health insurance policy is valid). As shown in Fig. 1, it is expedient to involve intermediaries in the absence of such relationships.

Within the system shown on Fig. 1, the insured person, on arriving in another country and in need of some kind of medical service (not necessarily an emergency operation – the insured person may simply have the need to conduct tests or receive doctor's consultation – for example, when the person suspects the recurrence of old diseases, etc.) by contacting the corresponding company will be shortly directed to the clinic in order to receive the necessary services.

Depending on the type of insurance of the insured person the expenses will be either fully reimbursed or reimbursed considering the franchise or not reimbursed. The basic idea is that, having arrived in another country, the insured person can be confident in the quality of the received services. Within such

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¹ According to McKinsey & Company.

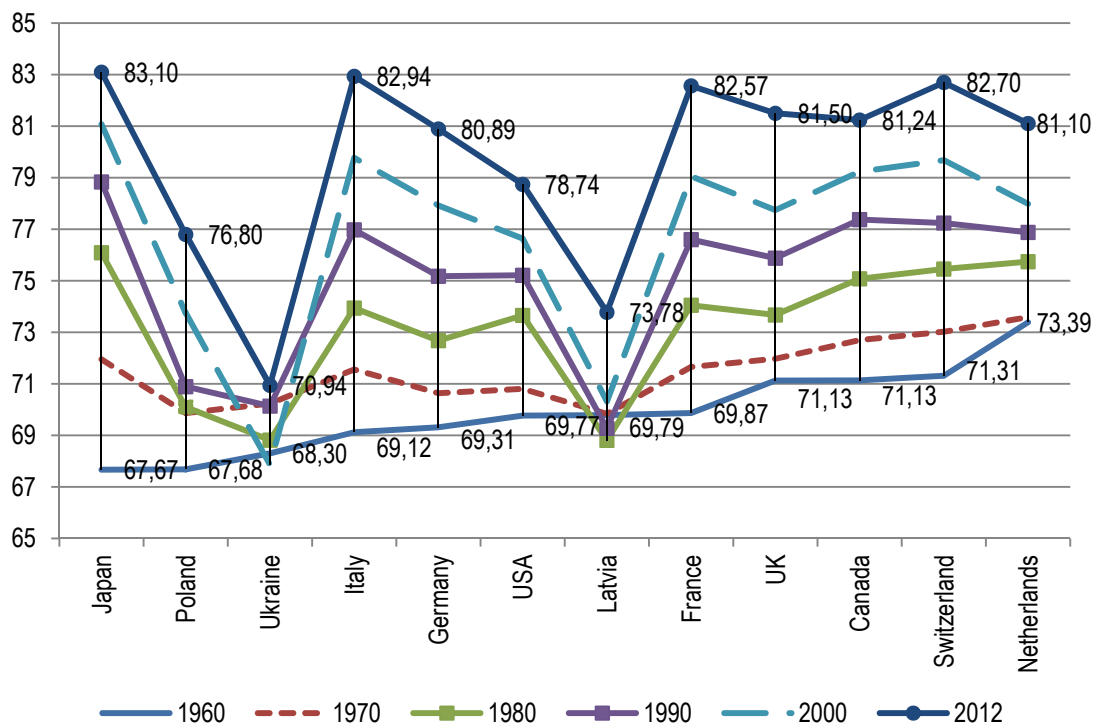
programs insurance companies may provide additional services to their customers – of translator, driver, etc. We believe that these programs will stimulate the accumulation of more resources in the system of health insurance. Obviously, not the costs of all services will be covered. However, the guarantees that insurance companies together with medical institutions given to customers will be a determining factor in the sale of medical services.

2. The concept of globalization in healthcare

In a broader sense, globalization is a process of the global economic, political and cultural integration and unification. Globalization involves the movement of information, capital, goods, services and people

across national borders on a much broader scope and pace. Given the fact that medical services with few exceptions (unique surgery operations, etc.) are standardized, they can be offered in many places.

In addition, the so-called medical tourism (not involving serious medical intervention) can be understood as tourism in the classical sense combined with rehabilitation. We believe that it is important for preventive medical services. Moreover, in the context of the so-called aging nations (for the period of 1960-2012 life expectancy in some countries is shown in Fig. 2) medical measures aimed at preventing the occurrence of certain diseases, are becoming more popular.



Note: according to the World Bank data.

Fig. 2. Dynamics of average life expectancy in the world in the period of 1960-2012

Considering the globalization of healthcare, it is important to distinguish the following aspects:

- ◆ free movement of medical personnel;
- ◆ free movement of customers.

2.1. Freedom of movement of medical personnel.

According to the research of Segouin, C., Hodges, B., Brechat, P.-H. [15] the dual character of the movement of medical personnel between countries lies in the relationship between healthcare employers and employees. On the one hand, young professionals from poor countries want to find jobs in the developed countries in order to receive higher salaries. On the other hand, the deficit of medical personnel in these countries encourages rich countries

to hire professionals from abroad. In the EU, it became apparent after the accession of the Czech Republic and Poland, whose medical diplomas were recognized in the EU allowing the natives of these countries to find jobs in other EU states. However, such an arrangement can work only in case of standardization of medical education around the world (which involves coordinating of training programs, English proficiency of medical specialists, etc.). Thus, with the high level of teaching in Ukrainian medical universities, which is based on the renowned Soviet medical school, diplomas of Ukrainian specialists need nostrification and English proficiency of Ukrainian doctors is insignificant.

2.2. Freedom of movement of consumers of health services. Free movement of consumers to the sites of provision of health services located around the world is called medical tourism. This phenomenon is not new, the first medical tourists were observed in the eighteenth century, when middle-class representatives visited spas to “take the waters” for their purported health benefits. In the nineteenth century, because of disparities in the development of health systems in different countries, wealthy people preferred treatment abroad. In the twenty-first century the industry of the so-called medical tourism is estimated in billions of dollars. This fact explains imbalances in the development of healthcare around the world characterized by the following prerequisites:

- ◆ Different models of financing of health systems in the world, which make it impossible to obtain

healthcare by certain groups of the population due to its high cost (for example, medical tourism is a fairly common phenomenon for the United States – a country with a privately insured health system; quite often individuals who do not have health insurance, are forced to go abroad to get help for less money than in the United States).

- ◆ Existence of significant differences in the cost of medical services (Kamenev gives the following costs of coronary artery bypass surgery: the United States – 130 thousand dollars, Germany – 50 thousand dollars, Israel – 23 thousand dollars, Singapore – 18,5 thousand dollars, India – 10 thousand dollars [12]). A document, which reflects the survey of the medical tourism in Turkey, contains the following data making it possible to compare the prices for certain types of surgery in different countries (Table 1).

Table 1. Differentiation of costs of the most common medical operation procedures in different countries

Type of surgical intervention	USA (paid by patients)	USA (paid by insurance)	Turkey	India	Thailand	Singapore
Angioplasty	98,618	44,268	3,500	11,000	13,000	13,000
Medical shunt	210,842	94,277	12,000	10,000	12,000	20,000
Heart valve replacement	274,395	122,969	12,000	9,500	10,500	13,000
Hip surgery	75,399	31,485	13,000	9,000	12,000	12,000
Knee surgery	69,991	30,358	15,000	8,500	10,000	13,000
Spine surgery	108,127	43,576	15,000	5,500	7,000	9,000
Mastectomy	40,832	16,833	9,000	7,500	9,000	12,400

Source: Health tourism sector report [7].

- ◆ Scientific and technical progress, which has allowed individual countries to take leading positions in the treatment of specific diseases (a large number of people – especially from the post-

Soviet countries are treated in Germany and Israel).

The main destinations of cross-border movement of patients around the world are shown in Table 2.

Table 2. Destinations of medical tourism

Region	Destinations (by country)							
Asia / Middle East	India	China	Israel	Jordan	Singapore	Malaysia	Philippines	
America	Argentina	Brazil	Canada	Columbia	Costa-Rica	Ecuador	Mexico	USA
Europe	Belgium	Czech Republic	Germany	Hungary	Italy	Latvia	Lithuania	Poland
Other countries	South Africa	Tunisia	Australia	Barbados	Cuba	Jamaica		

Source: Horowitz [10].

Patients beyond Borders (2009) give examples of dozens of clinics in countries such as Mexico, Costa Rica, Barbados, Brazil, India, Thailand, Philippines, Singapore, Taiwan, Czech Republic, Turkey, etc., suitable for quality treatment of Americans. Given that national health programs in Canada and the UK generally do not cover the cost of plastic surgery and similar services, patients from these countries resort to medical tourism to save money [3].

3. Literature review

A number of works of researchers from around the world is devoted to the issue of medical tourism.

The term “medical tourism” is interpreted in different ways. The main difference lies in the identification of the medical tourism flows and determination of the categories of persons who are medical tourists. Therefore, we ask the following questions: “Is it a medical tourism when persons are treated in their country, but in different cities?”, “Are there specific types of medical assistance provided to patients, which determine medical tourism?”, “Does the status of medical tourists depend on their property status?” etc.

According to the categories of persons engaged in tourism, their aims, destinations visited or other

features the Law of Ukraine “On Tourism” [17] distinguishes “medical and health-improving tourism” among other types of tourism.

Researchers Lee and Balaban [13] define “medical tourism” as the movement of persons outside the country for medical reasons. In their research, Lunt et al. [14] indicate that medical tourism occurs when consumers elect to travel across international borders with the intention of receiving some form of medical treatment. (This treatment may span the full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment).

J. Connell (2006) examines the emergence of the phenomenon of receiving certain services related to healthcare. The author notes that the term “medical tourism” can be used only when it comes to direct medical intervention, rather than wellness activities (visiting spa resorts, weight loss, specific sport training – for example, yoga retreats, etc.). Connell suggests that the emergence of medical tourism (in the sense of providing only medical services to patients, including dentistry and surgery) is associated with economic conditions, when due to the lack of funds people cannot receive the necessary services in their own country, thus forced to go abroad to receive them. This opinion is shared by Herrick [9] (2008), who defines medical tourism as the movement of patients from more developed to less developed countries to obtain quality medical assistance at a lower price.

Within their study of medical tourism in the United States [4] experts from Deloitte do not restrict it only to cross-border movement of patients, also adding the movement of patients within their own country.

On the issue of who can be considered a medical tourist, Herrick notes that medical tourists are persons who cannot afford a proper medical treatment at home (due to the absence of insurance policies or other reasons). On the other hand, medical tourists may be persons who travel for medical treatment to another country (where the treatment is more expensive) to receive better services.

We believe that medical tourism is any movement of individuals to receive healthcare outside the place of their residence. There can be all kinds of services, which are provided to customers – from spa, wellness – and preventive measures to surgery and reproductive medicine.

The latest research of PriceWaterhousecoopers [8] estimated the healthcare system in the United States in 2.8 trillion US dollars and the market of fitness and wellness services in 267 billion dollars, which constitutes almost 10% of the total healthcare market. The focus on fitness and wellness activities is not accidental, because they are considered

preventive measures that reduce the risk of certain types of diseases.

In 2014 the “BP” company began to implement a pilot project aimed at the use of fitness trackers by its employees (Fitbit program) as a means of stimulating the prevention of diseases of the cardiovascular system. If an employee walks the full distance deemed beneficial for his health he receives a transfer of \$1,000 into his medical account (\$ 1,000 Health Savings Account) [2].

In our opinion, medical tourist is a person who travels in order to receive the necessary healthcare services outside the place of residence. Therefore, medical tourism can be internal (within the country) and external (cross-border travel).

Medical tourists can be divided into two groups:

1. persons, who are not satisfied with the quality of medical services provided by domestic providers (usually, these are people with high income who are inclined to receive a highly specialized medical care abroad). This group also includes people who are engaged in the so-called “wellness”-tourism (Spa & Wellness services);
2. persons, who are unable to pay the cost of medical services of domestic providers, and have to go abroad to receive medical treatment and save their money (this phenomenon is very typical for the United States, countries with developed private health insurance and high costs of medical services; uninsured individuals are increasingly resorting to cross-border healthcare services).

The popularity of medical tourism in the world is the evidence that overtime the provision of health services is increasingly shifting from the public to the private sector.

4. Globalization of medical services and Ukraine

The initiatives regarding medical tourism in Ukraine come from the private sector. Within the country the flows of so-called medical tourists are directed to specialized medical centers (for example, the Amosov National Institute of Cardiovascular Surgery in Kiev, the Filatov Institute of Eye Diseases and Tissue Therapy in Odessa, mineral springs in the Carpathian region, etc.). More affluent Ukrainians undergo scheduled operations abroad (which is not the evidence of a low level of medicine in Ukraine, but of the lack of infrastructure). A separate group is the so-called wellness tourism – Ukrainians with a high income level attending the Swiss and Italian spas to lose weight and improve health.

It should be noted that not only rich Ukrainians can afford medical services abroad. It is possible to have a planned surgery in Europe for the money comparable to the cost of a similar surgery in

Ukrainian private clinics. In addition, in many foreign countries medical tourism is considered not only from the “medical”, but also from the tourist point of view.

How such initiatives can be organized? We believe that involvement of insurance companies (within the programs of voluntary health insurance, as mentioned earlier) would provide the necessary

level of quality of the health services received by Ukrainians abroad.

Similar projects have existed in the United States for a long time. In some states Blue Cross Blue Shield sells voluntary health insurance policies that cover the costs of expensive surgeries on the basis of other countries where they are much cheaper. One of the Deloitte studies deals with such programs (Table 3).

Table 3. Examples of voluntary health insurance programs that cover the costs of medical treatment abroad

Insurer	State	Foreign medical site	Program summary
Anthem Blue Cross and Blue Shield (WellPoint)	WI	Apollo Hospitals, India	<ul style="list-style-type: none"> will send the employees of Serigraph Inc., a corporate client of Anthem WellPoint, to Apollo Hospitals for certain elective procedures; the program will start with Delhi and Bangalore facilities and later expand to all JCI-accredited Apollo Hospitals; pilot project will cover about 700 group members; all financial details, including travel and medical arrangements, will be managed by Anthem WellPoint;
United Group Program	FL	Bummigrad, Thailand Appollo Hospitals, India	<ul style="list-style-type: none"> actively promoting medical tourism to more than 200K individuals covered through self-funded health plans and fully-insured, mini-med plans;
Blue Shield and Health Net	CA	Mexico	<ul style="list-style-type: none"> covers about 20K patients; focused on employers that hire a large number of Mexican immigrants;
Blue Cross Blue Shield	South CA	Bummigrad, Thailand	<ul style="list-style-type: none"> will cover patients' procedures organized through Companion Global if their plans cover travel; will also cover two follow-up visits with physicians at Doctors Care.

Source: Deloitte (2009).

The pilot programs described in Table. 3 are rather limited, but they demonstrate a trend (which is especially characteristic for the USA) of treating patients abroad within medical insurance programs. At present, only one insurance company in Ukraine provides medical services abroad to the insured persons. The European Insurance Alliance (the “Medeor” project) offers its customers a program “Check-up in Israel” [11], which provides a comprehensive health diagnostics of an insured person in Israel followed by the treatment of an illness (the insurance amount – 160,000 Hryvnyas as part of the “Standard” program and 200,000 Hryvnyas by the “VIP” package).

Integration of the voluntary health and tourism insurance would allow the insurance companies

operating on the Ukrainian market to accumulate more financial resources. Today, the legislation of Ukraine provides for mandatory tourist insurance of travels (article 16t of the Law of Ukraine “On Tourism”). The law states that tourist insurance (medical and accident insurance) is compulsory and is carried out by the subjects of tourist activities on the basis of agreements with insurers. Tourists are free to conclude contracts with insurers. In this case, they are required to confirm to the tour operator or travel agent the availability of a properly concluded insurance contract. The insurance contract shall provide medical assistance to tourists and reimbursement of their expenses during the occurrence of insured event in the country (place) of a temporary stay. Typically, the cost of such policies is 200-1000 Hryvnyas (Table 4).

Table 4. Examples of programs of voluntary health insurance during travels abroad, which are implemented in Ukraine in a form of banc assurance

Insurance company	Insurance product	Characteristic	Cost
Insurance company “UASK “ASKA” Insurance company “PZU Ukraine” Insurance company “AXA Insurance” Insurance company “UNIKA” Insurance company “INGO Ukraine” Insurance company “USG” Insurance company “ASKO – Donbas Pivnichnyy” Insurance company “Alfa Insurance” (First Ukrainian International Bank)	Policies of medical insurance and assistance during travels abroad within the program “First Bank Card”: FBC-Classic, FBC-Kids, FBC-Platinum, FBC-Black, FBC-Youth Tourism, FBC-Youth Tourism Sport, FBC-Youth Tourism Extreme	Insurance protection that guarantees the coverage of medical expenses during travels abroad. Insurance products vary in the size of insurance amount, the size of franchise, “content policy” and its duration. <u>Insurance amount:</u> FBC-Classic – 30000€, countries outside the Euro zone – 30000\$; FBC-Kids – 30000€, countries outside the Euro zone – 30000\$; FBC-Gold – 30000€, countries outside the Euro zone – 30000\$; FBC-Platinum – 50000€, countries outside the Euro zone – 50000\$; FBC-Black – 50000€, countries outside the Euro zone – 50000\$; FBC-Youth Tourism – 30000€, countries outside the Euro zone – 30000\$; FBC-Youth Tourism Sport – 30000€, countries outside the Euro zone – 30000\$; FBC-Youth Tourism Extreme – 30000€, countries outside the Euro zone – 30000\$; Maximum insurance package – FBC-Black program. This insurance product includes: medical expenses for ambulance, emergency medical evacuation and medical transportation, repatriation of body (and the cost of the coffin), dental care; franchise unavailable.	FBC-Classic – 30 Hryvnyas. FBC-Kids – 30 Hryvnyas. FBC-Gold – 135 Hryvnyas. FBC-Platinum – 250 Hryvnyas. FBC-Black – 400 Hryvnyas. FBC-Youth Tourism – 80 Hryvnyas. FBC-Youth Tourism Sport – 150 Hryvnyas. FBC-Youth Tourism Extreme – 240 Hryvnyas.

Table 4 (cont.). Examples of programs of voluntary health insurance during travels abroad, which are implemented in Ukraine in a form of banc assurance

Insurance company	Insurance product	Characteristic	Cost
Insurance company "UNIKA" (MARFIN BANK)	Insurance of tourists traveling abroad	Voluntary insurance of medical expenses and voluntary accident insurance within the programs of insurance for those traveling abroad – holders of the preferred class cards Gold and Platinum issued by the joint-stock company "MARFIN BANK"	Not available
Insurance company "Cardiff" Insurance company "AXA Insurance" (UkrSibbank)	Medical insurance for those traveling abroad	For holders of the premium payment cards of UkrSibbank. Risks covered by the "Medium +" program: -provision of emergency services, inpatient and outpatient care in hospitals; - payment for drugs intended for emergency treatment or acute palliative care; - emergency dental care; -medical transportation; - delivery of urgent messages related to insurance claims; -arrival of one family member of the insured person, who lives in Ukraine; -repatriation of the body. Insurance amount: "Medium+" program – 30000€ (medical and other expenses); „Platinum" program – 50000€ (medical and other expenses); "Elite" program – 70000€ (medical and other expenses) + 3000€ (responsibility to third parties)	Not available

One of the features of health insurance is that during retail sales quite often non-standard service packages are sold (as is the case with corporate health insurance), therefore, it can be difficult to find information about the market price of a particular program.

In our opinion, the availability of voluntary health insurance policies, which provide for at least emergency medical assistance abroad in affiliated clinics (network of clinics), on the one hand, would encourage the implementation of voluntary medical insurance policies in the country, on the other hand – would have replaced tourist medical insurances necessary for embassies and consulates with comprehensive quality insurance products.

For successful integration of Ukraine into the "global medical supermarket" the following conditions are important:

- ◆ a legislative basis that ensures the legal provision of medical care to Ukrainian citizens abroad and to foreigners in Ukraine;
- ◆ presence on the Ukrainian insurance market of insurance companies involved in medical insurance (such insurance companies as AXA, Knyazhna (VIG), UNIQA, Alfa Insurance, PZU, Allianz, etc. are successfully operating in Ukraine);
- ◆ establishment of relations between insurance companies and medical institutions (both Ukrainian and foreign) as well as between intermediaries – travel agencies, companies that provide concierge services, etc.). Partner relations could optimize commissions for a particular medical service provided both to Ukrainians abroad and to foreigners in Ukraine.

Ukraine can also be a recipient of medical tourists from around the world. Popular among foreign medical tourists are domestic dentistry, reproductive medicine and certain types of surgery. The Carpathian Mountains have a significant medical

and tourist potential, which under conditions of adequate funding and marketing, can be used for fitness-, detox- and weight loss programs, as well as rehabilitation projects.

In addition, Ukrainian doctors are professionals who are capable to conduct extremely complex operations even in not modernized medical clinics. Due to the exchange rate difference and the relative cheapness of labor remuneration in Ukraine, it is difficult to overestimate the potential to attract foreign medical tourists. With the exception of some unique cases, planned surgeries are unified, which allows domestic surgeons easily operate both Ukrainian and foreign citizens.

In order to strengthen Ukraine's position as a host country for medical tourists it is important to promote the English language facilitating communication between doctors and patients. As medical terminology is difficult for understanding by ordinary people, the knowledge of English by Ukrainian doctors would have only positive effects.

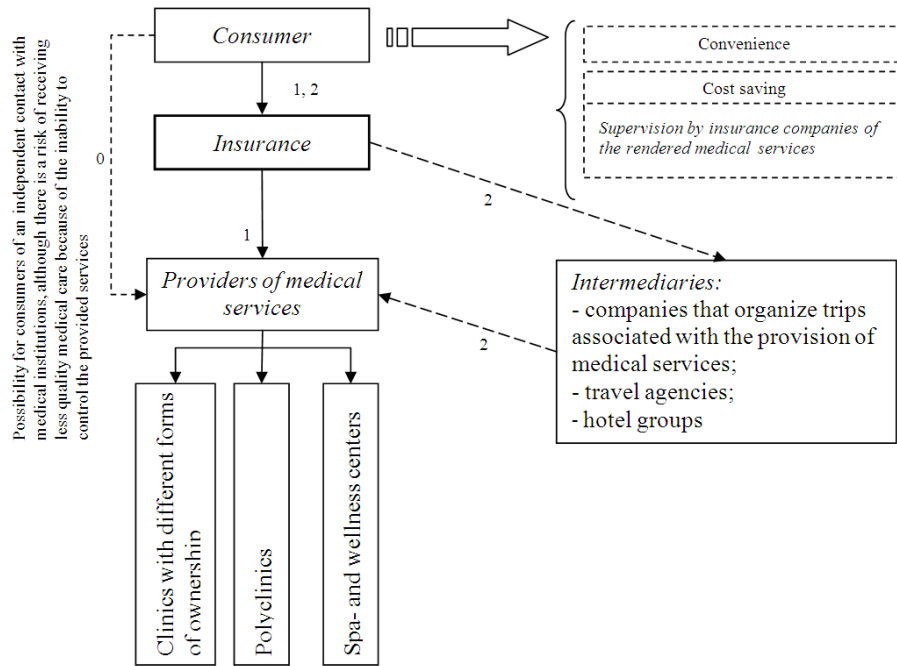
Conclusions

The concept of "medical supermarket" implies the creation of an international system to provide high-quality healthcare with the involvement of insurance companies and a wide network of healthcare institutions (specialized clinics, polyclinics, hospital generalists, wellness and spa facilities, etc.) of different forms of ownership. Within the framework of the so-called "medical supermarket" insured persons will be confident in the quality of medical services they receive (as it will be controlled by insurance companies even if policies of voluntary health insurance do not cover the cost of medical services provided to patients abroad). Considering the high level of medical staff in Ukraine and historically formed schools of cardiology, ophthalmology, reproductive medicine and dentistry, Ukraine may become part of the global medical environment, acting as a recipient country for medical tourists.

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Appendix



Note: “0” means provision of medical services to consumers as a result of direct contact with an independent provider of healthcare services; scheme “1” involves partnership between the insurance company and the provider of medical services; according to scheme “2” in the absence of partnership between an insurance company and provider of medical services in a foreign country, insurance companies engage intermediaries to organize the necessary treatment of the insured person.

Fig. 1. Provision of medical services to the insured persons abroad with participation of insurance companies (“medical supermarket”)

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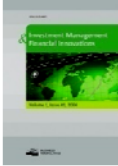

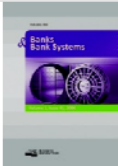



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