

Medical Tourism in India

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Abstract - Medical tourism is one of India's fastest-growing industries, and the nation is regarded as a worldwide medical tourism hotspot. It's a business where individuals go to other nations for medical, dental, and surgical treatment while also taking in the sights. India is a medical tourism destination because it its high-quality healthcare at a moderate cost. In comparison to the United States and the United Kingdom, India's leading hospitals can do complicated and high-priced procedures, such as heart surgery, organ transplants, and sophisticated cancer surgeries, for a far lower cost. In light of the above, India has been a popular destination for international visitors looking for high-quality care at a lower cost in recent years. This industry has the potential to become a significant foreign currency earner for the country and to be incorporated into a much bigger tourist eco-system with further investments in infrastructure, technology, and services, as well as guaranteeing a smooth experience for overseas patients.

Keywords - Medical tourism, India, Review, Emergence, Future prospects, Reasons

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INTRODUCTION

Students, religious pilgrims, rural residents, medical tourists, health tourists, and even monsoon visitors all had their own subcategories under the new system.

India is becoming a popular destination for medical tourists. The medical tourism industry in India is expected to be worth \$5–6 billion by the middle of 2020. In 2017, 495,056 persons sought medical attention in India. In a research by the Federation of Indian Chambers of Commerce and Industry (FICCI) and Ernst & Young in 2019, the majority of medical tourists visiting India came from the Middle East, Africa, and the SAARC area. Medical tourists from Australia, Canada, China, Russia, the United Kingdom, and the United States go to India in large numbers. "Healthcare Capital of India" has been bestowed to the city of Chennai.

As a result of this change, the government's e-tourism VISA system was expanded to include medical visas in February 2019. With this visa, you may remain for up to six months. From August 30, 2019, foreigners without a medical visa may get any kind of medical treatment in India, with the exception of organ transplants. "Health tourism" and "medical tourism" are commonly used as synonyms in the same sentence. Health and wellness tourism is distinct from medical tourism, which refers to travels to spa resorts or conventional and alternative treatments, respectively. Combining travel and tourism with medical operations is known as medical tourism. In order to define the

rapidly expanding practise of travelling across international boundaries for high-tech medical treatment, travel companies and the media have invented the term "medical tourism" (henceforth MT). It is based on lower flight fares, as well as cheaper internet and communication channels in developing nations, as well as lower-cost hi-tech super-specialty medical treatments for those who can afford it – whether international or domestic medical tourists. The strategy escapes regulatory and legal scrutiny by using informal channels of communication and relationships to create huge revenues for service providers (1).

The purpose of this article is to examine the increasing medical tourism industry in India. The study attempts to investigate the health industry's development, potential, and issues in relation to medical tourism. The report is a qualitative study descriptive analysis. The study's focus is limited to the Indian health-care business. Based on research papers in the field, articles in magazines, books, and newspapers, a report from the Ministry of Tourism, a report from the World Travel and Tourism Council, and the website www.health-tourism-india.com, among other sources, a content analysis approach is utilised.

MEDICAL TOURISM

Medical tourism is described as "travel and hosting activities for a foreign visitor who spends at least one night in the target location with the aim of preserving,

enhancing, or recovering health via medical intervention." The following three types of medical intervention may be generally classified:

- Medical treatment for curative purposes, such as heart surgery, organ transplantation, Replacement of hips and knees, for example.
- Wellness & Rejuvenation Services include cosmetic surgery, stress alleviation, spas, and other services aimed at rejuvenation or aesthetic purposes.
- Alternative Treatments Alternative medical systems, such as India's AYUSH, are available (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy).

Medical tourism is increasingly often referred to as Medical Value Travel (MVT), since it encompasses both the patient's healthcare seeking behaviour and the broader economic effect of such travel on the countries that host them (2).

MEDICAL TOURISM IN INDIA

Medical tourism is rapidly expanding in India, and it is predicted that, after information technology, medical tourism would be the next big thing.

The increase of medical tourism in India has been spectacular in recent years. Surveys by ASSOCHAM (The Associated Chambers of Commerce and Industry of India) and NSSO (National Sample Survey Organization) predict that the market will grow from Rs 4500 crore (\$2 billion) in 2011 to Rs 10,500 crore by 2015; medical tourists, who numbered 3 lakhs in 2009 and grew to 8.5 lakhs by 2011, are expected by 2015 to number 32 lakhs (3).

Those travelling to India for medical treatment are mostly from countries in the Middle East, such as Iran, Pakistan, Bangladesh, Afghanistan, and the United States, as well as from Turkey and Europe (USA). Medical tourism providers in India include Apollo Hospitals, Fortis Healthcare, B.M. Birla Heart Research Center, Christian Medical College, Manipal Hospital, Shankara Nethralaya, and others. One of the world's leading medical tourism destinations is the All India Institute of Medical Sciences (AIIMS). Dozens of foreign patients travel to the United States from as many as 16 different nations for complex surgical procedures. The International Healthcare Service team at AIIMS takes care of patients from the minute they arrive until the moment they depart. Medical centres in India's four largest cities—Bangalore, Chennai, Mumbai, and New Delhi—are all on the rise (4).

Table 1: In India's medical tourism industry, these are the major players

	NUMBER OF BEDS	TURNOVER (Rs. Millions)	PERCENTAGE REVENUE FROM INTERNATIONAL PATIENTS	MAJOR INTERNATIONAL MARKETS
ESCORTS	326	2180	11.9	SAARC, East African Countries, Afghanistan
APOLLO	1500	2010	15	Middle East
INDRAPRASTHA-APOLLO	650	1650	7.3	Nepal, Bangladesh, Sri Lanka, Gulf and Africa
HINDUJA	351	1350	3	African and SAARC countries
JASLOK	376	1080	10	Japan, Middle East and African Countries

The Indian medical tourism industry offers a wide range of services, including wellness vacations, alternative medical systems, cosmetic surgery, and cutting-edge, life-saving medical treatment. Wellness tourism includes spas, stress-relief facilities, and rejuvenation centres (4). Alternative medicinal systems include Ayurveda, siddha treatment, and others. Cosmetic surgery encompasses a wide range of procedures, including dental work, plastic surgery, breast augmentation, and even tummy reduction. Other life-saving medical treatments include open organ transplantation, cardio-vascular, eye, and in-vitro fertilisation. Dentistry, ophthalmology, orthopaedics, trauma, and urology, as well as plastic and cosmetic surgery, laparoscopic surgery, gastroenterology, kidney transplantation, and knee/hip replacements are just a few of the Indian medical services that are attracting attention from across the globe. International patients are increasingly turning to non-invasive therapies such as unani, Ayurveda, homoeopathy, naturopathy, and wellness services like yoga and meditation in India as an alternative to conventional surgery for a wide range of ailments (5). For a more holistic lifestyle, go to Kerala for Ayurveda and Kairali massage, or to Uttarakhand or Goa for yoga or meditation. If you're looking to relax, check out Rajasthan for spas and historical architecture (6).

Table 2: Classification of Services Offered by Medical Tourism Industry

	Wellness Tourism	Alternative Systems of Medicine	Cosmetic Surgery	Advanced and Life Savings Healthcare
Services Offered	Spas, Stress Relief, Rejuvenation centers	Ayurvedic, Siddha treatment for diseases e.g. Arthritis, Rheumatism	Dental Care, Plastic Surgery, Breast enhancement, Tummy reduction, Skin Treatment	Open transplants, cardio vascular surgery, Eye treatment, Hip Replacement, In vitro fertilization
Profit Margin	Low	Low	Medium	High
Key Competitors	Thailand, South Africa	---	South Africa, Cuba, Thailand	Singapore, Taiwan, Jordan, Thailand
India's Strength	Low- Thailand has captured a significant share of the market	High- Kerala is popular for this service	Low- South Africa and Thailand lead in plastic Surgery	High- India has strong image on medical tourism

EMERGENCE OF MEDICAL TOURISM IN INDIA

After 30 years of independence, the national government's pledge to offer comprehensive healthcare to citizens regardless of their financial circumstances was abandoned as part of its welfare programmes when the Sixth Plan opened medical care to the volunteer and commercial sectors. The fast rise of the private sector in the 1980s, as well as the establishment of a corporate health sector in the 1990s, was due to deliberate policy that favoured these sectors. This was accomplished by relocating subsidies in the form of low-cost land, equipment and drug import concessions, putting these institutions on government panels and including them in government insurance plans, as well as providing trained personnel and expert physicians through state-supported medical education (7).

Primary healthcare for the poor was emphasised in the Eighth and Ninth Five-Year Plans, as was the significance of incorporating the private, corporate, and volunteer sectors in medical care provision. The Ninth Plan also included alternate finance, implying that the goal of opening up healthcare to private insurance will be implemented. As a result, non-professional providers of care's commercial interests found a place in the plan's articulation as well as health policy. The implementation of a user charge in the public sector weakened the fairness principle even further. The poor were "targeted" for family planning and basic care services. The most complex and costly technologies were limited to university institutions, making them less accessible to the poor and lower middle classes. However, the national and international demands for privatisation were too powerful to ignore these anomalies. By 1992, the new economic strategy and, within it, the health sector

changes had been accepted, legitimising cuts in public sector health spending the for-profitization of healthcare is another factor to consider. These policy reforms eventually led to India's endorsement of the Commission of Macroeconomics and Health's economic tenet that investing in health is a path to economic growth (12).

The National Health Policy achieved a pinnacle when it declared urban medical facilities to be service production units on par with manufacturing units, and hence key sources of foreign currency revenues. Cuts to the public sector will almost certainly result in its shrinking and the weakening of public institutions. This has been used to justify the introduction of user fees, PPPs, and private investment in the public sector. So a whole new set of five-year objectives, completely at odds with the original, emerged. Services for those in need were clearly separated from those for those who could afford to pay their own way. Those in the latter group had access to high-tech facilities, while those in the former group relied on outside facilities, paramedics, and community volunteers for healthcare. The nature of poor-treatment people's shifted from comprehensive to primary care. This allowed public tertiary care institutions to benefit from MT and other types of PPPs, as well as charging for services. Health services, rather than being a vehicle for social welfare, became a tool for market development and financial gain (11).

This approach resulted in the creation of MT. Finance Minister Jaswant Singh outlined the government's strategy of combining medical spending with tourism in his annual budget statement in 2003, calling for "India to become a worldwide health destination". He extolled the virtues of high-tech, complicated technologies that provided lower costs while still generating revenues. These funds might be used to establish chains of similar institutions and to develop medi-cities. The early 1990s outbreaks of malaria, plague, and dysentery drove up health sector spending to some degree, and the National Rural Health Mission was formed in 2005 to avert a confidence crisis and political reaction. These stages, however, have little bearing on the process of using health for market development, company, or profit. The gap between a "world-class service" industry and a "primary level care" sector has only widened since then. To analyse the latter's ramifications, we must first examine the former's nature (8).

REASONS FOR INDIA'S GROWTH IN MEDICAL TOURISM

Several causes may be to blame for the surge in medical tourism in India. One of the key reasons for this is India's health-care industry's cost advantage over other countries. Experts from across the globe are on hand to supply the services, which saves money. It's no surprise that India is one of the

world's most popular medical tourism destinations, thanks to its mix of world-class facilities and affordable prices. India is also home to some of the world's most well-known tourism spots. India offers a diverse range of tourist destinations, including natural wonders (Jammu, Srinagar, Shimla, Dehradun, Kerala backwaters, beaches in Chennai, Mumbai, Goa, Kolkata, and elsewhere), heritage sites (Western ghats, Sunderbans, Nilgiris, Ajanta, Ellora, and Elephanta caves), spiritual destinations (Varanasi, Haridwar, Bodh Gaya, Ajmer Sharif (Delhi, Mumbai, Bangalore, Hyderabad). This provides visitors visiting India with a choice of activities to partake in in addition to receiving treatment for their problems (9).

Another factor driving the expansion of medical tourism in India is the country's comparative cost advantage over other nations. This cost disparity is reflected in the table below:

The cost difference between India and other nations is shown in the table below. When comparing the cost of living in India with the United States of America (USA), it is clear that the two countries are vastly different. The difference in price for the heart bypass treatment is \$120,000. The pricing difference between India and Thailand is not significant, but India excels in cutting-edge technology and has world-class hospitals and specialists (10).

There are significant waiting lists for treatment in certain countries, which contributes to the expansion of medical tourism in India.

- Developed nations' exchange rates are more favourable than India's. This reduces the cost of travel and housing for individuals from these nations.
- Because of the skilled physicians, nurses, and paramedical personnel in India, state-of-the-art facilities are available.

Table 3: Cost Comparison between India, USA, Thailand and Singapore (Approximated figures in US\$)

Procedure	India	United States of America (USA)	Thailand	Singapore
Heart Bypass	10,000	1,30,000	11,000	18,500
Heart Valve	9,000	1,60,000	10,000	12,500

Replacement				
Angioplasty	11,000	57,000	13,000	13,000
Hip Replacement	9,000	43,000	12,000	12,000
Hysterectomy	3,000	20,000	4,000	6,000
Knee Replacement	8,500	40,000	10,000	13,000
Spinal Fusion	5,500	62,000	7,000	9,000

CONCLUSION

A descriptive study of the topics connected to medical tourism was conducted in this article. The paper's primary goal is to examine the current situation of medical tourism in India, as well as the development of medical tourism in India, the causes for its rise, and the future possibilities of medical tourism in India. India has earned a competitive edge in various medical facilities and is quickly becoming one of the most popular tourism destinations in the world. To expand this sector further, steps must be done. This will need continuous and ongoing efforts on the part of both the government and the public. Medical tourism is a potential source of foreign cash and employment for the country's citizens.

REFERENCES

1. Mabiyan, Rashmi (November 20, 2019). "Is India doing enough to carve a niche in medical tourism?". *The Economic Times*. Retrieved July 10, 2020.
2. Mckinsey – CII (2002), Healthcare in India – The Road Ahead, Mckinsey & Company, 2002.
3. Piazzolo, Marc and Nursen Albayrak Zanca (2011), Medical Tourism-a Case Study for the USA and India, Germany and Hungary, Acta Polytechnica Hungarica, Vol. 8, No. 1, pp.137-160.
4. Bali, Vishal (2010): "Budget 2010 Must Double GDP Spend on Healthcare", Moneycontrol.com, 24 February. Accessed 24 April 2010: http://www.moneycontrol.com/news/business/budget-2010must-double-gdp-spendhealthcare-_443510.html

5. Anon (2009): "NABH Accreditation Lauded", Quality India, 2(5), 4-9. Accessed 3 December 2009:
http://www.qcin.org/nbqp/qualityindia/Vol-2No5/health_page_4_9.php
6. Vijayanambi K S, Kannan R (2014): "Recent Trends in Medical tourism in India" Indian Journal of Applied Research, 4 (5), pp. 619-621
7. Vitthal P C, Subhash A R, Sharma B R, Ramchandran M: "Emerging Trends and Future Prospects of Medical Tourism in India" Journal of Pharmaceutical Sciences and Research, 7(5), pp.258-251
8. Begum, S. S. (2013) : Medical and Wellness Tourism: Opportunities and Challenges- Marketing 'Brand India' Research Journal of Management Sciences 2(1) pp. 1-6
9. Goutam, Vinayshil (2008), Healthcare Tourism: Opportunities for India, Exim bank
10. Government of India (2011b), India Tourism Statistics 2010: Incredible India, Ministry of Tourism, November 2011.
11. Whittaker, A (2008): "Pleasure and Pain: Medical Travel in Asia", Global Public Health, 3 (3): 271-90
12. Peacock, Libby (2009): "Medical Tourism in Asia", Smart Travel Asia. Accessed 27 May 2009:
<http://www.smarttravelasia.com/MedicalTourism.htm>

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