



RISK OF HEALTH TOURISM AND REHABILITATION SEGMENT IN SERBIA DURING THE COVID-19 PANDEMIC

Ana Anufrijević

Business School, Higher Education Institution for Applied Studies, Zemun and Modern Business School, Belgrade, Serbia

Goran Dašić

Modern Business School, Belgrade, Serbia

©MESTE

JEL Classification: **Z32**

Abstract

The Covid-19 pandemic has caused global changes that have affected the health sector, the economic sector, the social sector, as well as the sectors of interpersonal and social relations. Although health systems have become at the forefront of defense against the virus, other health sectors that focus on chronic diseases, new diseases, monitoring, rehabilitation, and various other forms of treatment have been put on the agenda. Unfortunately, the same fate befell the health tourism and rehabilitation sector. The problem can also be defined in the fact that the rehabilitation of insured persons who are entitled to it through the National Health Insurance Fund is carried out to a much lesser extent. The spa centers of Serbia were in the red zone of the covid system on two occasions during 2020-2021, which affected the complete absence of rehabilitation. After returning to the basic system of work, due to security measures that primarily have a physical distance, the capacities are significantly reduced. New expectations in tourism will require new standards, and the same will apply to health tourism and rehabilitation as its important sector. Although tourism has often fallen into crisis in recent decades and required the action of crisis management, it was still short-lived about the state of the Covid-19 pandemic. The Covid-19 pandemic will require long-term crisis management. What is the path to recovery, and will we go back to the old way?

Keywords: pandemic, health tourism, rehabilitation, risk, expectations, perspective.

1 INTRODUCTION

Health tourism is at a crossroads all over the world, even in the Republic of Serbia. It can be stated that he was removed from the agenda due

to the pandemic caused by the Covid-19 virus. In addition to a smaller inflow of income from health tourism, this also affected the reduced number of rehabilitations and spa treatments that are performed in the Republic of Serbia at the expense of The National Health Insurance Fund of the Republic of Serbia (NHIF) for certain categories of patients. Instead of providing health tourism and rehabilitation facilities, the spa centers of Serbia were placed in the red zone on

Address of the corresponding author:

Ana Anufrijević

anufrijevana@hotmail.com



several occasions, because the number of patients with the Covid-19 virus exceeded hospital capacities. Their further recovery and return to the system will require a reorientation to rehabilitation pulmonary patients who have undergone Covid-19 and who will require single or multiple pulmonary rehabilitation.

2 GENERAL ENVIRONMENT

Traveling for health purposes is a global tourism trend. Health tourism is very popular around the world. Before the Covid-19 pandemic, the number of interested people is growing year over year. The world wellness tourism economy was 639 billion USD in 2017. All tourism sectors will continue to add more wellness elements and wellness tourism experiences will become more sophisticated. The wellness movement has become mainstream, both at the individual and corporate levels, and the healthcare industry is considered to be of strategic interest. Various social, political, and economic factors, as well as technological innovations, shape this demand, as well as a supply of wellness and medical services (UNWTO, 2019).

Recent economic trends from 2019 in the year before the pandemic showed that Serbia achieved solid growth of 4.2%, but that Covid-19 brought us into recession. The main growth factors were services, with an increase of 4.2%, and construction with an increase of 30.2%, while the manufacturing industry recorded a decline.

Due to the Covid-19 pandemic, the Serbian economy in 2020 entered a recession. In the first half of March 2020 about 168 companies were temporarily closed and almost 5% of the total number of employees remained at home. The disruption of economic activities has hit the transport and tourism sectors hardest. Based on the estimates of the line ministries, the transport sector has made a loss of around EUR 110 million since the beginning of the year, and the arrival of tourists and reservations have been drastically reduced. For the sake of comparison, tourism in Serbia in 2019 had a growth of about 8%, while the realized foreign exchange inflow from tourism amounted to EUR 1.4 billion. In the year before the pandemic, 3.6 million tourists visited Serbia, half of whom were foreigners. The year of the pandemic brought a loss to the tourism sector of around EUR 1 billion.

When we talk about health tourism, in this paper, we will talk exclusively about rehabilitation. Medical rehabilitation or training in the broadest sense means restoring or maintaining an optimal level of physical, mental, and social ability, depending on the health condition of the patient, his needs and desires, as well as the needs of his family and the wider social community.

When it comes to rehabilitation, in addition to the one at the expense of the NHIF in spa centers, it is also carried out at the request of clients. It is possible to use: salt rooms, healing muds, electro, and laser therapies, lubrication therapies, all thermal water therapies - baths, compresses, dew, massages, drainage, corrective exercises in the gym and on other devices, breathing exercises, organized walks, oxygen therapy, use of the pool, etc. Physical and Rehabilitation Medicine (PRM) is an independent medical specialty concerned with the promotion of physical and cognitive functioning, activities (including behavior), participation (including quality of life), and modifying personal and environmental factors. It is thus responsible for the prevention, diagnosis, treatment, and rehabilitation management of people with disabling medical conditions and comorbidity across all ages. The most common rehabilitations are in the field of physical medicine, while the broadest framework of rehabilitation, which belongs to the field of health tourism, is defined by the European Committee of UEMS (Brussels, 1989).

Forms of rehabilitation can be the following:

- Rehabilitation of patients with arthritis;
- Rehabilitation of patients with ankylosing spondylitis;
- Rehabilitation of patients with neck and back pain;
- Rehabilitation of patients with discus hernia;
- Rehabilitation of patients with osteoarthritis of the hip and knee;
- Rehabilitation of damage caused by computer work;
- Rehabilitation of hands and feet;
- Rehabilitation of patients with osteoporosis;

- Rehabilitation after implantation of total endoprostheses, rehabilitation after fractures and muscle strains;
- Rehabilitation of overexertion syndrome (painful shoulder, painful groin, heel pain, Achilles tendon overexertion);
- Rehabilitation of neurological patients;
- Rehabilitation of patients with movement disorders;
- Rehabilitation of patients with balance disorders
- Rehabilitation of pulmonary patients;
- Rehabilitation of the elderly;
- Rehabilitation of patients with circulatory impairment (arteries and veins)
- Rehabilitation of children with congenital deformities;
- Rehabilitation after tumor surgery;
- Rehabilitation of acute and chronic pain
- Preventive programs for maintaining health at the workplace;
- Anti-cellulite program.

Table 1 gives a summary of the classification of spas in the Republic of Serbia according to medical indications.

Table 1. Spa classification according to medical indications

No.	Medical indications	Spa
1.	Locomotor system / Rheumatic diseases Neurological diseases	Banja Badanja, Brestovačka banja, Bujanovačka banja, Bukovička banja, Vranjska banja, Vrnjačka banja, Banja Vrujci, Banja Vrdnik, Gamzigrad, Atomska banja Gornja Trepča, Ivanjica, Jošanička banja, Banja Junaković, Banja Kanjiža, Banja Koviljača, Lukovska banja, Mataruška banja, Novopazarska banja, Ovčar banja, Palanački kiseljak, Prolom banja, Pribojska banja, Ribarska banja, Banja Rusanda, Sokobanja, Stari Slankamen.
2.	Gastrointestinal diseases	Banja Badanja, Brestovačka banja, Bujanovačka banja, Bukovička banja, Vrnjačka banja, Atomska banja Gornja Trepča, Prolom banja, Pribojska banja
3.	Gynecological disorders	Bujanovačka banja; Vranjska banja; Vrnjačka banja; Banja Vrujci; Gamzigrad spa; Jošanička banja; Banja Junaković; Banja Koviljača; Lukovska banja; Mataruška banja; Novopazarska banja; Sijarinska banja; Sokobanja; Stari Slankamen
4.	Metabolic disorders	Bukovička banja; Vrnjačka banja; Sijarinska banja
5.	Respiratory system	Brestovačka banja; Bukovička banja; Ivanjica; Niška banja; Sijarinska banja.
6.	Skin diseases	Brestovačka banja; Bujanovačka banja; Vranjska banja; Jošanička banja; Banja Koviljača; Mataruška banja; Novopazarska banja; Ovčar banja; Prolom banja; Pribojska banja, Banja Rusanda.
7.	Cardiovascular and cerebrovascular disease	Vrnjačka banja; Banja Vrujci, Banja Vrdnik, Gamzigrad Spa; Atomska banja Gornja Trepča, Niška banja, Novopazarska banja, Banja Rusanda, Sokobanja
8.	Urinary tract diseases	Bukovička banja; Vrnjačka banja; Banja Vrujci; Prolom banja; Sijarinska banja.
9.	Blood diseases	Banja Badanja; Ivanjica, Banja Rusanda.
10.	Oncology disorders	Ivanjica

Source: Dašić, Anufrijević, Milačić, (2019)

A wide range of different medical indications that cover spas in the Republic of Serbia is a further basis for expanding the service offer of medical

services, but also forms of rehabilitation that can be characterized as wellness.

3 REHABILITATION IN CHANGED CIRCUMSTANCES

When it comes to last year's rehabilitation through the NHIF, according to the Auditor's Report (2020), funds for these purposes in 2019 stated in the Financial Plan of the Republic Health Insurance Fund are shown in the amount of 3,815,207,000 RSD. By redirecting appropriations, the originally planned funds for this purpose were reduced by the amount of 100,000,000 RSD, so that in 2019 the total allocated funds for these purposes amounted to RSD 3,715,207,000. RHIF in 2019 recorded the expenditures made for rehabilitation services. The recorded amount of expenditure refers to transferred funds for the provision of inpatients and outpatients services by the contracts concluded with health care institutions from the plan of the network of health care institutions, which specialize in extended rehabilitation.

Extended rehabilitation services for NHIF insured persons are provided in specialized health institutions for extended rehabilitation. The list of institutions, capacities, and indication areas for which extended rehabilitation is approved are regulated by the provisions of the Decree on the plan of the network of health institutions that specialize in extended rehabilitation. (Anufrijević and Dašić, 2018, p.724-725). Table 2 shows an overview of planned and performed rehabilitation services in 2019.

Table 2. Planned and performed rehabilitation in 2019 (in 000 RSD)

No.	Description	Planned	Executed
1.	Stationary rehab.		3.168.390
2.	Outpatient rehab.		535.922
	Total	3.705.207	3.704.312

Source: Auditing Report 2020

On March 16, 2020, due to the declaration of a state of emergency in the Republic of Serbia, rehabilitation in primary and inpatient health facilities have been suspended. At the time of the escalation of the first wave of the pandemic, spa centers were introduced into the Covid-19 system and were not engaged in their primary activity. Rehabilitation has stopped for the users of these treatment services. There were no protected categories (children, trauma, post-operative rehabilitation, post-infarction rehabilitation, etc.). However, when we talk today about the period of a year and more from the existence of the virus (and live with it), we are witnessing that rehabilitation is still not carried out according to the regime to which it was carried out before the pandemic.

Although spa centers in Serbia (especially private apartments and arrangements) had an expansion last summer. But it was not caused by the increased demand for the spa and health tourism, but because of closing borders and forcing Serbian citizens to spend the summer in their country. Such arrangements in private accommodation facilities, which were increased, unfortunately, did not affect the increased demand for services of spa centers, wellness centers, and rehabilitation.

Based on the data from the Financial Plans of the NHIF, a transfer is planned to specialized institutions for extended rehabilitation in 2020 amounted to RSD 3,815,207,000. For example, the planned expenditures of primary, secondary, and tertiary health care are planned for 233,551,642,000 RSD. The plan for 2021 has been slightly changed and the planned funds for extended rehabilitation amount to RSD 3,770,000,000, and the planned expenditures of the primary, secondary, and tertiary protection are for RSD 291,637,900,000. The display is given in Table 3.

Table 3. Planned rehabilitation expenditures for 2020 and 2021 in thousands of RSD

No.	Plan description	2020	2021
1.	Rehabilitation services	3.815.207	3.770.000
2.	Expenditures of primary, secondary, and tertiary protection	233.551.642	291.637.900

The Covid-19 pandemic increased RSD 58,086,258 million in planned primary, secondary, and tertiary health care expenditures in 2021 which is an increase of 20% of these expenditures. Shifting the focus to the levels of primary, secondary, and tertiary protection has had an impact on reducing the number of rehabilitations in the situation under the Covid-19 pandemic. The plan according to which transfer services to rehabilitation institutions in 2020 was not realized in total amount in implementation of rehabilitation theories and was reduced in 2021 for RSD 45,207 million.

The facilities to which it is possible to refer patients for extended rehabilitation through the NHIF, including children as a protected category, are facilities that are part of the Pension and Health Insurance Fund. Also, the 1992 Law on Pension and Disability Insurance provided that pension and disability insurance funds, by the Fund's Statute, could be used for the social standard of pension beneficiaries, measures and actions that directly contribute to preventing and reducing disability and for scientific research. However, the Government of the Republic of Serbia in 2007 passed a conclusion allowing initiation of the privatization of a large part of the Special Rehabilitation Hospitals (Conclusion of the Government of the Republic of Serbia, 2007). In the completed court proceedings, the Pension and Disability Insurance Fund of the Republic of Serbia (PDIF) regained the following special hospitals:

1. Basic Court in Užice, court unit Čajetina, P. no. 802/10 procedure for determining the property rights on the real estate of the Special Hospital "Čigota", Zlatibor, investment of the Fund in the construction of 31,008,983 euros, procedure legally terminated in favor of the prosecutor PDIF;
2. Basic Court in Novi Pazar, P. no. 2728/11 procedure for determining the right of ownership on the real estate of the Special Hospital "Novopazarska Banja", Novi Pazar, investment of the Fund in the construction of EUR 19,269,063, procedure legally terminated in favor of PDIF;
3. Basic Court in Požega, Judicial Unit Ivanjica, P. no. 2959/10 procedure for determining the right of ownership on the real estate of the Special Hospital "Ivanjica" in Ivanjica, investment of the Fund in the construction of 25,484,246 euros, procedure completed in favor of PDIF;
4. Basic Court in Prijepolje, Court Unit Nova Varos, P. no. 1419/11 procedure for determining the property rights on the real estate of the Special Hospital "Zlatar" Nova Varos, investment of the Fund in the construction of EUR 38,394,052, procedure terminated in favor of PDIF;
5. Basic Court in Kraljevo Judicial Unit Vrnjačka Banja, P. no. 3011/10 procedure for determining the property rights on real estate of the Special Hospital "Merkur", Vrnjačka Banja, investment of the Fund in the construction of EUR 17,309,422, procedure legally terminated in favor of PDIF;
6. Municipal Court in Kuršumlija, P. no. 183/08 procedure for determining the right of ownership on the real estate of the Special Hospital "Žubor", Kursumlija Spa, investment of the Fund in the construction of EUR 18,078,146, procedure legally terminated in favor of PDIF;
7. Basic Court in Zaječar, Judicial Unit Sokobanja, P. no. 241/10 procedure for determining the property rights on the real estate of the Special Hospital "Ozren", Sokobanja, investment of the Fund in the construction of EUR 1,352,656, procedure legally terminated in favor of PDIF;
8. Higher Court in Zrenjanin, P. no. 17/12 procedure for determining the right of ownership on the real estate of the Special Hospital "Rusanda", Melenci, investment of the Fund in the construction of 11,347,356 euros, procedure legally terminated in favor of PDIF;
9. Basic Court in Loznica, P. No. 1576/11 procedure for determining the right of ownership on the real estate of the Special Hospital "Banja Koviljača" from Banja Koviljača, investment of the Fund in the construction of 10,717,700 euros, procedure legally terminated in favor of PDIF;
10. Basic Court in Zaječar P. no. 1618/12 procedure for determining the right of ownership on the real estate of the Special Hospital "Gamzigradska Banja", Zaječar, investment of the Fund in the construction of 22,111,100 euros, the procedure was finalized in favor of PDIF;

11. Basic Court in Kraljevo, Judicial Unit Raška, P. no. 794/12 procedure for determining the right of ownership on real estate of the Special Hospital "Jošanička Banja", Raška, investment of the Fund in the construction of EUR 8,081,889, procedure legally terminated in favor of PDIF;
12. Basic Court in Kraljevo, P. no. 1183/10 procedure for determining the property rights on the real estate of the Special Hospital "Agens", Mataruška Banja, investment of the Fund in the construction of EUR 7,843,374.24, procedure legally terminated in favor of PDIF;
13. Higher Court in Leskovac, P. no. 355/15 for determining the right of ownership on real estate Special Hospital "Geyser", Sijerinska Banja, the Fund's investment in the construction of 1,502,896 euros, the procedure was finalized in favor of the PDIF;
14. Basic Court in Mladenovac, P.br. 4776/10 procedure for determining the right of ownership of real estate of the Special Hospital "Selters", Mladenovac, the value of the dispute is 6,134,786 euros, the procedure was legally terminated in favor of PDIF.

4 AND AFTER COVID, COVID AGAIN

On March 16, 2020, a state of emergency has been imposed in the Republic of Serbia in response to the fight against the pandemic. Spa rehabilitation has been suspended, patients have been sent home, health tourism has stopped, and the use of spas and health centers has been disabled. The part of outpatient rehabilitations that do not belong to extended rehabilitation was reduced to a minimum. In health care institutions it was conducted with internal patients in-hospital treatment. External therapies have been canceled due to precautionary measures of physical distance. In April, due to the increase in the number of patients, the spa centers of Serbia within the NHIF entered the Covid system.

Health tourism in the field of rehabilitation has been suspended. There were no priority groups or emergencies. At that moment, there were other patients on the margins who were being treated or needed to be treated for other incoherent conditions.

After the proclamation of the termination of the validity situation in the Republic of Serbia on May

7, 2020, after sterilization, the spa centers returned to the mode of operation of special hospitals. However, this did not apply to previous capacities either. Namely, due to the measures of the obligation to keep physical distance, the number of patients has been reduced. The four-bed rooms worked in the capacity of double rooms, and based on the issued decisions on spa rehabilitation, the advantage was given to those insured persons whose therapy was interrupted due to the introduction of the state of emergency. According to the research, the accommodation capacities of the children's ward of Banja Koviljača worked in 1/3 of the capacity, about the situation before the pandemic. Every fourth decision of the First Instance Commission on extended spa rehabilitation has not been realized.

The situation became even more complicated in November 2020 due to the deterioration of the number of infected and the inability of the health system to respond to the treatment needs of Covid infected patients, due to which the spa centers reentered the Covid system. This situation persisted until mid-January 2021. Unfortunately, even after the return of special rehabilitation hospitals to the basic system of work, the capacities are in a reduced regime due to preventive protection measures. An additional circumstance for the reduced capacities is the redistribution of health workers in the Covid system.

The conducted research showed that the total rehabilitation carried out in 2020 by 48% less than in the year preceding the pandemic.

The main changes in tourism caused by the pandemic, which also referred to the scope of health tourism, can be grouped into the following:

- Relation to space - spacious destinations in nature are chosen, close to promenades, forests, natural baths, numerous hiking trails, with a possible offer of the cultural or historical context to complete the stay;
- Attitude towards health safety - enhanced sanitary and hygienic standards and all safety measures are expected; serving the "buffet" team is avoided, and preference is given to well-packaged food and utensils (cutlery, straws, etc.), insisting on the use of disposable coffee and dessert containers, etc.

- (Inter) human relations - the growth of empathy and respect for other people, as well as strengthening of post-materialist values in society; new cultural content is expected.
- Attitude towards technology or imposed digital literacy can have a positive impact on tourism because offices are moving with us. Also, tourism workers (especially administrative ones) are now faster on online service and providing communications via networks. It is impossible, at least still, to leave the journey to technology and we are all for the journey "live".

We can expect that these requirements when it comes to tourism will be maintained for a long time. Now, the end of the pandemic is uncertain, so tourism will continue to require crisis management. The same situation will remain in the field of health tourism and rehabilitation.

5 THE FURTHER FLOWS OF HEALTH TOURISM AND REHABILITATION

In contemporary conditions, the managers of a tourist destination should take action at the earliest stage possible especially if the tourist destination and its image and brand require an innovative approach. However, it should be kept in mind that the managers of a tourist destination do not have full control over the existing information, communication, and publicity about the image of their destination. The reason for that is the exceptionally various and accessible information sources all over the world, including the experience of relatives, friends, colleagues, the public media and printed campaigns, as well as the entertainment fields that include movies and celebrities. Despite that, tourist managers should be able to control the media in the target of their competence, including using independently developed advertisement and marketing campaigns. It was necessary for these messages to appear on the market consistently and to guide to the right image of the destination and the services it provides. If the transferred image is not realistic, the expectations of the clients cannot be met.

It has already been pointed out that tourism has undergone significant changes, both in the management of tourist destinations and in the

expectations that tourists now have. The first place to choose a destination is now the one you can go to, instead of the one you wanted to go to. The choice is narrowed, not only due to security measures but also due to the very possibility to travel, since double tests are often needed for the trip to be carried out. From the point of view of a family of four, this can be an additional expense. Also, a justified security measure is the choice of a domestic destination, because due to an unwanted and possible disease, treatment will be carried out in hospitals in the country. Also, treatment could easily and safely be continued at the place of residence due to the situation occurring. The spas of Serbia abound in larger capacities, are in a beautiful natural environment, have developed content for various sports activities, walks on forest trails, good gastronomic facilities, and are near larger cities. Therefore, it was not surprising that the capacities during 2020 quickly filled.

Tourist workers in the salvation of Serbia knew their potentials and advantages and easily managed to impose their destinations on tourists in a limited selection of offers to places where it is possible to travel. But we must not forget the fact that spas have the characteristics of health tourism and that they specialize in rehabilitation, and as such are intended for frequent use by a certain population of tourists.

Although 1.8 million tourists stayed in Serbia in the year of the Covid-19 pandemic, there was a decrease of 51% compared to the previous year. The expansion of spa tourism records an expansion of domestic guests of a total of 80%, but the same cannot be withdrawn under the line of health tourism. The spa centers in private direction were looking for a "bed more", which is positive for entrepreneurs who are engaged in this type of tourism, but the issue of rehabilitation of spa special hospitals was left for some period in the future.

The growth trend of overnight stays of foreign tourists, which began in early 2000, did not continue in 2020 due to the pandemic caused by the coronavirus. In the period January-September, about 970 thousand overnight stays were realized, which is 68% compared to the same period last year. After extremely poor results in the second quarter of 2020, when the number of overnight

stays of foreign tourists compared to the same period in 2019 was lower by 91.1%, in the third quarter the number of overnight stays of foreign tourists was slightly higher (241,565), which is

82.1% less than in the same period in 2019. (Trendovi, 2021) Table 3 shows the number of overnight stays for tourists with a comparison in quarters from the previous two years.

Table 4. Overnight stay of tourists quarterly indices (%)

	2018	2019				2020			
	Total	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
In total	447.7	103.9	107.2	105.6	116.6	98.3	28.1	74.9	52.8
Domestic tourists	439.7	101.3	107.6	105.4	113.6	101.5	39.3	113.0	71.1
Foreign tourists	458.9	108.3	106.4	105.8	120.6	93.2	8.9	17.9	30.2

Source: Trends 2021, Statistical Office of the Republic of Serbia

Tourist turnover in spas in Serbia, expressed by the total number of tourist arrivals (522,947) in 2020, decreased by 22% compared to 2019. The decrease in the number of domestic tourist arrivals (491,879) was 10.1%, while the decrease in the number of foreign tourist arrivals (31,068) was

74.7%. (Ministry of Trade, Tourism, and Telecommunications, 2021).

Table 5 gives a detailed overview of the number of domestic and foreign guests in the spas of the Republic of Serbia.

Table 5. Tourist turnover in spas of the Republic of Serbia

Jan. – Dec. 2020	ARRIVALS					
	Total	Index	Domestic	Index	Foreign	Index
Republic of Serbia	1,820,021	49.3	1,374,310	74.6	445,711	24.1
Spas	522,947	78.0	491,879	89.9	31,068	25.3
Vrnjačka banja	211,496	74.6	200,879	87.0	10,617	20.2
3Sokobanja	124,998	100.1	122,584	113.3	2,414	14.4
Arandjelovac – Bukovička Banja	21,227	64.5	18,972	69.8	2,255	39.7
Mataruška banja	112	28.4	111	29.7	1	5.0
Banja Koviljača	14,157	58.2	11,207	59.9	2,950	52.7
Prolom Banja	14,575	80.0	12,789	89.2	1,786	46.0
Gornja Trepča	8,339	68.0	7,996	74.0	343	23.5
Vranjska banja	1,536	50.4	1,436	49.7	100	62.5
Banja Kanjiža	6,838	53.0	5,804	65.9	1,034	25.3
Banja Jauković	6,184	58.2	5,818	66.0	366	20.1
Banja Vrdnik	31,594	110.1	28,746	123.6	2,848	52.2
Banja Rusanda	794	60.4	753	62.6	41	36.3
Banja Palić	25,522	75.8	22,495	108.3	3,027	23.5
Selters Banja	1,221	21.8	1,173	21.7	48	22.5
Lukovska banja	9,514	73.9	8,553	74.8	961	66.3
Gamzigradska banja	1,221	58.9	675	40.1	546	141.1
Ribarska banja	9,911	101.0	9,861	104.9	50	12.2
Sijarinska Banja	7,136	81.6	7,078	84.3	58	16.7
Banja Vrujci	8,388	79.6	8,091	81.6	297	47.0
Niška Banja	1,377	36.9	1,284	49.2	93	8.3

Source: Ministry of Trade, Tourism and Telecommunications (2021)

Health tourism will be below the limits it achieved in 2019 this year as well. With the movement of the Covid-19 virus, the capacities for rehabilitation will also move. Of course, the inability to perform rehabilitation will have far-reaching negative consequences on the health, motor, and social condition of the users of these services. It will probably be a job soon for the branches of medicine that deal with this problem. According to the Rulebook on inpatient treatment and rehabilitation, it is not possible to accumulate the right to extended rehabilitation, so that the unrealized right of the insured (patient) that is the product of a pandemic will not be compensated.

A step towards health tourism and the return of the spa sector to the full form of its basic activities, and concerning the importance of rehabilitation, can be sought in the following directions:

1. Networking of private clinics for rehabilitation medicine in cities across the R. Serbia, where patients would be enabled to rehabilitate and provide this type of health services at the expense of the NHIF. This would be especially important for children who need rehabilitation.
2. Lease of private capacities in spa centers, to return the capacities to the level before the pandemic and maintain physical distance.

The crisis caused by the Covid-19 virus tends to have a lasting impact on changing social values, lifestyles, and changing patterns of behavior. (Košuta, 2020). The experience of a pandemic divides the whole world. Although tourism or individual destinations have often been hit by the crisis before, Covid-19 will completely change tourism and the view it, creating a new awareness among both tourists and hosts. A new type of providing health tourism services in the field of rehabilitation can be found on the example of the environment. Namely, the pioneer in pulmonary rehabilitation after the transmitted Covid-19 virus is Republika Srpska and Banja Slatina, where since the fall of 2020 conducts a ten-day pulmonary rehabilitation. Serbian air spas, wind roses, and destinations such as Soko Banja or Prolom Banja in Serbia have all the capacities to provide pulmonary rehabilitation after the virus. Health tourism in this domain would provide diaphragmatic breathing training, psychosocial support, and education.

6 CONCLUSION

The importance of rehabilitation for certain categories of patients should not be emphasized. For them, it is the maintenance of basic functions, inclusion in the wider social community, improvement of the locomotor apparatus and limb functions. We are witnesses that the pandemic caused by the Covid-19 virus made a terrible blow to this branch of medicine, hitting health tourism, the possibility of rehabilitation, and the operation of special hospitals within the spa centers of Serbia with equal force. This situation did not only affect our country, but it hit the whole world with an equally strong blow. The entire health system had to be reset to the Covid system overnight, which put many branches of medicine, and especially health tourism, in the background.

What kind of impact does that have on tourism? We are witnessing that the transport and tourism sectors are most affected by the pandemic of this virus. Due to the closure of borders on several occasions, this sector has suffered enormous losses. Travel, which until then was a mandatory part of annual leave for most companies, was overshadowed by security measures, narrowed choice of destinations, different choice of destinations, and even reduced income for those who lost their jobs due to the crisis. In the Covid regime, destinations are chosen that are in rural areas, with a rich natural environment, along hiking trails or forests, with natural beaches and cultural and historical facilities in the immediate vicinity.

The basic question is how the spa centers managed to cope in the previous season and what are their further perspectives in providing services. As rehabilitation in the Republic of Serbia is carried out at the expense of the NHIF for those categories that are subject to the right to inpatient treatment and rehabilitation, their right to conduct rehabilitation in specialized hospitals in spas in Serbia has simply been taken away from them. Please note that children as a protected category are not excluded from this regime. Spa centers were included in the Covid system on two occasions, and during the state of emergency during 2020 rehabilitations were suspended. Although the NHIF in both 2020 and 2021 planned similar amounts of transfers to special hospitals for rehabilitation purposes, they were not fully utilized

in 2020, and judging by the current epidemiological situation, they will not be fully utilized in the current year either. In financial terms, the NHIF may record the redistribution of these funds for the treatment of Covid positive patients while the spa centers were in the red zone. The reduced number of rehabilitations, in addition to the impossibility of performing the same due to force majeure, is subsequently (and still) affected by the safety regime in terms of maintaining physical distance, which significantly reduces capacity. Another reason in favor of reduced rehabilitation is the transfer of health workers from special hospitals to the Covid system or the infection of health workers and prolonged incapacity for work.

Although the spa centers in 2020 noted an increase in the number of tourists and the number of overnight stays, especially domestic ones,

which accounted for 80%, which can in no way be linked to health tourism and the implementation of rehabilitation. Capacity occupancy refers to the private sector and is a good indicator that the private sector can also be involved in tourism. After Covid or in the new regime of life with him, medical rehabilitations will require rehabilitation, so that the damage to the users is at least partially reduced. New standards in the provision of rehabilitation services can be pulmonary rehabilitation, which is already being implemented in the Republika Srpska environment, and to protect patients' interests, directions should be in contracts with private rehabilitation clinics that could take over part of rehabilitation intended for inpatient treatment. This is especially important for the category of children and the category of trauma and conditions after a heart attack and surgery.

WORKS CITED

- Anufrijević, A., Dašić, G. (2018). Challenges of spa tourism in the Republic of Serbia for the rehabilitation of children with motor skills problems. *The Third International Scientific Conference - Tourism in the function of development of the Republic of Serbia*. Vrnjačka Banja.
- Dašić, G., Anufrijević, A., & Milačić, D. (2019) Advantages, Challenges and Weaknesses of Spa Tourism in Serbia, 4th International Thematic Monograph *Modern Management Tools and Economy of Tourism Sector in Present Era*
- D8908 for European resolution – UEMS in Brussels. (1989). Available at <https://www.uems.eu/>
- State Audit Institution (2020) Report od State Audit Institution for Republic Fond of Health Insurance Executive Committee of the UEMS (1989) D8908 ter European Resolution. Resolution regarding rehabilitation. Brussels 1989.
- Košuta-Telišman, N. (2020) *Turizam nakon doba korone: Što će biti drugačije? Što može biti bolje?* Institut za turizam 10/2020
- Ministry of Trade, Tourism, and Telecommunications (2021). *Information on tourist traffic in Serbia for the period January - December 2020*. available at: <https://mtt.gov.rs/sektori/sektor-zaturizam/korisne-informacije-turisticki-promet-srbija-kategorizacija/>
- Republički zavod za statistiku. (2021). Trendovi IV kvartal 2020. godine.
- UNWTO (2019) World Tourism Organization and Global Tourism Economy Research Centre, UNWTOGTERC Tourism Trends – 2019 Edition, Executive Summary, Madrid UNWTO
- Zakon o penzijskom i invalidskom osiguranju („Sl. Glasnik“ RS br. 27/92)
- Zaključak Vlade Republike Srbije br.022-7918/2007 of 29.11.2007