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living abroad, who decide to consume health services in their country of origin as a result of
the high prices of procedures in the country where they live. Table 2 shows the investment
in clinics and private healthcare centers in Colombia according to the National Institute of

### Table 2

<table>
<thead>
<tr>
<th>Private medical centers</th>
<th>Location (City)</th>
<th>Investment (millions of US dollars)</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portoazul clinic</td>
<td>Barranquilla</td>
<td>1015</td>
<td>102 beds, 164 offices, 21 commercial locations, specialized diagnostic center.</td>
</tr>
<tr>
<td>Hearth center</td>
<td>Bucaramanga</td>
<td>104</td>
<td>96 enabled beds, invasive and noninvasive cardiology procedures services.</td>
</tr>
<tr>
<td>Hospital Pablo Tobon Uribe</td>
<td>Medellin</td>
<td>1135</td>
<td>400 beds, 100 intensive care beds, 16 operating rooms, specialty in bariatric surgery and internal medicine.</td>
</tr>
<tr>
<td>Ibanmaco Medical Center</td>
<td>Cali</td>
<td>95</td>
<td>196 Beds distributed in adult hospitalization, pediatrics and intensive care.</td>
</tr>
<tr>
<td>Cardiovascular Hospital</td>
<td>Bucaramanga</td>
<td>214</td>
<td>205 beds, 13 operating rooms, 27 intensive care beds, 14 intermediate care beds.</td>
</tr>
</tbody>
</table>

*Source: De la Puente [14].*

3. Systemic competitiveness of associative character: A theoretical approach

It is difficult to study competitiveness as a paradigm when it is still under confusion and
ambiguous about the concept, leaving a void in theoretical and practical clarity [15].
book *The Competitive Advantage of Nations* of Porter is a first conceptual approach to the competitiveness idea as an end in itself based on the capacity of national enterprises to sustain and increase their participation in international markets with a parallel rise in the standard of living of the population. Figure 4 shows the Porter’s Diamond Model. The definition is complemented by the diamond model that is characterized by the allocation of four elements that skyrocket the participation of industries in international markets: (1) the conditions of factors, (2) the context for the strategy and business rivalry, (3) the conditions of demand, and (4) the related industries and support. The main criticism of Porter’s model is the government role as an exogenous agent that should have a limited influence in the local companies’ fight for international markets share. Although the inclusion of the government element implies a better exogenous condition for companies to increase the market share, there is no analysis of how the four factors influence the government in its role as a regulator and promoter of the companies’ competitiveness.

On the other hand, Rugman and Cruz [2] include the government element in the Porter’s initial diamond as illustrated in Figure 5 called the Rugman and Cruz’s Diamond Model, manifesting a more participatory approach in the generation of spaces that creates greater market share to national companies based on complementary elements, as the result of increasingly competitive environments in which the technological differentiation of both processes and the use of digital media strengthen the output production, marketing, sales, and loyalty service of wholesale and retail consumers.

Jones [16] relate the concept of competitiveness to the commercial performance of companies of different legal natures, with the increase of their assets and improvements in population’s welfare (quality of life, employment, and impact on the environment), vertical integration, innovation, efficient management of resources, incorporation of new technology, decentralization of production, etc., relating the three levels of competitiveness: business competitiveness, national competitiveness, and industrial competitiveness.

![Figure 4. Porter’s diamond model Source: Ref. [1].](http://dx.doi.org/10.5772/intechopen.70135)
De la Puente [17] establishes that business competitiveness results from the allocation of goods and services, while national competitiveness relates to the generation of an environment conducive to industrial competitiveness. That is, the government as a regulating agent and facilitator of economies of scale moving away from the perspective of Porter and Rugman in the sense of indirect promoter of international trade.

Unlike the traditional perspective mentioned above the generic concept of competitiveness in which the government is only a regulator, facilitator, and promoter of the expansion of market niches for national companies focused on favorable macroeconomic conditions (which visualizes competitiveness as a result of the conditions of “macro” variables and their influence on the costs of production and factor prices), the neolaborism (which mentions that labor is essential for a competitive advantage, assigning investment an equal importance), and institutionalism (which gives importance to the role played by institutional aspects in management, innovation, and learning) are included in the systemic competitiveness approach.

Systemic competitiveness is characterized by recognizing that the success of an industrial development is not only achieved by a production function at the micro level or as there are
stable macroeconomic conditions, but also as there are government measures and policies that encourage competitiveness in companies or organizations from the combination of an environment that incentives social, judicial, political, and macroeconomic stability, including the adaptation of sociocultural elements that projects social competitiveness (target level). According to the Organisation for Economic Co-operation and Development (OECD) report Developing of OECD Competitiveness Indicators Platform, it summarized and systematized these approaches into a comprehensive vision that it is called “structural competitiveness” [18]. At the micro level, the expansion of the government presence in production and sale of goods and services is highlighted, based on its strategies for brand positioning, economies of scale, and consumer loyalty (if applicable).

The meso level relates to the limited cooperation networks of business organizations that require the participation of government and nongovernmental agents; in this way, the policies that create the meso level have a cross-national policy dimension. Figure 6 illustrate the Altenburg, Hilebrand & Meyer-Stammer’s systemic competitiveness model [19]. This is the case of improved access and quality of public services, increased coverage and methodological quality of the education system from various angles, universal coverage of access to a high quality of the health system, strategies for positioning goods and services abroad, promotion of domestic and foreign investment, both direct and indirect, to

![Figure 6. Altemburg, Hilebrand & Meyer-stamer's systemic competitiveness model Source: Ref. [19].](image-url)
enhance competitive advantages. For the macro level to have an effect on the overall strategy of systemic competitiveness, it must ensure stable macroeconomic conditions, as well as achieving the objectives of economic growth and competitiveness.

To achieve the goal level, it is necessary to coordinate the objectives of the previous levels, taking into account the scope of a long-term welfare state (understood as the change in the concept of information sharing between competitors, state agents, civil society, consumer responsibility to determine the positive and negative impacts in business organizations, the ability to formulate sectorial strategies, policies that imply an improvement of civil society, and social cohesion through incentives, not imposition through coercion). On the other hand, it is at this level that the social structure that complements the economic structure takes shape, so that networking, horizontal coordination, and social integration must be strengthened [20].

4. Actions of the central government in medical tourism under the current model of competitiveness

The documents of the National Council for Economic and Social Policy (NCESP) which belong to the National Planning Department of Colombia seek to establish roadmaps that promote the improvement of the medical tourism industry following the traditional concept of competitiveness in which the central government is an outsider that does not involve indirectly in the improvement of the industry. One of the documents of the NCESP, which promotes greater dynamism in the Colombian medical tourism is the number 3678 of 2010 [21] called National Policy Productive Transformation and Promotion of Micro, Small, and Medium Enterprises: A Public and Private Effort that seeks a higher level of productivity of micro, small, and medium-sized enterprises through the facilitation of both financial instruments such as capital, and access to markets that allows greater participation of its productive activity and in the generation of human resources of high quality. Another document number is the 3582 of 2009 [22] called National Policy of Science Technology and Innovation, which secures financial resources for the training of physicians and nurses in 1.2 million dollars for exchange programs for the learning of a second language and availability of resources for medical research in the United States or European research centers.

The specific objectives of document 3582 are as follows: (1) to foster innovation in productive systems; (2) to consolidate the institutional framework of the national system of science, technology and innovation; (3) to strengthen human resource for research and innovation; (4) to promote the social appropriation of knowledge; and (5) to focus public action in strategic areas. Another objective is to consolidate the intellectual property system by developing the guidelines formulated by the document 3533 of 2008 [23] called Bases of a plan of action for the adaptation of the intellectual property system to competitiveness and national productivity 2010–2020, so entrepreneurs find reward for their innovation efforts and take advantage of intellectual property to empower technology transfer processes.

However, De la Puente [14] mentions that although there are three independent strategies to improve the Colombian medical tourism through the administrative documents presented,
each one is being implemented in an isolated way without each being complemented with the other two in order to generate a comprehensive strategy. This is because according to the current competitiveness model, clinics, health personnel, national insurers, and intermediaries are the only agents that must act actively to specialize the provision of medical services in order to attract foreign patients.

According to Arias and Matos [24], the current model of industrial development limits the cooperation between central government agencies for the promotion of the Colombian medical tourism due to the bureaucratic limitation that prevents an efficient location of monetary and nonmonetary resources. This affects the international presence of national clinics that have international accreditation in high-quality medical care in several procedures, despite the efforts of Colombia’s trade and investment promotion agency [4]. Also, under the current competitiveness, the strategies for positioning the industry abroad are implemented in an isolated way in which the public promotion and regulating agencies do not share the same view. According to Arias et al. [25], a proof of this is the inconsistency between the strategies focused on the administrative documents presented above and the Colombian commercial policy according to the Ministry of commerce in which it is expected that oil exports increase its participation in the trade balance while other entities such as Procolombia are looking for a more diversified international commerce.

On the other hand, the measures for positioning industry do not include factors for the improvement of social cohesion, which means that other agents who are indirectly affected by the implementation of these strategies are not taken into account. According to Conell [26], medical tourism is perceived as a source of inequity in health services in which only those with monetary resources can consume high-cost medical procedures while health systems in developing countries spend more time in adapting and training to attend foreign patients.

This position is in line with Vijaya [27] in which medical tourism has proliferated the transfer of health problems, such as greater number of physicians and nurses looking for higher salaries that prefer to work in private clinics than in public systems, as well as nonaccredited medical procedures offered in developed countries increasing the international patient’s risks. Both statements are happening in the Colombian industry due to the isolated way the strategies are executed. According to the Productive Transformation Program [5], the perception of the population in general about medical tourism is that it is an industry far from the interests of the citizens, which makes it less taken into account for the planning and implementation of industrial policies by the central government.

The immediate effect is the domain of private agents in the structuring of international medical offer prioritizing the application of measures that attract patients with greater monetary capacity. According to De la Hoz and Leiva [28], the negative externalities of the Colombian medical tourism coupled with a strategy application that does not include agents who are indirectly affected create a distortion of the perceived benefit of the industry with negative consequences for its national positioning. However, local governments who implemented the model of systemic competitiveness have generated spaces of promotion of the sector in local and foreign scenarios so it is not perceived as far from the general population’s interests. One


