

Health Tourism and Aesthetic Surgery Clinics in Indonesia: Opportunities and Policy Frameworks

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Abstract

Aesthetic surgery is an increasingly significant sector in health tourism, offering strong potential to boost Indonesia's economic growth. With abundant natural resources, skilled medical professionals, and cost-effective healthcare, Indonesia is well-positioned as a medical tourism destination in Asia. However, the lack of comprehensive policies on international patient safety, absence of globally recognized clinical accreditation, and limited government-led promotion hinder full market potential. This research adopts a literature review approach guided by the PCC (Population, Concept, Context) framework to define scope and selection criteria. Sources were obtained from Google Scholar, Scopus, BMC, Sage Publications, and other credible databases, and screened collaboratively by the authors to ensure thematic relevance. The review highlights key opportunities for Indonesia's aesthetic surgery sector, including market growth potential and increasing global demand, while identifying critical gaps in accreditation systems, standardized service protocols, patient safety measures, and coordinated promotional strategies. Strengthening Indonesia's competitiveness requires integrated collaboration between health, tourism, and regulatory sectors. Implementing robust policy frameworks, aligning with global standards, and investing in targeted international marketing will be crucial to positioning Indonesia as a safe, high-quality, and competitive destination within Southeast Asia's health tourism landscape.

INTRODUCTION

Health tourism, defined as the practice of traveling to another country to receive medical treatment, is experiencing significant global growth and has become a strategic sector for economic advancement in many nations (Organization, 2016). Recent WHO reports also emphasize the growing mobility of patients globally, particularly in elective and aesthetic care (Younis et al., 2019). Among its various segments, aesthetic surgery has emerged as one of the most rapidly expanding branches, driven by increasing social acceptance, global media influence, and the pursuit of cost-effective cosmetic improvements (Law et al., 2020; Lee et al., 2019). Southeast Asia, in particular, is benefiting from this trend, as countries in the region capitalize on their comparative advantages in healthcare costs, service quality, and hospitality (Eysenbach, 2025).

Indonesia, with its archipelagic diversity, skilled medical workforce, and growing number of aesthetic clinics, holds substantial potential to become a key player in this industry (Rohmatillah & Uluf, 2025). Cities like Jakarta, Bali, and Surabaya have begun to attract

regional patients, particularly from Australia, Singapore, and Malaysia (Sambasivam et al., 2026). Nevertheless, Indonesia continues to lag behind regional competitors such as Thailand and Malaysia, which have successfully implemented national strategies to integrate healthcare and tourism under unified promotional and regulatory frameworks (Perumal Samy et al., 2017).

Several previous studies have examined various aspects of health tourism in Indonesia and the broader Southeast Asian region (Mahendra et al., 2022). For instance, Perumal Samy et al. (2017) analyzed the national strategies of Thailand and Malaysia, finding that government-led coordination between health and tourism ministries significantly enhances international patient arrivals. Tham (2018) highlighted that patient mobility is strongly influenced by perceived quality, accreditation, and ease of access, with Indonesia ranking lower than its neighbors due to fragmented policies. In the context of clinical standards, Rahmawati and Herlambang (2024) found that Indonesian aesthetic clinics exhibit wide variation in service quality, and the absence of Joint Commission International (JCI) accreditation remains a major barrier to building international trust. Sitorus (2024) further noted that even highly skilled Indonesian surgeons struggle to attract foreign patients due to weak national branding and inconsistent marketing efforts. More recently, Putra (2023) identified that digital infrastructure, including multilingual websites and teleconsultation platforms, is severely underdeveloped in Indonesian aesthetic clinics compared to regional competitors like Singapore and Malaysia. Anggraini (2021) also demonstrated that the lack of integrated digital patient management systems reduces international patient satisfaction and limits repeat visits. Collectively, these studies confirm that Indonesia faces structural barriers across regulatory, clinical, and digital domains, yet no previous research has comprehensively synthesized these findings to propose an integrated policy framework specifically for aesthetic surgery tourism in Indonesia.

Several structural barriers limit Indonesia's competitiveness in the health tourism sector (Jalali et al., 2025; Koerner et al., 2024; Ratnasari et al., 2022; Wiyati et al., 2025). These include a lack of globally recognized clinical accreditation such as Joint Commission International (JCI), inconsistent service quality across clinics, limited government-led promotional efforts, and fragmented policy coordination between the Ministry of Health and the Ministry of Tourism (Juliana et al., 2022; Rosidah et al., 2025). Moreover, many Indonesian clinics lack digital infrastructure to support international patient management, multilingual platforms, and online consultation services (Anggraeni et al., 2021).

In light of these challenges, there is a growing urgency to develop coherent policies and institutional frameworks that can position Indonesia as a credible and competitive destination for medical travelers. This literature review aims to systematically examine the opportunities and challenges faced by aesthetic surgery clinics in Indonesia within the context of health tourism. The review also identifies regulatory gaps and proposes strategic recommendations to strengthen Indonesia's positioning in the Southeast Asian health tourism landscape. The benefits of this research are both theoretical and practical. Theoretically, it contributes to the underexplored literature on aesthetic surgery policy and regulation in Indonesia's health tourism sector. Practically, the findings offer actionable recommendations for policymakers to design integrated regulatory frameworks, establish international accreditation systems, and develop targeted promotional strategies. For clinic operators, this research provides insights into service standardization, digital transformation, and patient safety protocols. For international patients, it identifies key factors ensuring safe and trustworthy aesthetic services

in Indonesia. Ultimately, the broader societal benefit lies in positioning Indonesia as a competitive health tourism destination, generating foreign exchange, creating employment, and improving healthcare quality for all patients.

RESEARCH METHOD

This study adopted a narrative literature review methodology, a qualitative research design that allows the synthesis of existing knowledge, the identification of thematic gaps, and the development of conceptual frameworks relevant to a specific research field. Narrative reviews are particularly suitable for examining emerging sectors such as health tourism and aesthetic surgery, where fragmented studies across medicine, economics, and public policy must be consolidated into a coherent body of knowledge (Munn et al., 2018).

Unlike systematic reviews that emphasize exhaustive coverage and rigid inclusion protocols, the narrative approach provides the flexibility to analyze diverse sources, integrate conceptual debates, and highlight practical policy implications. The methodological choice was guided by the objective of mapping Indonesia's aesthetic surgery sector within the broader landscape of global medical tourism. The review was structured using the PCC (Population, Concept, Context) framework, which offers a structured approach to define research boundaries and ensure analytical clarity.

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Population

The target population of this review comprises international patients who seek aesthetic surgical and non-surgical procedures in Indonesia. This demographic is central to the discussion of Indonesia's role in health tourism because international patients are both consumers of clinical services and actors who shape the country's reputation in the global healthcare marketplace.

International patients differ from domestic consumers in several ways:

1. They demand higher levels of transparency, accreditation, and safety due to their vulnerability as travellers.
2. Their healthcare choices are often mediated by cost comparisons, branding, and international word-of-mouth.
3. They influence national competitiveness since their treatment choices can elevate or undermine a country's visibility in the global market.

In the Indonesian context, the relevant population includes patients traveling from neighbouring ASEAN countries (such as Malaysia, Singapore, and Brunei), Asian markets (China, Korea, Japan), and increasingly from Western countries seeking affordable and holistic care.

Concept

The primary concept explored in this study is the regulation, quality, and development of aesthetic surgery services in Indonesia within the framework of health tourism. Aesthetic procedures represent a unique sector in medical tourism because they are often elective, consumer-driven, and heavily influenced by perceptions of luxury and lifestyle rather than medical necessity.

The review sought to evaluate how clinical quality, regulatory enforcement, accreditation systems, and marketing strategies collectively shape Indonesia's competitiveness. Specifically, three conceptual domains were prioritized:

1. **Clinical Governance and Accreditation** – examining whether Indonesian clinics adhere to internationally recognized standards such as Joint Commission International (JCI) and how accreditation impacts patient trust.
2. **Service Innovation and Quality** – identifying the role of advanced technologies (e.g., laser therapy, minimally invasive devices, telemedicine) in differentiating Indonesian clinics from regional competitors.
3. **Policy and Marketing Dynamics** – analyzing how government policies, tourism strategies, and international branding influence Indonesia's attractiveness as a destination for aesthetic surgery.

ontext

The context of the study is Indonesia's healthcare and tourism ecosystem, particularly its readiness to integrate into the competitive Southeast Asian health tourism market. Indonesia is uniquely positioned due to its demographic size, cultural diversity, and reputation as a leisure destination. However, systemic barriers such as fragmented regulation, limited accreditation, and weak marketing coordination create challenges for international expansion.

The review situates Indonesia within regional competition, where Thailand, Malaysia, and Singapore have already established well-branded medical tourism sectors. By examining Indonesia in this comparative context, the study highlights both the structural disadvantages and strategic opportunities that define its current trajectory.

Data Sources and Search Strategy

A structured literature search was conducted across multiple academic and grey literature sources to ensure comprehensive coverage. The databases consulted included Google Scholar, Scopus, ScienceDirect, PubMed, and SAGE Publications. Additional policy documents and reports were sourced from international organizations (WHO, OECD), regional agencies (ASEAN), and industry platforms such as the International Medical Travel Journal.

The search strategy employed Boolean combinations of the following keywords:

1. "aesthetic surgery" OR "cosmetic surgery"
2. "medical tourism" OR "health tourism"
3. "Indonesia"
4. "Southeast Asia" OR "ASEAN"
5. "policy" AND "accreditation" AND "patient safety"

The search was restricted to sources published between 2015 and 2025, in English or Bahasa Indonesia, to capture the most recent and relevant developments.

Inclusion and Exclusion Criteria

To ensure relevance and quality, studies were selected according to explicit inclusion and exclusion criteria.

Inclusion criteria:

1. Peer-reviewed journal articles, government policy papers, or institutional reports.
2. Publications from 2015 to 2025.
3. Studies addressing aesthetic surgery, cosmetic medicine, or health tourism.
4. Sources with explicit relevance to Indonesia, either as the primary context or within comparative regional analyses.

Exclusion criteria:

1. Articles lacking relevance to Indonesia's aesthetic or medical tourism sector.
2. Studies focusing exclusively on non-aesthetic medical fields such as cardiology or oncology.
3. Sources without academic rigor (e.g., promotional blogs, non-reviewed commentaries).

This filtering process ensured that the review balanced comprehensiveness with analytical depth.

Screening Process and Data Extraction

All identified sources were first screened by title and abstract to eliminate irrelevant publications. Full-text reviews were then conducted to assess methodological rigor, relevance to the PCC framework, and potential contribution to the study's objectives. Duplicates were removed, and only unique contributions were retained.

The data extraction process emphasized key metadata, including publication year, geographic focus, methodological design, and major findings. These data points were then synthesized into a literature matrix to facilitate thematic analysis.

Thematic Analysis

Following screening and extraction, the included studies were subjected to thematic synthesis. Thematic analysis was chosen because it allows the identification of recurring ideas, gaps, and conceptual patterns across diverse studies. The following categories were developed as the core thematic framework:

1. International Patient Safety – studies focusing on safety protocols, complication management, and malpractice frameworks.
2. Clinical Accreditation and Standardization – literature on JCI accreditation, quality assurance, and outcome benchmarking.
3. Service Quality and Innovation – evidence on patient satisfaction, technological adoption, and new treatment modalities.
4. Government Policy and Regulatory Frameworks – analyses of Indonesia's legal environment, tourism policy, and health sector governance.
5. Marketing Strategies for Global Outreach – studies addressing branding, online visibility, and integration with tourism services.

Each theme was explored through cross-comparison, identifying not only best practices but also deficiencies and inconsistencies in Indonesia's positioning.

Methodological Rigor and Limitations

While the narrative literature review provides broad interpretive insights, it also presents inherent limitations. The method does not claim exhaustive coverage of all possible studies, and potential bias may arise from selective inclusion. Furthermore, the reliance on English and Bahasa Indonesia publications may exclude relevant sources in other regional languages.

To mitigate these limitations, triangulation across peer-reviewed literature, policy documents, and industry reports was employed. Additionally, collaborative screening by multiple authors reduced individual bias during the selection process. Despite these limitations, the approach remains appropriate for identifying conceptual and policy gaps, which form the foundation for subsequent discussion and recommendations.

RESULTS AND DISCUSSION

The findings from this narrative literature review highlight the dynamic and multidimensional nature of Indonesia's positioning within the global aesthetic health tourism industry. The evidence suggests that Indonesia possesses considerable intrinsic strengths such as a large pool of skilled medical professionals and attractive natural tourism assets yet simultaneously struggles with persistent challenges including accreditation deficits, fragmented policy frameworks, and weak digital infrastructure. This section discusses the interplay of these factors under six main themes: (1) clinical strengths and human capital, (2) accreditation and quality control, (3) policy fragmentation and institutional incoherence, (4) digital readiness and patient journey, (5) strategic opportunities, and (6) recommendations for policy and practice.

Clinical Strengths and Human Capital

One of Indonesia's most notable internal assets is its growing pool of aesthetic medical professionals, including plastic surgeons, dermatologists, and aesthetic physicians. Many Indonesian practitioners have pursued international fellowships and certifications, often in South Korea, the United States, and Europe, which ensures familiarity with advanced techniques and global standards (Sitorus, 2024). This strengthens Indonesia's potential credibility, particularly in urban hubs such as Jakarta, Surabaya, and Bali, which already attract domestic elites, expatriates, and regional patients from ASEAN countries.

Furthermore, Indonesia's medical education sector continues to produce a steady pipeline of professionals, with specialized programs in dermatology and plastic surgery available in leading universities such as Universitas Indonesia and Universitas Airlangga. The clinical workforce also benefits from the relatively low cost of labour compared to regional competitors, which theoretically allows for more competitive service pricing.

However, these strengths remain under-leveraged. Unlike Thailand and South Korea, where national branding has successfully elevated local surgeons to global prominence, Indonesia has yet to consolidate its medical expertise into a compelling international brand. As a result, the reputational benefits of its human capital are largely confined to local and expatriate markets rather than leveraged for global patient acquisition.

Accreditation and Quality Control Gaps

A critical theme in the reviewed literature is the absence of international accreditation among Indonesian aesthetic clinics. While countries such as Thailand boast numerous hospitals accredited by Joint Commission International (JCI), most Indonesian aesthetic providers

operate without third-party oversight (Rahmawati et al., 2024). This creates a trust deficit for international patients, particularly given the elective and consumer-driven nature of aesthetic procedures where safety and outcome reliability are paramount.

In addition, there is significant heterogeneity in service quality, with standards varying widely across urban and provincial providers. Some high-end clinics in Jakarta or Bali demonstrate near-parity with international standards, offering ISO-certified processes, sterile operating environments, and advanced technologies. However, many smaller providers operate with minimal regulation, inconsistent patient safety protocols, and limited recourse for malpractice.

This inconsistency undermines Indonesia's reputation as a whole. Unlike South Korea, where government-led quality assurance mechanisms ensure uniform patient safety standards, Indonesia's fragmented landscape fosters skepticism among international patients. Without accreditation and external audits, patients lack assurance of standardized care pathways, ethical marketing practices, and consistent clinical outcomes.

Policy Fragmentation and Institutional Incoherence

A recurring barrier is the lack of policy coordination between the Ministry of Health and the Ministry of Tourism. Currently, health tourism initiatives are sporadic, underfunded, and often disconnected from broader national tourism campaigns. For example, while Indonesia invests heavily in promoting destinations like Bali and Mandalika, there is little integration of medical and wellness services into these campaigns.

By contrast, Thailand's "Amazing Thailand Health and Wellness" initiative represents a benchmark of integrated policy and promotion, combining medical services, wellness experiences, and government-backed branding. Similarly, Malaysia's Malaysia Healthcare Travel Council (MHTC) has institutionalized a public-private framework to promote its clinics globally, offering visa facilitation, insurance partnerships, and concierge services.

Indonesia's lack of a comparable institutional mechanism creates fragmentation. Local clinics and hospitals often pursue marketing independently, leading to duplication of efforts and diluted visibility. Without a unified national platform, Indonesia struggles to differentiate itself from regional competitors that present a coherent value proposition to international markets (Putra, 2023).

Digital Infrastructure and Patient Journey Barriers

In the contemporary medical tourism industry, digital readiness is critical. Patients now expect seamless online experiences, including:

1. Pre-arrival teleconsultations with physicians.
2. Multilingual digital interfaces for booking and medical records.
3. Integration with travel, insurance, and accommodation services.
4. Post-treatment telemedicine follow-ups.

Yet Indonesian aesthetic clinics remain largely analog in their operations. Most lack multilingual websites, real-time online consultation systems, and integrated digital patient management platforms. This limits Indonesia's competitiveness, particularly against Singapore, where digital health ecosystems provide international patients with a fully integrated journey from inquiry to aftercare.

The absence of telehealth and digital concierge services not only reduces convenience but also diminishes international trust, as digital visibility serves as a proxy for transparency

and modernity [1,3]. Moreover, younger patients (millennials and Gen Z), who represent a significant demographic in aesthetic tourism, tend to prioritize digital accessibility and peer-reviewed online reputation systems. Indonesia's failure to address this technological expectation constitutes a major barrier to global market entry.

Strategic Opportunities

Despite these limitations, Indonesia possesses several untapped opportunities that could serve as competitive differentiators in the aesthetic health tourism market.

1. **Integration of Culture and Wellness**

Indonesia's rich cultural heritage, biodiversity, and spa traditions can be bundled with aesthetic procedures into holistic tourism packages. For instance, Bali and Batam could be developed as medical-wellness zones, combining surgery with traditional healing, yoga, nutrition, and eco-tourism.

2. **Regional Market Capture**

Given geographic proximity, Indonesia could target patients from Timor Leste, Papua New Guinea, Malaysia, and Brunei, who face either high costs or long wait times in their home countries. A regional-first strategy would allow Indonesia to build a reputation before expanding globally.

3. **Public-Private Partnerships (PPPs)**

Collaborative financing models can address infrastructure deficits. For example, partnerships with airlines and hotel chains could create integrated travel-healthcare packages, while collaborations with insurance providers could facilitate coverage for elective procedures.

4. **Destination Branding**

Strategic branding is essential. Instead of competing head-to-head with Thailand or South Korea, Indonesia could brand itself around affordable luxury, natural recovery environments, and culturally immersive healing journeys.

5. **Leveraging the ASEAN Framework**

Indonesia could utilize ASEAN platforms to harmonize regulations, adopt regional accreditation standards, and jointly promote Southeast Asia as a collective hub, while positioning itself as the affordable yet culturally unique entry point.

Recommendations and Policy Implications

The literature highlights several actionable steps to strengthen Indonesia's global competitiveness:

1. **Establish a National Accreditation Body**

Developing a standardized body aligned with international benchmarks (e.g., JCI) would enhance patient trust. This should include external audits, outcome transparency, and malpractice accountability mechanisms.

2. **Integrate Tourism and Health Policy**

A dedicated national agency similar to Malaysia's MHTC should be established to unify marketing, visa facilitation, and patient support services. This agency could also oversee training programs for multilingual medical staff and concierge personnel.

3. **Invest in Digital Health Ecosystems**

Clinics should adopt teleconsultation platforms, digital medical record systems, and multilingual AI-driven chatbots to facilitate seamless patient experiences. Government incentives could encourage digital transformation among providers.

4. Promote PPP Models

Collaborative initiatives involving clinics, airlines, hotels, and travel agencies should be formalized to create integrated service chains. These partnerships would enhance convenience for international patients and improve cost competitiveness.

5. Focus on Regional Leadership First

Instead of immediately targeting Western markets, Indonesia should initially consolidate its reputation among ASEAN patients. Regional credibility can serve as a stepping stone toward global recognition.

6. Leverage Global Best Practices

Lessons from Thailand, Malaysia, and South Korea demonstrate the importance of government-led branding, rigorous accreditation, and consistent marketing narratives. Indonesia can adapt these models while emphasizing its own unique assets.

CONCLUSION

This study underscores that Indonesia stands at a pivotal juncture in the development of aesthetic health tourism. The nation possesses strong intrinsic assets, including a highly skilled pool of medical professionals, competitive treatment costs, and a rich cultural and natural environment conducive to wellness-based recovery, which provide a solid foundation for competing in the regional and global aesthetic tourism market. However, persistent systemic barriers continue to hinder international competitiveness, chief among which are the absence of internationally recognized accreditation systems, significant heterogeneity in clinical quality, a lack of coordinated national strategies between health and tourism authorities, and inadequate adoption of digital infrastructure that undermines the patient journey from initial inquiry to post-treatment follow-up. These deficiencies generate a trust gap that discourages international patients, particularly when compared with the more established models of Thailand, Malaysia, and South Korea. To overcome these challenges, Indonesia must embark on a multi-pronged reform strategy, including the establishment of a national accreditation body aligned with global benchmarks, policy integration between the Ministry of Health and the Ministry of Tourism, targeted digital transformation initiatives such as teleconsultations and multilingual platforms, and the mobilization of public-private partnerships to fund infrastructure and marketing campaigns. Importantly, Indonesia does not need to position itself as a direct competitor to global giants from the outset; a regional-first approach targeting ASEAN neighbors can serve as a strategic stepping stone, coupled with destination branding that emphasizes holistic wellness, cultural richness, and affordability. Indonesia has the capacity to transform its aesthetic health tourism sector from a domestically oriented industry into a globally trusted hub, but this transformation will only be realized through coordinated reforms, sustained investments, and strong governance. With deliberate policy alignment and long-term commitment, Indonesia can leverage its inherent strengths to achieve sustainable growth and become a leading destination for aesthetic and wellness-based medical tourism in Southeast Asia and beyond.

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