



# Medical Value Travel In India

*Enhancing Value in MVT*

FICCI Knowledge Paper

IMS Health India

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## ABBREVIATIONS

AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
CAGR	Compounded annual growth rate
CIS	Commonwealth of Independent States
EU	European Union
FTA	Foreign tourist arrival
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
ISQua	International Society for Quality in Healthcare
JCI	Joint Commission International
KPIs	Key performance indicators
MHTC	Malaysia Healthcare Travel Council
MVT	Medical value travel
MTA	Medical tourist arrival
NABH	National Accreditation Board for Hospitals
NITI	National Institution for Transforming India
NTP	National Transformation Programme
SAARC	South Asian Association for Regional Cooperation
SEPC	Services Export Promotion Council
SET	Stock exchange of Thailand
UAE	United Arab Emirates
UK	United Kingdom
USA	United States of America

**FOREWORD**

**Sudhanshu Pandey**  
**Joint Secretary**  
**Department of Commerce**  
**Ministry of Commerce and Industry,**  
**Government of India**

At a time when global healthcare costs are sky-rocketing, the world can take a leaf or two from the Indian healthcare sector, which provides high quality healthcare at NABH (Institutional member of ISQUA) facilities at highly competitive price as compare to other similar healthcare facility in the world. This makes India a great destination for healthcare both for modern as well as traditional medicine and therapy.

Indian healthcare industry also competes with the best in the world in terms of, infrastructure, technology, specialist doctors and nurses. The country has the finest and one of the largest pools of doctors and paramedics in South Asia, with many of them being of global repute. India's expertise in highly specialized areas of organ transplants, cardiology, oncology, etc. has made India an emerging hotspot for medical value travel.

India has an unmatched heritage represented by its ancient and age-old traditional treatment methods, such as Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH), which have time and again proved its efficacy for the patients and are now widely accepted as alternative treatment procedures in many geographies. In recent times, more and more patients are coming to India to benefit from the time tested and health-restorative AYUSH treatments in combination.

Realizing the amazing potential that this market offers, it is now one of the priority area of facilitation for the Government. The Government has lately taken concrete steps to make India stand out in the area of medical value travel. Government's vision and intention, to promote and develop India can be gauged by the fact that four ministries (Ministry of Health and Family Welfare, Ministry of Tourism, Ministry of Commerce and Ministry of AYUSH), along with SEPC and NABH, are involved in promoting India, globally, as the preferred destination for medical tourism. Government has also set up a 'National Medical & Wellness Tourism Promotion Board' to look into the various issues such as Regulatory; Accreditation and Marketing to give highest assurance to travelers.

With the support of the Government, industry has recently taken several initiatives for marketing and promoting Indian healthcare industry in the key markets. These include promoting India as a Medical and Health Tourism Destination at international platforms such as World Travel Mart London, ITB Berlin, ATM, etc. Yoga/Ayurveda/Wellness is also finding prominent place in the print, electronic, internet and outdoor media under the Ministry of Tourism's 'Incredible India Campaign'. A special and dedicated website has been created by the Government, to present India as the preferred healthcare destination. Apart from this, the SEPC website also has a detailed listing of accredited hospitals and healthcare providers and comparative costings for various medical procedures & other allied facilities to give enough comfort to travelers.

Other initiatives include more liberalized visa regime, empaneled medical facilitators and more coordinated end to end facilities in various states & cities for the ease of medical value travelers. India has a long way to go in this arena to serve global citizens through a combination of modern & traditional system of medicine.

I hope this knowledge paper on 'Medical Value Travel in India' would be useful to all stakeholders by giving valuable information to them.

## **FOREWORD**



**Mr. Bhavdeep Singh**  
Chair, FICCI  
Medical Value Travel  
Committee &  
CEO - Fortis Healthcare



**Dr. Harish Pillai**  
Co-Chair, FICCI Medical Value  
Travel Committee &  
CEO - Aster Medcity & Head –  
Kerala Cluster, Aster DM Healthcare

As healthcare turns costlier in developed countries, India's medical value travel market is expected to more than double in size from USD 3 billion at present to around USD 8 billion by 2020 according to a recent report.

Over the last decade, India has grown to become a sought after destination for medical value travel because it have proven superior over a range of factors that determines the overall quality of care. Imagine a complex surgical procedure being done in a world class global hospital by acclaimed medical specialists at a fifth to tenth of what it normally takes! That's India. From quality of therapy, range of procedural and treatment options, infrastructure and skilled manpower to perform any medical procedure with zero waiting time, the list of benefits of travelling for medical treatment in India are many.

In spite of both inherent comparative and competitive advantages as a nation, India has been unable to address this market appropriately while other Asian countries such as Thailand, Singapore and Malaysia have been able to position themselves as leading providers of quality healthcare. The medical value travel stakeholders in India need to consolidate their efforts and strategize on how to leverage the available opportunities.

FICCI welcomes and appreciates Ministry of Commerce's support in bringing together all stakeholders from government and industry on FICCI's platform by organizing the second edition of Advantage Healthcare India – An international Summit for Medical Value Travel with an aim to promote India as a Premier Global Healthcare Destination and to enable streamlined medical services exports from India. FICCI also appreciates Ministry of Tourism's initiative in setting up of the National Medical and Wellness Tourism Board.

Recognizing the opportunities, and given the importance of Medical Value Travel, and the various initiatives that the Government is undertaking to promote this sector, FICCI has constituted a Committee on Medical Value Travel. The Committee also has representation from Ministry of Commerce, Tourism, Health, AYUSH, and External Affairs, including NABH, and are working diligently on providing recommendations and

advocacy for policy change in the sector.

**In its initial meetings, this committee has identified the following as key focus areas.**

- Visas and general access
- Platform to introduce some type of accreditation for 'approved' hospitals
- Formalizing facilitator network
- Continue to leverage 'Brand India' initiative to support MVT

We hope that the FICCI-IMS Knowledge Paper, titled – Medical Value Travel in India – Enhancing Value in MVT that is being released during the Advantage Healthcare India Summit 2016 acts as a catalyst of change to encourage policy makers and stakeholders for working towards the much needed transformation in the area of medical value travel.

## **FOREWORD**



**Amit Mookim**

**General Manager  
South Asia, IMS Health**

Healthcare is one of the fastest growing industries in India. Over the last decade, the growth of this sector has been propelled by innovation and technology, better infrastructure, wider coverage and public-private partnerships.

High quality healthcare service delivery, low cost, and close proximity to some key countries have made India one of the most popular destinations for medical value travel. We offer treatment from accredited facilities that is not only cost-effective but also at par with developed countries. Increasingly there has been an awareness about the opportunity amongst the healthcare players, thus making them invest in world-class delivery service to match international standards. The industry has been consistently working on upgrading medical technology and service facility to attract patients across the globe. Additionally, factors such as easy 'getting around' in India, low-cost accommodation and relatively lower language barriers, also make India an MVT hub for foreign patients.

While a lot has already been done, India deservedly aspires to a larger pie of the MVT opportunity. As a step to further this vision, we have prepared this report in conjunction with the various industry stakeholders. The objective is simple- to lay out a practical roadmap for providers, policy makers and other partners so that they work together to further strengthen India's position as a hub for MVT. The approach used has been consultative and we thank all those who willingly contributed to help us prepare this.

We sincerely hope this report will help initiate dialogues across the MVT ecosystem in India and encourage proactive action as we add 'value to MVT'.



## INTRODUCTION

With the advent of globalization and culture of consumerism, there is increasing tendency among people to travel in search of better quality and affordable health options.

However, as per estimates, only ~11 million<sup>1</sup> people travel annually to seek care abroad which is only ~1% of the estimated global tourist volume of 1 billion<sup>2</sup>. Thus there is immense potential for coupling medical care with tourism.

Apart from providing better treatment options to patients, it is also gaining strategic importance given its ability to create employment, encourage cultural exchanges, improve positioning of the country by projecting its 'soft power' and earn foreign exchange for respective countries.

While India is already one of the leading destination for patients seeking care abroad, there is adequate room for growth. As India has shown in the past, through sustained initiatives it emerged as '**The Pharmacy to the World**'. Similarly India can also aim at becoming '**The Provider to the World**' by delivering quality care at affordable cost.

### About MVT

#### **Medical tourism is transitioning towards Medical Value Travel (MVT)**

Medical tourism may be defined as 'activities related to travel and hosting a foreign tourist who stays at least one night at the destination region for the purpose of maintaining, improving or restoring health through medical intervention'<sup>3</sup>. Such medical intervention may be broadly classified into following three categories:

- **Medical Treatment:** Treatment for curative purpose that may include cardiac surgery, organ transplant, hip and knee replacement etc.
- **Wellness & Rejuvenation:** Offerings focused on rejuvenation or for aesthetic reasons such as cosmetic surgery, stress relief, spas etc.
- **Alternative Medicine:** AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) would be the major category given the Indian context

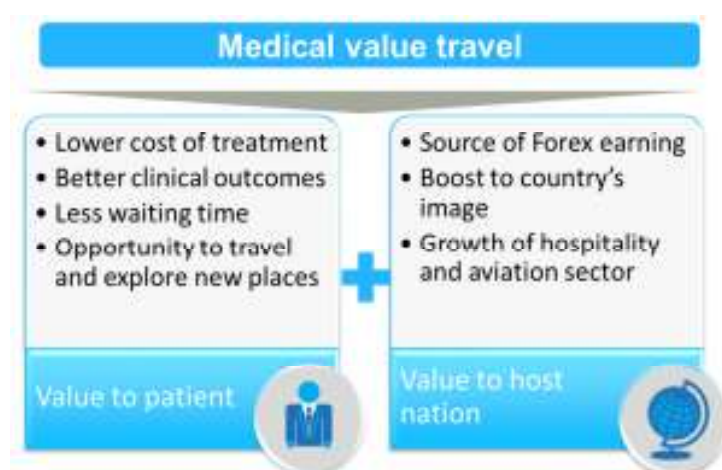
Of late, Medical value travel (MVT), as a term, has started to gain currency in order to define visits by overseas patients for availing medical treatment. The reason behind MVT's popularity may be attributed to the fact that it captures patient's healthcare seeking behavior as well as the wider economic impact of such travel on nations hosting them.

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<sup>1</sup> <http://www.medicaltourismassociation.com/en/research-and-surveys.html>

<sup>2</sup> <http://media.unwto.org/press-release/2016-01-18/international-tourist-arrivals-4-reach-record-12-billion-2015>

<sup>3</sup> G. Musa, D.R. Doshi, K.M. Wong, T. Thirumoorthy, J Travel Tour Mark 29, 629-646 (2012)



### **Drivers for MVT are medical, economic, social as well as technological**

Given the underlying value, it's not a surprise that multiple countries are increasingly positioning themselves to attract a wider pool of MVT patients. Following may be key drivers that's increasing the prominence of MVT.

#### **Medical**

- Lack of quality healthcare providers esp. in resource constrained countries
- Long waiting-time e.g. patients with inadequate infrastructure or high reliance on 'crowded' public facilities
- Better reliability and credibility of healthcare facilities through increasing popularity of accreditation
- Sustained marketing initiatives by hospitals as well as host nations
- Increased demand for alternative therapy for rejuvenation

#### **Economical**

- Low insurance coverage and prohibitive cost of healthcare leading to trips abroad for cost effective care
- Increase in affluent population esp. in from emerging markets, resulting in outbound MVT

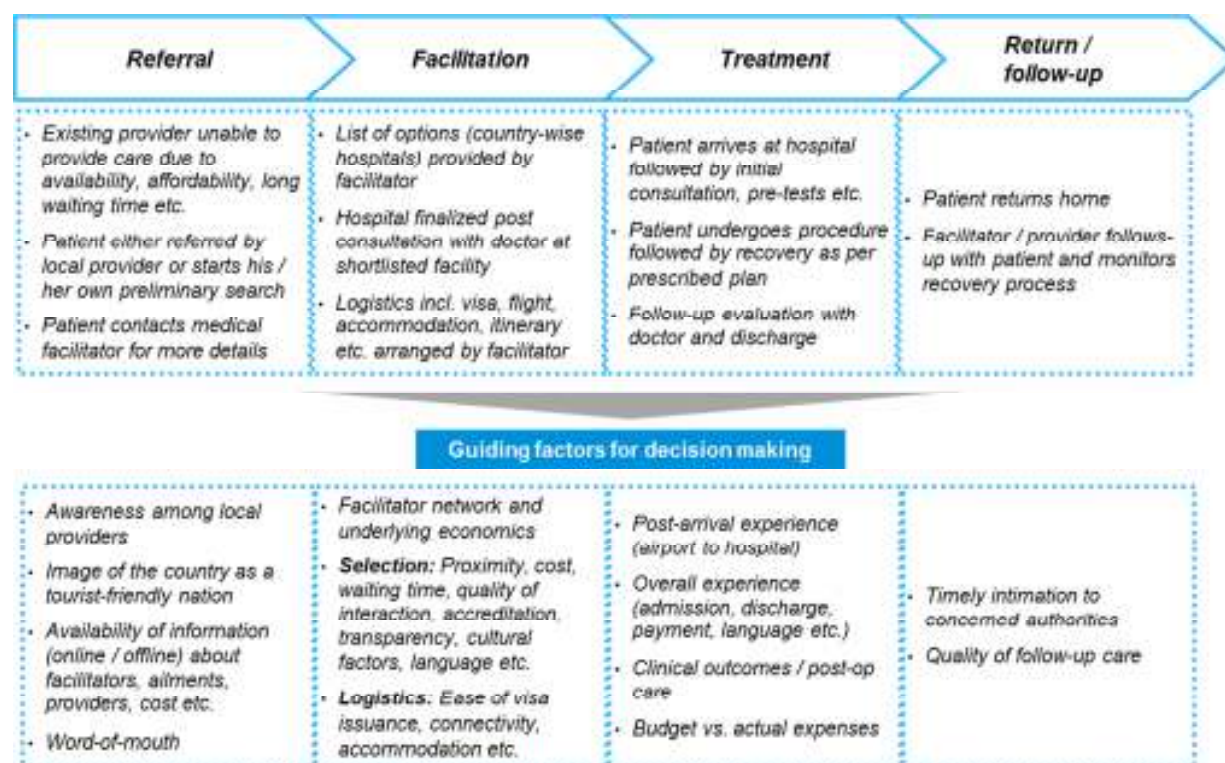
#### **Social and Technological**

- Access to information with the increasing penetration of internet
- Increase in propensity to travel largely through better connectivity
- Need for privacy among patients

## **MVT requires patient interacting with stakeholders across medical and travel domain**

Given that MVT patients are seeking care abroad, it requires them to interact with stakeholders across medical as well as travel domain, both in their country as well as host nation. Thus, facilitation of MVT requires 'patient-centricity' which necessitates understanding of patient process flow, guiding factors as well as role of key stakeholders in the MVT ecosystem.

### **MVT process flow and guiding factors^**



^While certain nuances may be different for those seeking rejuvenation or alternative treatment, but major influencing factors may broadly be the same

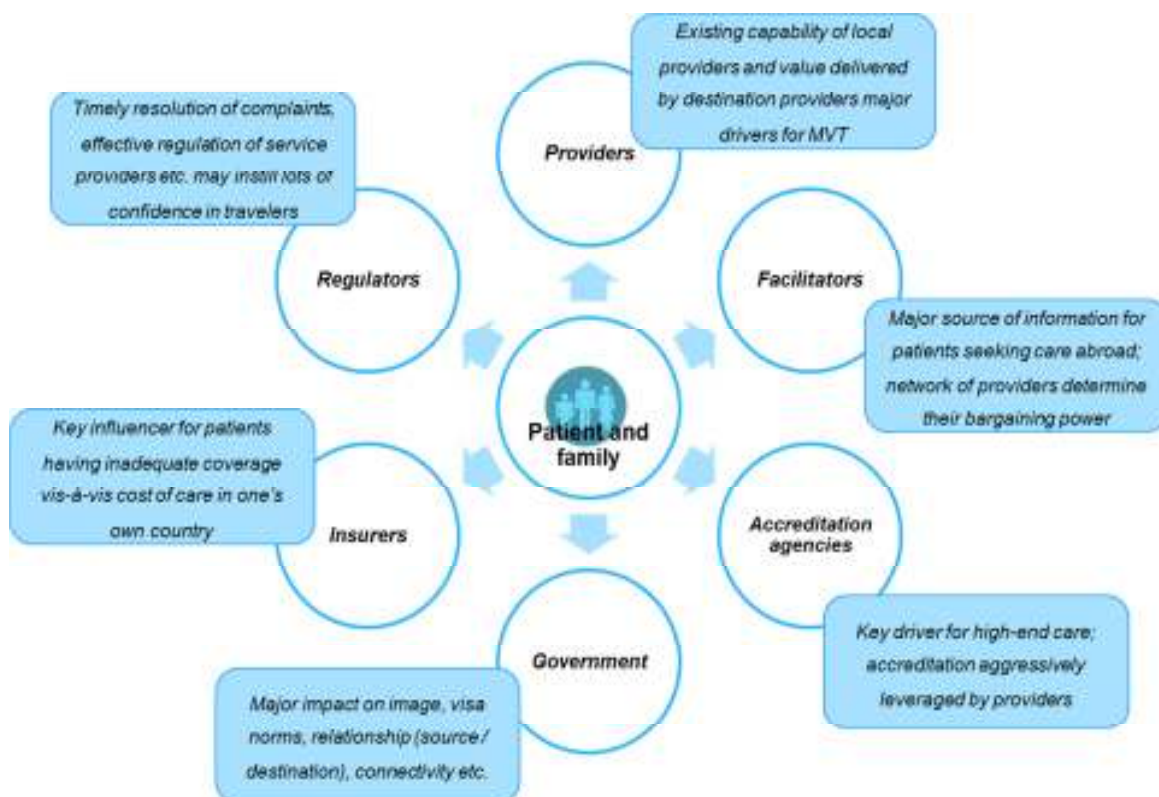
In many cases, patients directly reach out to providers. The exhibit above shows process flow in cases where patients seek services of facilitators

As outlined above, multiple stakeholders are involved in provision of care to patients seeking care abroad. Depending on their role as well as underlying interests, influencing factors for decision making may vary.

## **'Patient centricity' is critical for facilitation of MVT**

MVT is a highly engaging experience that requires a patient to interact with multiple stakeholders while accessing care i.e. right from referral to returning to his / her home country. These stakeholders have a major role in determining the quality of experience of MVT patients and their family members.

### **Key Stakeholders for MVT Ecosystem**



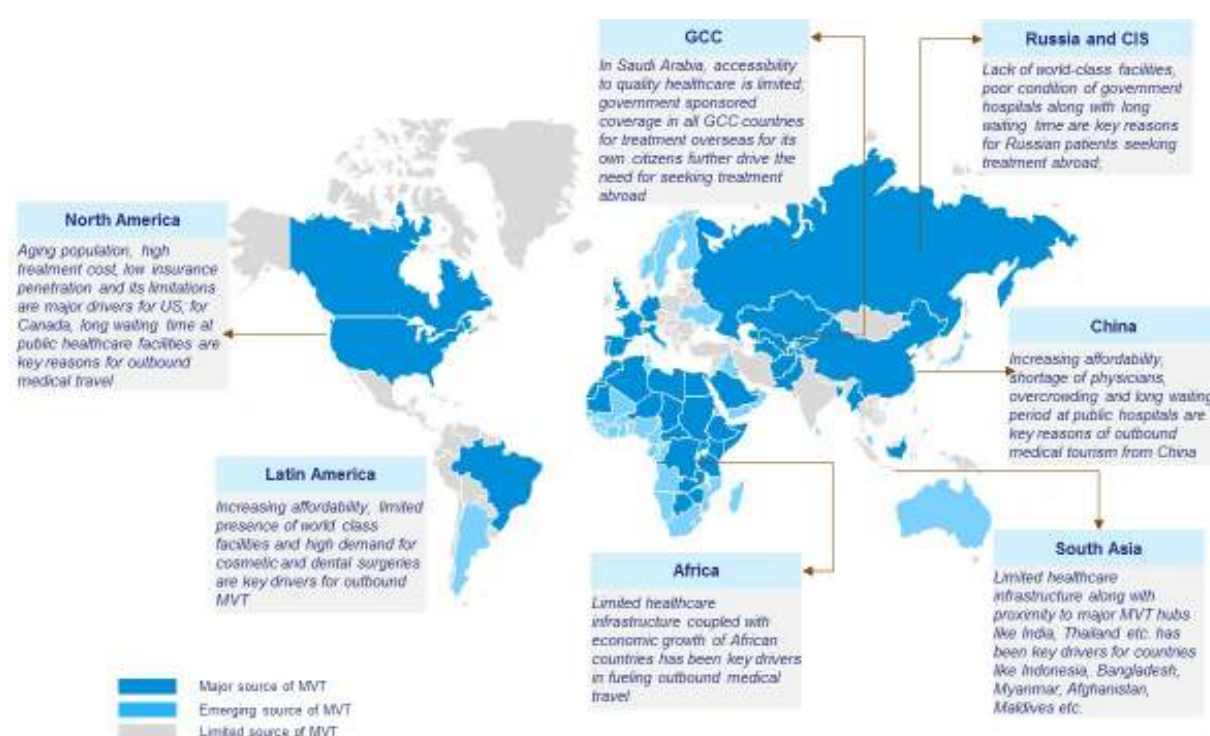
Brief description of the role played by each of the key stakeholder are described in appendix, section A

## GLOBAL MEDICAL VALUE TRAVEL MARKET

Globally around 11 million patients traveled outside to seek treatment in 2015. Overall medical tourism market is estimated at around 40 to 55 billion USD and is believed to be growing at 15%.<sup>4</sup>

### **Over 11 million people travel to seek medical care abroad**

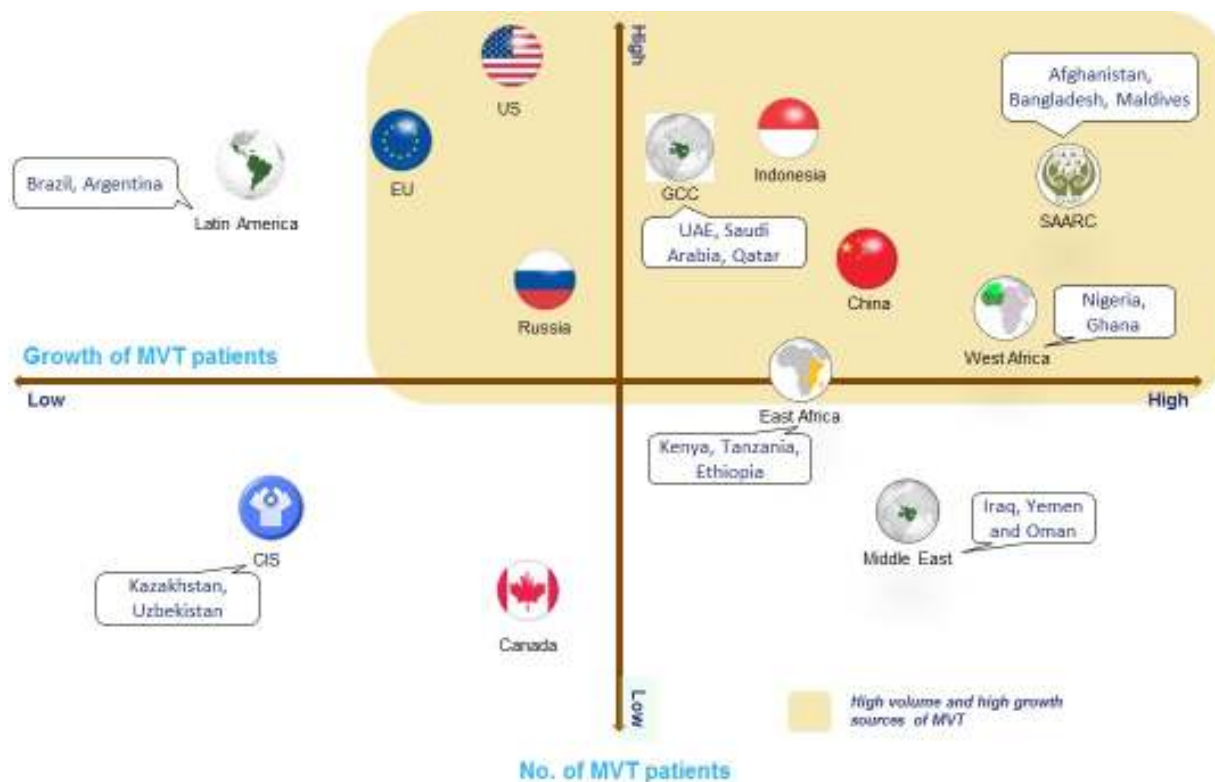
Key sources of outbound medical tourism are developed regions such as USA and UK and emerging regions like Russia, China and Latin America.



Brief description of major source countries for MVT are described in appendix, section B

<sup>4</sup> <http://www.medicaltourismassociation.com/en/research-and-surveys.html>

**US and Europe account for major share of MVT patients, however regions within Asia and Africa are catching up**

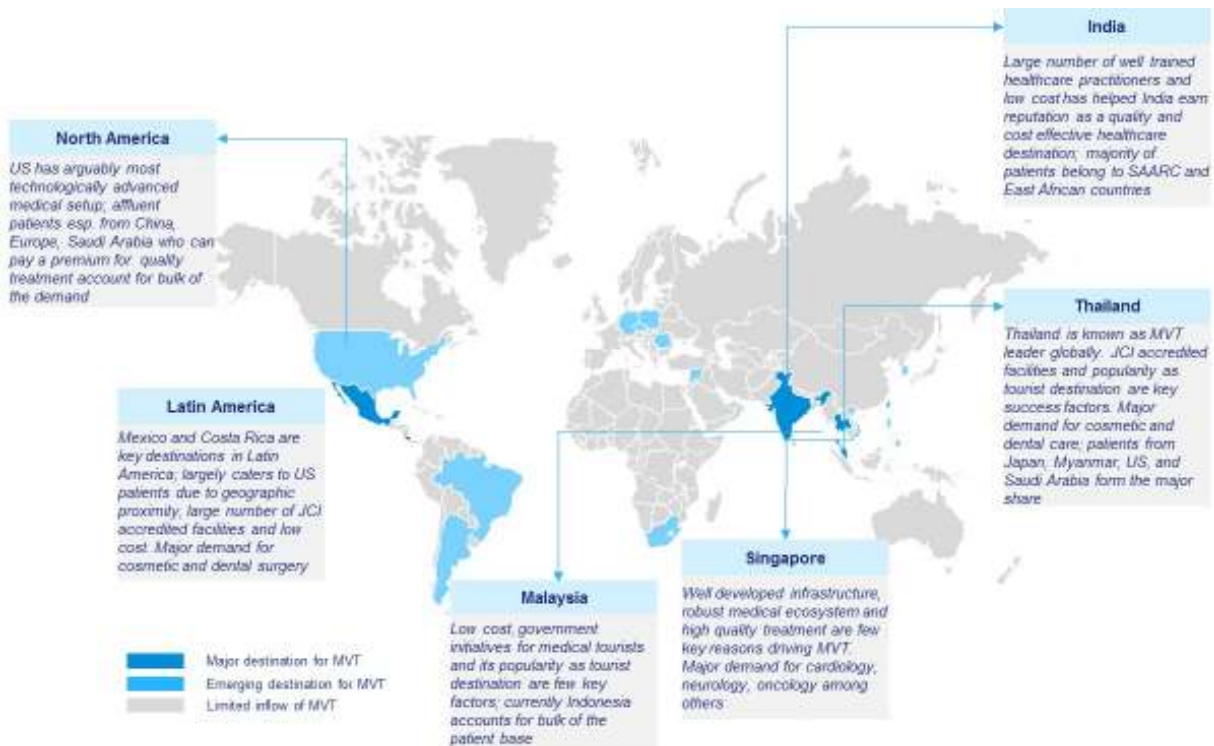


Brief description of major source countries for MVT are described in appendix, section B



## Asia is the Key Destination for MVT

Asia is the hub for medical value travel, however US remains one of the preferred destinations for few high end treatments especially for affluent people from emerging economies.



Brief description of major destination countries for MVT are described in appendix, section C

## Popular MVT treatments include mix of curative, wellness and alternate medicine<sup>5</sup>

Treatment \ Country	Thailand	Singapore	India	Malaysia	South Korea	Taiwan	UAE	Israel	Costa Rica	Mexico	Brazil	US
Cardiology and heart surgery	Primary	Primary	Primary	Primary	Primary	Primary	Secondary	Primary		Secondary	Secondary	Primary
Neurology and spine surgery	Primary	Primary	Secondary	Secondary	Primary	Primary		Secondary			Secondary	Primary
Oncology	Secondary	Primary	Secondary	Secondary	Secondary	Secondary		Secondary		Secondary	Primary	Primary
Orthopedics	Primary	Primary	Primary	Primary	Primary	Secondary		Secondary	Secondary	Secondary	Secondary	Primary
Stem cell and regenerative therapy		Primary						Secondary				Secondary
Transplant	Secondary	Secondary	Primary	Secondary	Primary	Secondary						Primary
Ophthalmology	Secondary	Primary	Primary	Secondary	Secondary	Secondary	Primary			Secondary		Primary
Dentistry	Primary		Secondary	Secondary	Secondary		Secondary		Primary	Primary	Secondary	
Fertility and reproductive health	Secondary	Secondary	Secondary				Primary	Primary				
Cosmetic and reconstruction surgery	Primary	Secondary		Secondary	Primary	Secondary	Primary		Primary	Primary	Primary	
Weight loss surgery	Secondary		Secondary	Primary	Secondary		Secondary		Secondary	Primary	Primary	
Wellness and prevention	Primary		Primary	Primary	Secondary	Secondary	Secondary		Secondary			
Alternative medicine	Primary		Primary	Primary			Secondary					

Primary destination for medical tourists  
 Secondary destination for medical tourists

"India is traditionally known for cardiac and orthopedic treatments, but of late India is gaining traction in oncology and transplants and other high end treatments as well."

- Naresh Kapoor – Executive Director, BLK Super Specialty Hospital

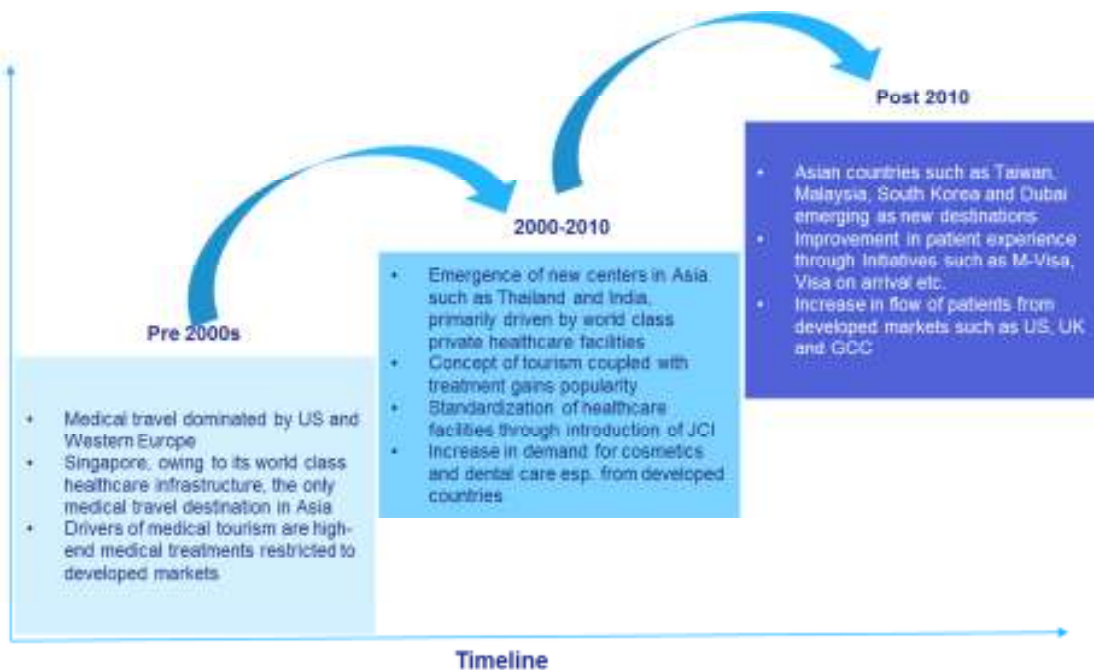
<sup>5</sup> Patient Beyond Borders 2014



## **MVT has evolved multifold over the last two decades**

Medical tourism has evolved rapidly in the last two decades. Preferred destinations for MVT has moved away from the developed markets of US and Western Europe to developing markets especially in Asia. Rise of Asian economies and emergence of concept of MVT as a growth opportunity saw several Asian countries establishing themselves as new hubs for MVT. In addition, increase in geriatric population in developed economies and rising cost of healthcare has further aided the trend.

The evolution of medical tourism can be summarized in three distinct phases:

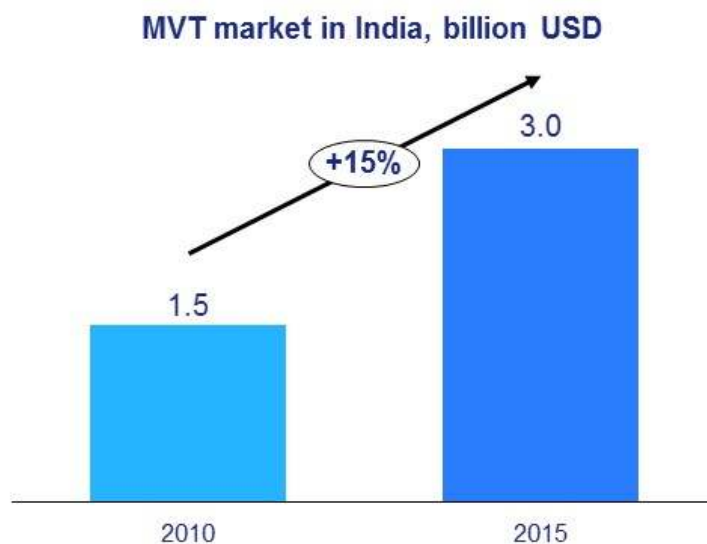


Brief description of phases of MVT are described in appendix, section D

## MEDICAL VALUE TRAVEL IN INDIA

### **MVT in India was estimated to generate ~3 billion USD in 2015**

India is one the key MVT destinations in Asia with over 500,000 foreign patients seeking treatment. India's medical value travel was pegged at 3 billion USD in 2015 growing at a CAGR of 15%<sup>6</sup>.



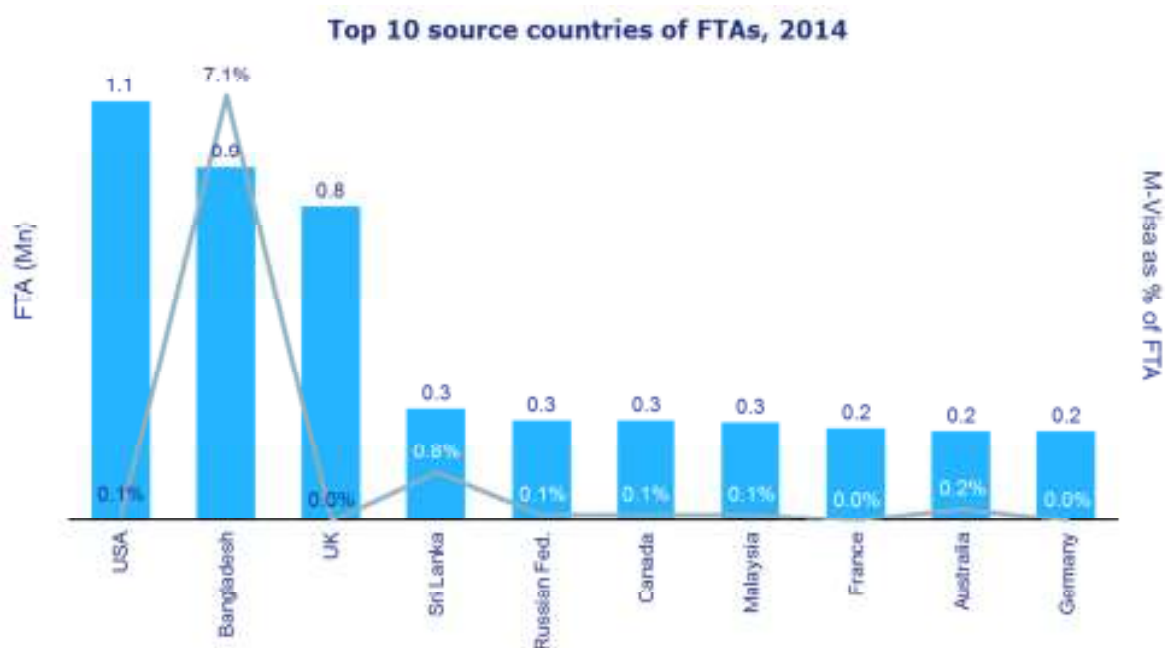
NITI Aayog (National Institution for Transforming India), a Government of India policy think-tank has identified MVT as one of the major growth drivers and a major source of forex earning and is currently working out a roadmap to ensure significant growth by 2020.

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<sup>6</sup> Based on interactions with the Industry experts and IMS Health analysis

## **US, Europe along with SAARC countries are major sources of FTAs**

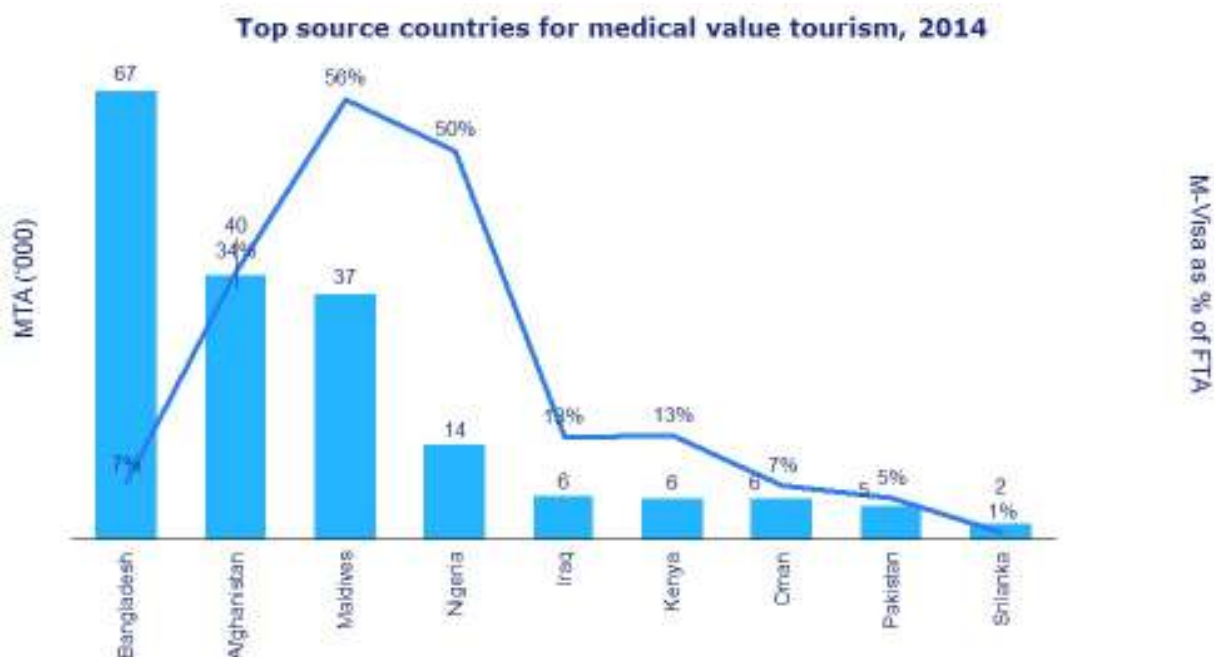
While developed markets like US, Western Europe contribute large share of FTA (Foreign tourist arrival), the share of medical tourists i.e. patients travelling for India for treatment with respect to the total tourist inflow, is fairly low. Bangladesh, with much higher share of MVT patients, seems to be the outlier largely due to the proximity as well as inadequate availability of domestic healthcare infrastructure.<sup>7</sup>



<sup>7</sup> India tourism statistics 2014- Ministry of Tourism

## **SAARC countries and select regions of Africa are major sources of MVT patients**

SAARC countries such as Bangladesh, Afghanistan, and Maldives are the major sources of medical value travel followed by African countries such as Nigeria, South Africa and Kenya<sup>8</sup>. Proximity, cultural connect and connectivity are key reasons for inflow of patients from these regions. Few new sources of medical value travel too have emerged in the recent years such as Russia, CIS countries, Myanmar etc.



Cardiology, neurology, oncology and orthopedics are key treatments sought after by patients from key sources of MVT<sup>9</sup>

Country \ Treatment	Treatment				
	Cardiology	Neurology	Oncology	Orthopedics	Reconstructive surgery
Bangladesh	✓	✓	✓	✓	
Afghanistan	✓	✓	✓	✓	✓
Maldives	✓	✓	✓	✓	
Africa	✓		✓	✓	
South Korea	✓				
Iraq	✓	✓		✓	✓

✓ Treated sought by MVT patients

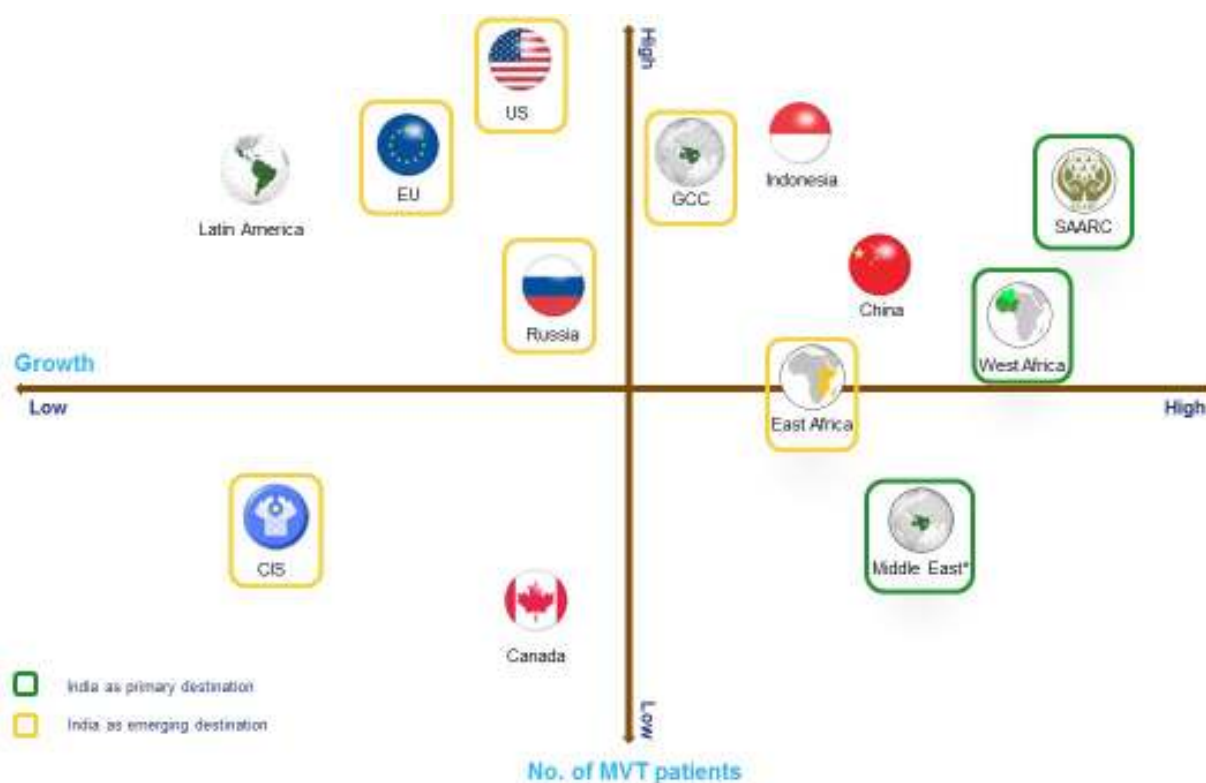
<sup>8</sup> India tourism statistics 2014- Ministry of Tourism

<sup>9</sup> Interaction with industry experts

## **Multiple Opportunities exist for India beyond its traditional MVT Source Countries and Treatments**

### **Opportunities for India among MVT source countries:**

India is a preferred destination for high growth MVT sources such as Africa and Asian countries in its neighborhood such as Bangladesh, Afghanistan, and Maldives etc. But choice of India as preferred MVT destination in other large MVT source countries such as US, Europe and Latin America is rather limited.<sup>10</sup>

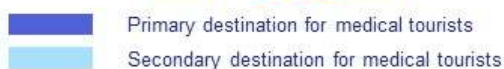


<sup>10</sup> Industry experts and IMS Analysis

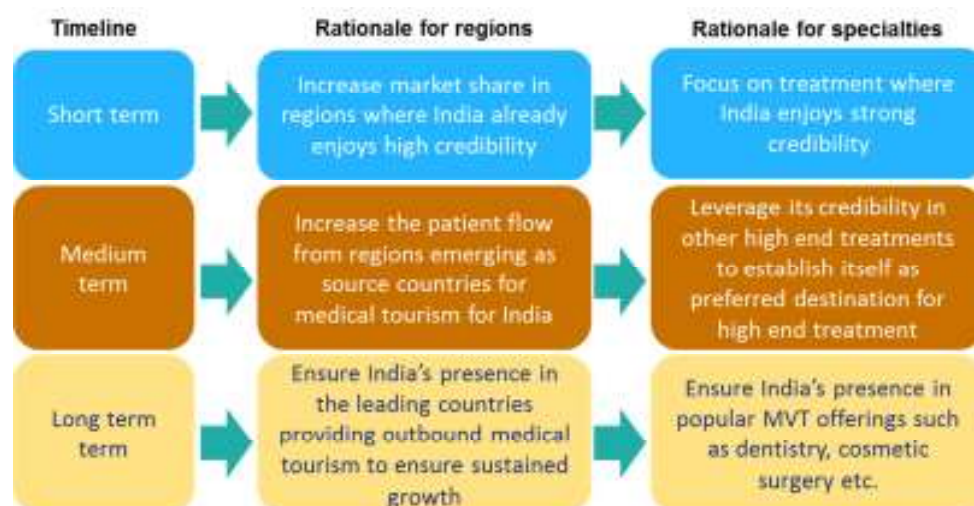
## Opportunities for India among popular MVT treatments:

Similarly within treatments sought by MVT patients, India is considered preferred destination for cardiology, orthopedics, transplant and ophthalmology in curative care. India also enjoys high credibility in wellness and prevention and Alternative Medicine.

Country \ Treatment	Thailand	Singapore	India	Malaysia	South Korea	Taiwan	UAE	Israel	Costa Rica	Mexico	Brazil	US
Cardiology and heart surgery	Primary	Primary	Primary	Primary	Primary	Primary	Secondary	Primary		Secondary	Secondary	Primary
Neurology and spine surgery	Primary	Primary	Secondary	Secondary	Primary	Primary		Secondary			Secondary	Primary
Oncology	Secondary	Primary	Secondary	Secondary	Secondary	Secondary		Secondary		Secondary	Primary	Primary
Orthopedics	Primary	Primary	Primary	Primary	Primary	Secondary		Secondary	Secondary	Secondary	Secondary	Primary
Stem cell and regenerative therapy		Primary						Secondary				Secondary
Transplant	Secondary	Secondary	Primary	Secondary	Primary	Secondary						Primary
Ophthalmology	Secondary	Primary	Primary	Secondary	Secondary	Secondary	Primary			Secondary		Primary
Dentistry	Primary		Secondary	Secondary	Secondary		Secondary		Primary	Primary	Secondary	
Fertility and reproductive health	Secondary	Secondary	Secondary				Primary	Primary				
Cosmetic and reconstruction surgery	Primary	Secondary		Secondary	Primary	Secondary	Primary		Primary	Primary	Primary	
Weight loss surgery	Secondary		Secondary	Primary	Secondary		Secondary		Secondary	Primary	Primary	
Wellness and prevention	Primary		Primary	Primary	Secondary	Secondary	Secondary		Secondary			
Alternative medicine	Primary		Primary	Primary			Secondary					

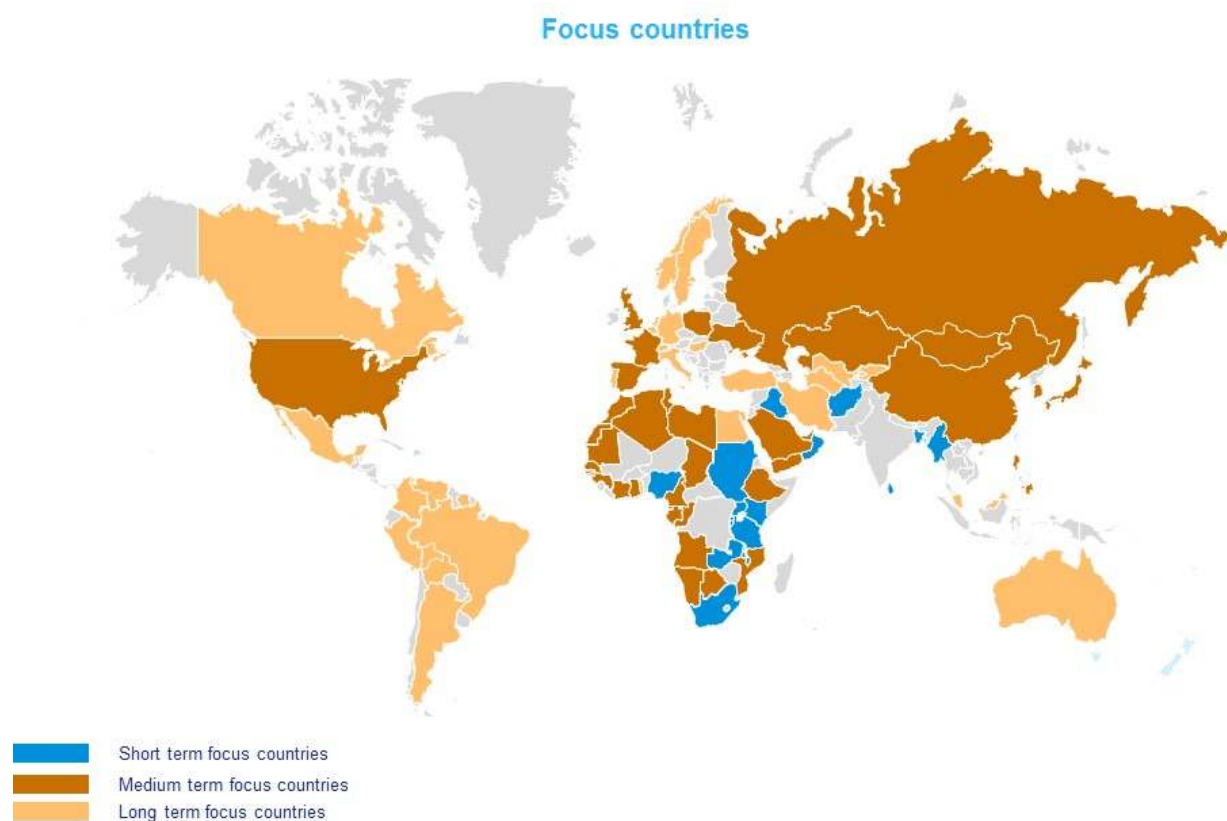


Following framework has been used to prioritize opportunities for India within MVT sources as well as preferred treatment.



**SAARC and select regions of Africa provide immediate opportunity while regions like US and China can be medium term targets**

Keeping in view the framework outlined above, global sources of MVT patient flow may be categorized into short, medium and long term focus countries in order to prioritize India's MVT focused initiatives.

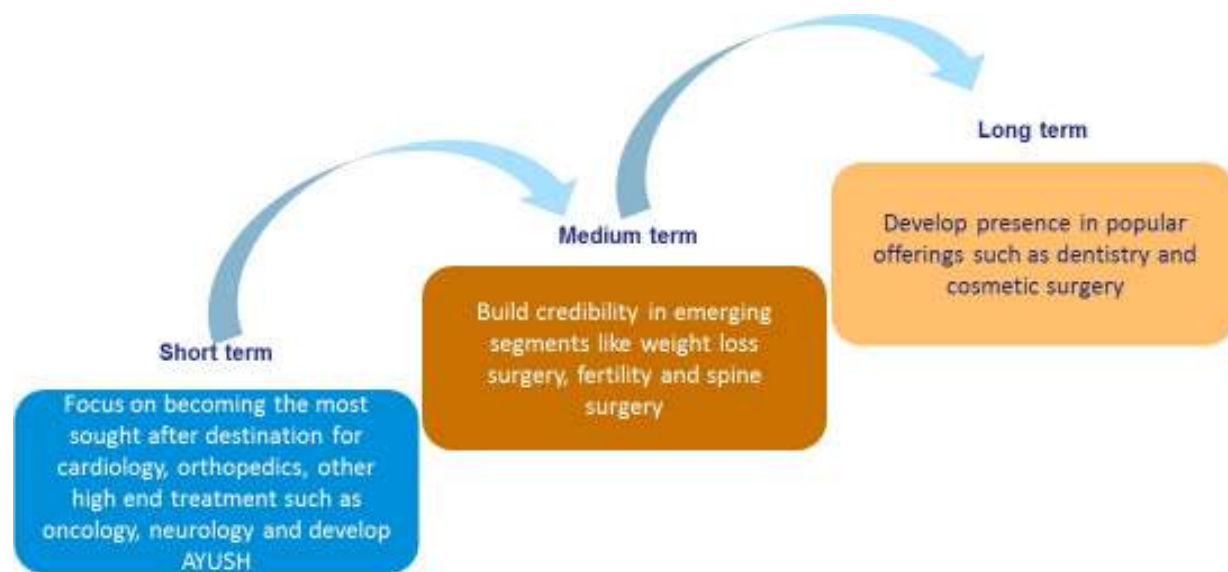




**India can leverage its leadership in cardiology and orthopedics however infertility, weight loss etc. can be tapped in the near to medium term**

In curative care, India can leverage its success in cardiology and orthopedics to build its credibility in other high end treatments and emerging areas like spine surgery, infertility, weight loss surgery etc. In addition, India's experience in AYUSH could be leveraged.

Thus, based on India's relative strength as well as weakness vis-à-vis MVT regions and offerings, India needs to identify focus areas in the short, medium and long term in order to emerge as the global leader for MVT.



## **Summarizing Opportunities for India**

To emerge as preferred global destination for MVT, India needs to diversify its sources of medical tourism and offerings to create a strong value proposition.



**In the short term**, India can focus on increasing penetration in its established markets with offerings where India enjoys a clear edge.

**In the medium term**, India should focus on developing other regions which contribute to majority of MVT patients like US by leveraging its existing treatment capabilities. Within new offerings, India can start building its credibility in treatments like weight loss surgery, spine surgery and infertility etc. to further penetrate into its traditional patient sources.

**In the long term**, India needs to target remaining regions like Canada, Eastern Europe etc.; it also needs to expand footprint in offerings such as cosmetic surgery to effectively tap into these regions.

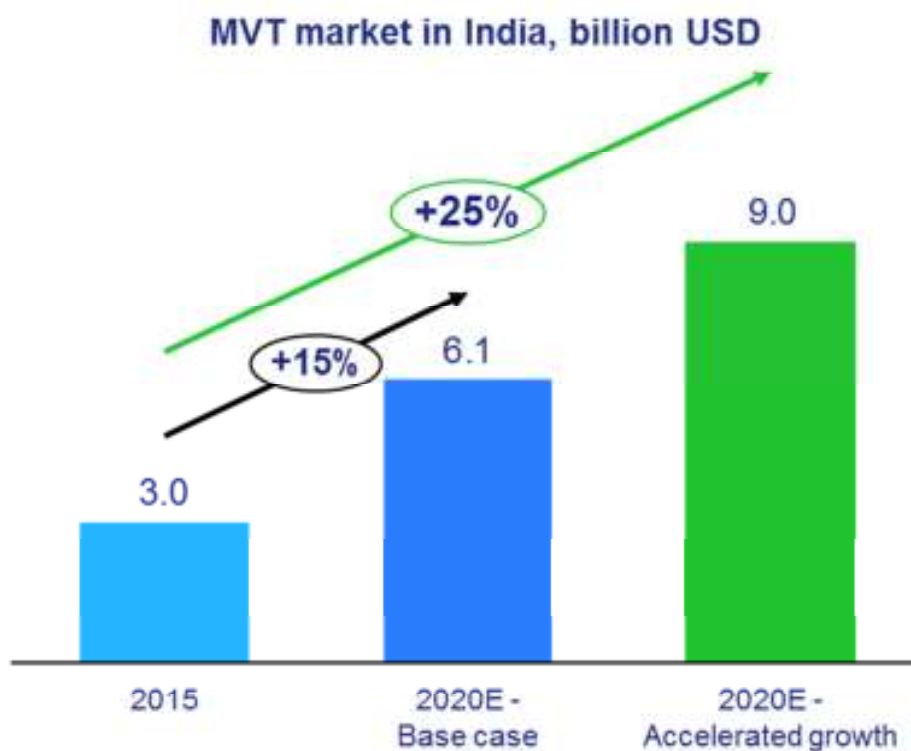
"India can leverage its civilizational connections with Middle East and SAARC countries to deepen relationships and leverage this advantage through wider MVT offerings."

- Dr Harish Pillai – Co-Chair, FICCI Medical Value Travel Committee & CEO, Aster Medcity

**MVT can be a 9 billion USD opportunity by 2020 through adequate focus and effective execution**

As outlined above, India needs to diversify its sources of medical tourism and offerings to create a strong value proposition which would help India in becoming leader in medical tourism.

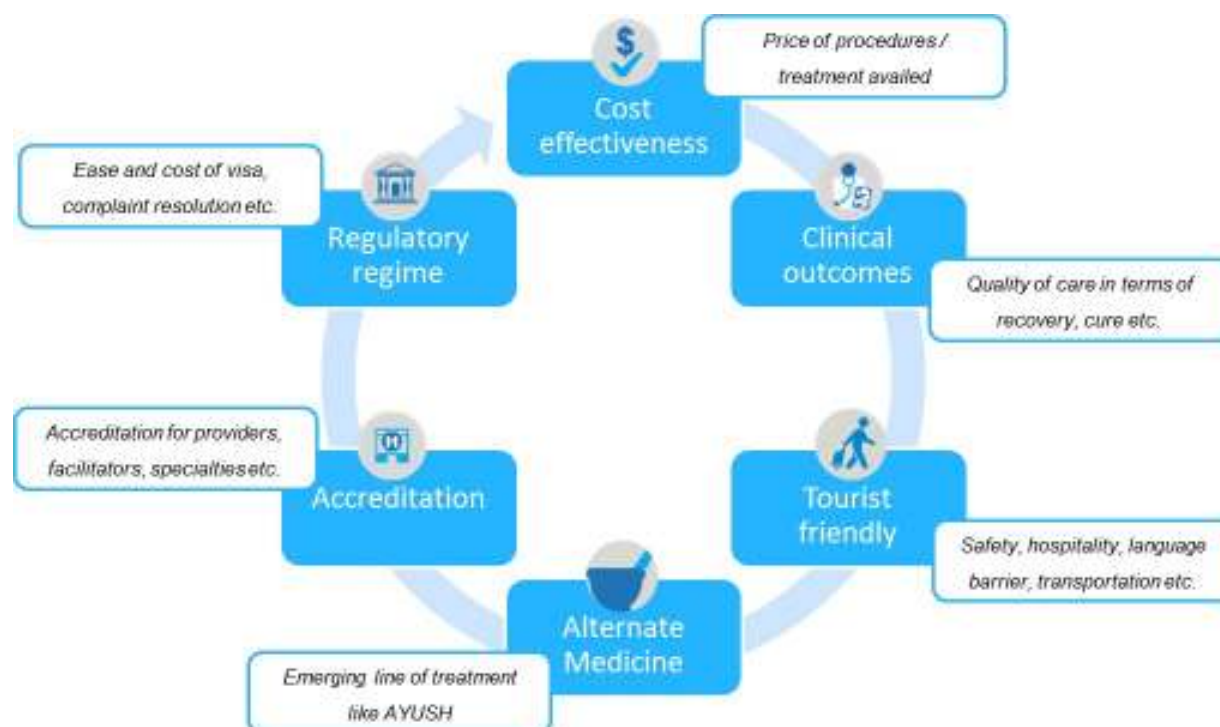
Thus with broader offerings catering to large set of global patient pool, India could accelerate its MVT growth from current estimates of 15% to 25%.<sup>11</sup>



<sup>11</sup> Inputs from Industry experts, providers, MVT players and IMS analysis

**However to tap this opportunity, India will have to focus on following considerations**

Following are the key considerations for patients while deciding upon the destination for seeking treatment abroad.



Given the above factors, we have gone about carrying out a comparative analysis of India vis-à-vis other leading MVT hubs.

## **India is currently well positioned in cost effectiveness and clinical outcome but lags behind in tourist friendliness**

Following is the comparative analysis of India vis-à-vis other MVT hubs.



As is evident from the above exhibit that India does fairly well on cost effective, clinical outcomes as well as alternate medicine. However, India lags behind these countries in providing the visitors with a friendly environment and an efficient regulatory regime. So, in a nutshell, India scores well on 'medical' but has a long way to go as far as 'travel' part of MVT is concerned.

Further details of India's standing on these key influencing factors have been explained in section E of appendix.

"Trust created by Indian Doctors across the Globe is clearly reflecting in the continuously increasing inbound medical tourism activities in the Country. It's time to build upon this and leverage the immense potential which is still untapped."

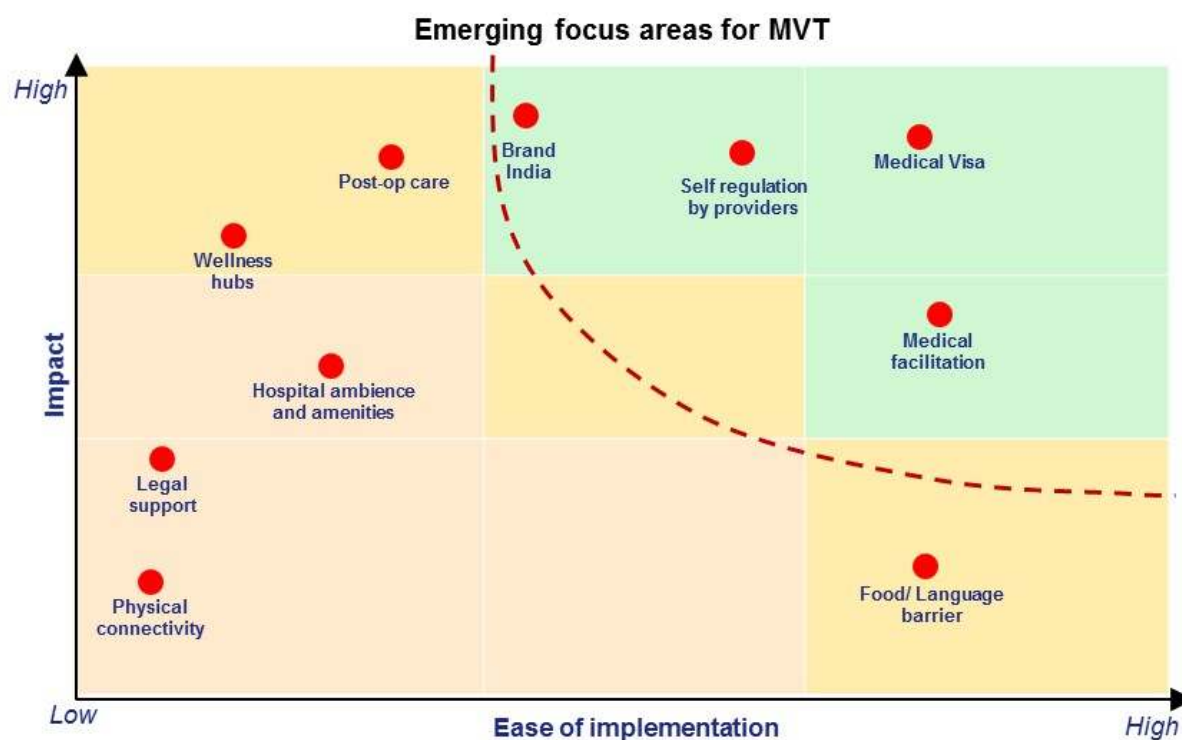
- Ravi Bhandari- CEO, Shalby Limited

## **Emerging areas for accelerated growth of MVT in India**

Following areas emerged based on discussion with industry experts and comparative analysis carried out among leading MVT destinations for establishing India as the preferred MVT destination.

- **Brand India:** *Position India as a tourist friendly destination*
- **Self-regulation by providers:** *Best business practices related to medical facilitation, pricing of procedures, clinical outcomes etc.*
- **Medical Visa:** *Efficient visa issuance process*
- **Medical facilitation:** *Regulate medical facilitators for improved patient experience*
- **Post op care:** *Improved services related to post op care like physiotherapy for faster recovery and superior outcomes*
- **Wellness hubs:** *Develop popular tourist destinations beyond metro as wellness hubs*
- **Hospital ambience and amenities:** *State of the art hospital infrastructure to provide world class patient experience*
- **Legal support:** *Faster redressal of patient grievances in case of suboptimal care*
- **Food/ language barrier:** *Address barriers around food and language by developing resources like translators, chefs (international cuisines)*
- **Physical connectivity:** *Improved transport infrastructure like roads, railways, airport connectivity etc.*

Above emerging areas were further evaluated on their 'impact' vis-à-vis MVT's accelerated growth is concerned as well as 'ease of implementation'. Following is the analysis:



Given the above analysis, following **focus areas** have emerged for specific recommendations:

**Medical visa**

**Brand India**

**Medical facilitation**

**Self regulation by providers**

"Post-op care within Indian setups may not be at par with leading MVT destinations."

- Varun N Panjwani-  
COO, Global Health and Travel

"Healthcare infrastructure in India needs to be more patient centric and patient friendly."

- Varun N Panjwani  
COO, Global Health and Travel



## RECOMMENDATIONS

Following section outlines specific recommendations pertaining to each identified focus areas:

### **Medical Visa: Issuance of medical visa may be streamlined by addressing country or region-specific issues**

- Identify focus countries where there is delay in issuance of medical visa due to inadequate staffing and focus on increasing resources
- Technology can be leveraged for faster processing of visa esp. for countries wherein delay is due to security reasons as that requires multiple verifications and approvals
- Indian missions to be opened in countries within high potential regions like Africa and Middle East e.g. Somalia and Yemen which have high potential for MVT
- Focus on boosting exchange of leading healthcare practices, skilled healthcare workforce and technology with countries averse to issuing medical visas in order to allay their concerns e.g. CIS countries like Tajikistan, Turkmenistan etc.
- India can consider lowering the cost of medical visa for focus countries, given that overall economic benefits may more than compensate for revenue loss by increasing demand due to lower cost or less hassle

"Cost of medical visa should be made competitive vis-à-vis other MVT destinations."

- Navneet Malhotra - Vice-President & Head-International Marketing, Medanta The Medicity



#### Case study

##### Thailand

- In 2013, Thailand started providing 90 day visa exemption to GCC nationals (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the UAE) coming for medical purpose
- Nationals from 5 other countries, including South Korea, Argentina, Brazil, Chile, and Peru are eligible for 90 day visa exemption
- The patients can have upto 3 individuals from their country (i.e. parents, children, spouse or maid), accompanying him/her to stay in Thailand for 90-days without visa.

##### Malaysia

- Travelers from Western countries can get a 3 months Medical Visa on arrival and hence they needn't apply for Visa beforehand.
- With a letter from the medical centre, the patient can obtain a visa extension for up to 6 months.

Source- <http://www.thaibank.org/abudhabi/contents/files/services-20130203-181534-057363.pdf>, <https://www.mhfc.org.my/>



## Implementation roadmap:

	Action	Duration	Ownership	Dependency
PHASE 1	Shortlisting of key challenges in visa issuance as outlined by FICCI committee	1 month	FICCI committee	-
	Mapping of MVT countries against identified challenges/ issues e.g. security, lack of resources, absence of high commission, limited support by source countries etc.	1 month	FICCI committee	-
	Prioritization of issues keeping in view challenges faced by high potential MVT countries e.g. short term priority countries	2 months	Ministry of tourism/ Ministry of commerce	-
	Develop teams to recommend solutions specific to prioritized issues	3 months	Ministry of tourism/ Ministry of commerce	-
PHASE 2	Nodal agencies to take up recommendations on a priority basis	-	Ministry of tourism/ Ministry of commerce	Inputs from focus teams
	Programme management office to be formed to ensure timely implementation	-	Agency to be finalized	Inputs from focus teams

## **Brand India: 'Brand India' initiatives to develop a Patient-Centric and Tourist-Friendly India**

- Conduct roadshows in focus countries to create awareness and build on India's brand as medical value destination
- Similar to Incredible India, develop a digital campaign promoting MVT in India thereby developing 'patient-centric' attitude among local population
- Stringent actions may be taken against violators be it in medical domain or general tourism, thereby outlining India's commitment to 'quality in everything'
- Develop travel councils with representatives from hospitals, ministry of tourism, infrastructure, external affairs as appropriate to work on strategies & programs aimed at projecting Indian MVT
- Develop dedicated concierge facilities for medical tourists at airport:
  - One-stop center for medical value travelers including visa clearance and replying to medical queries
  - Disseminate information on medical services for walk-in travelers
  - Facilitating information and arrangement for transport, accommodations and local travel
- Establish long term relationship with countries from where India is attracting high medical tourists by helping such nations develop their medical infrastructure like impart training to medical staff, etc. This would help build India's goodwill and in-turn India's perception as medical tourist destination

"Healthcare is largely driven by goodwill, which would require focused initiatives like cultural exchanges, training of healthcare resources and creating a certain degree of self-sufficiency in MVT source countries, so that we are seen as a long term, trusted partner in this Business."

- Dr. Devlina Chakravarty - CEO and ED, Artemis Hospital



### **Case study**

#### **Malaysia Healthcare Travel Council (MHTC)**

- Established in 2009 under the Ministry of Health, Malaysia, MHTC aims to promote Malaysia as a distinctive medical travel destination with quality healthcare services.
- MHTC is building strategic public-private partnerships domestically and abroad, in a bid to create increasingly easier access to Malaysian healthcare for international patients.
- MHTC also launched the "Malaysia Loves You" campaign which aims to highlight Malaysia's most unique qualities as a healthcare destination of choice
- To provide end-to-end service to health visitors, MHTC has developed Concierge and Lounge at airports to provide comfortable spaces for health tourists to rest while waiting for on-ground transport services by their medical providers to arrive

Source- <https://www.mhtc.org.my/>

## Implementation roadmap:

	Action	Duration	Ownership	Dependency
PHASE 1	Segment countries keeping in view MVT potential into short term, medium term and long term priority countries	1 month	High powered committee	-
	Identify focus area specific to high potential countries (connectivity, cultural issues, awareness, security etc.)	1 month	High powered committee	-
	Develop teams to recommend solutions specific to identified focus areas	2 months	Ministry of tourism	-
	Formulate plan based on analysis of focus areas including marketing plan for "MVT focused" initiatives	3 months	Focus area specific team	-
PHASE 2	Identify agencies / vendors for carrying out outlined activities in a time-bound manner	1 month	SEPC / High commission and Ministry of Health	Marketing Plan
	Launch initiatives both outside as well as within India across media channels (print, electronic, digital)	-	SEPC / High commission and Ministry of Health	-
	Develop KPIs (key performance indicators) for monitoring and evaluation	-	Agency to be finalized	-

## **Medical Facilitation: Medical facilitation in India needs to evolve towards providing value-added services**

- Registration of medical facilitators may enhance transparency of the overall ecosystem and promote India as a credible destination for medical value travel
- Government may set up a committee to create norms for registration of facilitators in India and make registration mandatory
- List of registered facilitators to be made available on medical tourism websites
- Even MVT hospitals may be mandated to display list of registered facilitators on their websites
- Medical facilitators need to evolve from “sourcing patients” to “facilitating MVT” by investing in value-added services like dedicated call centers for addressing medical / non-medical queries in different languages, help around logistics, technology for patient data management etc.
- Above evolution may also require different incentive structure so that there is adequate return on investment
- Focus should be on promoting accreditation among facilitators to further increase compliance and improve overall patient experience e.g. NABH has recently come up the accreditation framework for empanelment of facilitators.
- Government may encourage investments in medical facilitation so that patient-centric models may evolve e.g. tax incentives for investing in technology as healthcare infrastructure is getting further enabled and strengthened

“In Singapore, treatment cost is same for all patients irrespective of whether they come through facilitator or other channels.”  
- Varun N Panjwani- COO, Global Health and Travel (Singapore)

“Patient centric medical facilitation would require effective regulation and outcome focused incentive structure.”  
- Varun N Panjwani- COO, Global Health and Travel (Singapore)



### **Case study**

#### **National Accreditation Board for Hospitals (NABH)**

- NABH has invited applications for empanelment of medical facilitators
- NABH has laid out a basic criterion comprising of 7 sections for empanelment of medical facilitators:
  - Technical and infrastructure specifications of the Organization
  - Statuary compliance information
  - Organization information
  - Information on facilities provided
  - Privacy policies and procedures
  - General policy and procedures like facilitation charge, payment procedures etc.
  - Organization responsibilities

Source- <http://nabh.co/MVTf.aspx>

## Implementation roadmap:

	Action	Duration	Ownership	Dependency
PHASE 1	Form team for finalization of norms for registration of medical facilitators comprising of regulators, government, providers, facilitators etc.	1 month	FICCI committee	-
	Finalize norms for registration of medical facilitators around infrastructure, resources, financials etc.	3 months	Ministry of tourism/ Ministry of health	-
	Norms to be shared for wider consultation with the public at large, before finalization	1 months	Ministry of tourism/ Ministry of health	Finalized norms
	Notification regarding mandatory registration of facilitators to be issued with specified timelines	1 month	Ministry of tourism/ Ministry of health	-
PHASE 2	Nodal agency to be formed for ensuring adherence of norms regarding medical facilitation	1 month	Ministry of tourism/ Ministry of health	-
	List of registered facilitators to be displayed on websites of relevant ministry as well as providers	-	Government and providers	-
	Accreditation status of facilitators to be highlighted and given priority in the list to encourage applications	-	Government and providers	-
	Strict actions to be taken against those not adhering to norms	-	Nodal agency	-



## **Self-regulation by providers: Transparency in rates and clinical outcomes will strengthen India's positioning**

- For key procedures, MVT focused hospitals should share clinical outcomes on their website with details on total procedures performed and procedure wise mortality/ morbidity rates; this would help prospective patients benchmark Indian providers against other top destinations
- For key procedures, hospitals may also provide indicative price range so that patients are not fleeced by facilitators / agents
- Industry should create an independent body that can approve or audit the above information shared by hospitals and penalize those deviating from them
- Hospitals should not entertain tourists seeking medical treatment on tourist visa, unless and until approved by the government
- Providers may accept patients only from registered facilitators
- Hospitals may charge same rates to all patients irrespective of whether they come via facilitators or through other channels, thereby addressing lack of trust among patients
- In addition, patients should be encouraged to reach out to designated facilitators in their respective countries so that they can avail value-added services (addressing of queries related to medical, cost, travel, support in data management, language barriers etc.) thereby leading to improved experience as well as incentivizing facilitators to invest in human resource, technology etc.

"Focus on transparency in terms of clinical outcomes and treatment cost will help the healthcare providers, as well as the country, to build trust among global patients."

- Dr. Harinder Singh Sidhu - Head - International Business, Apollo Hospitals



### **Case study**

#### **New York Health Commission (NYHC)**

- In 1980, doing heart by-pass was very lucrative and many hospitals got into the business impacting overall clinical outcome
- To identify the poor performing hospitals, NYHC mandated all the hospitals to disclose the number of coronary by-pass surgery conducted and death rates for the same
- During the first year wide variations in death rates were found across hospitals with low death rate hospitals getting increased no. of patients
- This forced hospitals with poor outcomes to improve quality of care
- This resulted in a reduction of overall mortality rate from 9% to 2% without any enforced regulation by the government as the hospitals improved on their own

Source: Unaccountable: What Hospitals Won't Tell You and How Transparency Can Revolutionize Health Care

## Implementation roadmap:

	Action	Duration	Ownership	Dependency
PHASE 1	Team comprising of representatives of MVT focused providers to be formed	1 month	MVT focused providers	-
	Team to formalize criteria reporting clinical outcomes, displaying package rates and engaging with facilitators	3 months	MVT focused providers	-
	Nodal agency to be formed for approval / audit of data on provider-specific clinical outcomes, procedure-specific rates and adherence to engaging with facilitators	1 months	MVT focused providers	Finalized criteria
PHASE 2	Specialty-specific clinical outcomes data to be mandatorily displayed on websites of participating providers	-	MVT focused providers	-
	Procedure-specific rates to be mandatorily displayed on websites of participating providers	-	MVT focused providers	-
	Strict actions against erring providers to be taken	-	Designated agency	-

## CONCLUSION

India has already emerged as one of the major hubs for provision of care to MVT patients. With the given scale of healthcare infrastructure and the projected growth, India can further strengthen its standing among the current popular MVT destinations like Thailand, Singapore, Malaysia, Mexico etc.

In order to strengthen its position, India would need to focus on dual objectives of 'tourism friendliness' and 'patient centricity'. However, achieving the stated vision of being '**The Provider to the World**' would necessitate coordinated efforts by all key stakeholders be it government, providers, facilitators, regulators, insurers etc. In fact, one can say with reasonable confidence that success in attaining MVT leadership will have a rub-off effect on transforming the entire Indian healthcare setup.



## APPENDIX

### **Section A: Key Stakeholders For MVT Ecosystem**

#### **Providers**

Both local providers as well as providers in destination countries are key to the MVT ecosystem.

For patients seeking care abroad, local provider may be the first touch point as its inability to provide care in the domestic setting necessitates the need to travel. This inability may arise from multiple reasons like unavailability of required infrastructure (e.g. for resource deficient countries), cost (e.g. developed countries that rely on adequate insurance cover), long waiting time (e.g. countries with inadequate infrastructure or reliant on overcrowded public facilities).

Providers in destination countries are at the heart of care delivery. Their relationship with local providers either through MoUs or local sales offices may provide access to the patient through referral else, medical facilitators may end up connecting the patient to the care provider. In few cases, patients may do their own search to finalize their provider of choice. Initiatives by providers have been critical in evolution of destinations as hub for medical tourism.

#### **Facilitators**

Medical facilitators have emerged as the major channel for facilitating care abroad. Depending on the model adopted by each player, they might be fulfilling one of the following four roles:

- *Educator:* Focused on providing information around options for countries as well as providers, inputs regarding accreditations, certification, affiliations, foreign doctors as well as travel considerations e.g. security, culture, health etc.
- *Organizer:* Such facilitators play a much wider role vis-à-vis educator, ranging from assessment by provider through medical history, tests, etc., facilitating medical complication insurance, assisting with scheduling of appointments, after care, etc. to logistics around transportation, hotel etc.
- *Bridge:* They may be useful for patients who have already finalized the destination or provider of interest but may need help due to language barriers or inability to identify relevant people to contact
- *Advocate:* These facilitators may be considered as representative of the patient in the foreign country. If there are any major issues, the onus is on the facilitator to get them addressed

## **Accreditation agencies**

Accreditation agencies have been at the forefront of 'quality revolution' in healthcare by symbolizing superior outcomes. This is reflected in higher reimbursements for procedures carried out at accredited facilities e.g. NABH in India.

With the emergence of Joint Commission International, better known as JCI (founded in 1994), MVT patients came across a 'mark of approval' signifying quality outcomes and safety thereby significantly reducing their efforts vis-à-vis finalizing the provider of choice. Providers across hubs for care provision, are aggressively seeking JCI accreditation. In fact, there seems to be a high correlation between number of JCI accredited facilities and MVT patient inflow. In India, apart from JCI, providers are actively seeking NABH accreditation which is recognized by ISQua to help them tap into international patients.

## **Government**

Government focus, both source as well as host countries, vis-à-vis tourism has a major role to play in the growth of MVT. Initiatives around easing of visa issuance, better connectivity and promoting cultural exchanges with focus countries, addressing security related issues, branding etc. require active government support and go a long way in establishing the country as a 'tourist-friendly' destination. In addition, by infusing efficiency in medical-visa issuance processes, the government can provide major fillip to the MVT ecosystem.

## **Insurance**

Patients travelling for curative reasons, usually travel for high-end treatment thereby 'ability to pay' is an important criteria. Given that the insurance coverage is a key determinant of patient's 'ability to pay', insurers have a major say in choice of destination as well as provider. With rising insurance premium and increasing burden on healthcare infrastructure across developed economies, patients having inadequate coverage are actively looking at cost effective destinations for treatment. In developing markets too, insurers are targeting affluent patients through policies that cover treatment outside one's country as well.

## **Regulators**

Regulatory framework i.e. policies of the host country in facilitation of MVT patients e.g. visa issuance (documentation, approvals, timeliness etc.), designated bodies for specific complaints, registration of service providers (facilitators, agents, providers etc.), redressal of complaints (timeliness, adequate compensation, enforcement etc.). Efficient and transparent regulatory regime will go a long way in establishing the credibility of the country as preferred MVT hub.

Given the above context, let's have a look at how MVT landscape is positioned globally and how has it evolved over a period of time.

## **Section B: Key Source Countries For MVT**

### **USA**

In 2014, over a million<sup>12</sup> US citizens travelled abroad for treatment despite the fact that US has one of the highest expenditure on healthcare as percentage of GDP. Rising healthcare cost coupled with limited or no insurance for large section of population have been major drivers for outbound tourism. As per current estimate over 35 million<sup>13</sup> Americans still have no health insurance despite introduction of Obamacare. Increasing popularity of treatments such as cosmetic surgeries, fertility treatments which are not covered by insurance has also been a key drivers for Americans seeking treatment abroad.

Majority of Americans prefer Mexico and Costa Rica in Latin America due to proximity, lower cost as well as trust in quality of care provided by these facilities e.g. a hip surgery in Costa Rica will cost a fifth of cost in American facility. Asian destinations such as India, Thailand too have become popular destination on account of increasing credibility of their private healthcare facilities.

### **Canada**

Increase in geriatric population has led to higher demand for surgeries related to old age. Publicly-owned healthcare system in Canada has not kept pace with increased demand thereby leading to shortage of healthcare infrastructure like operating rooms and surgeons. This has resulted in long waiting period for the patients across all major surgeries. As per report published by ministry of health in 2014, over 21,000 patients waited 3.5 months for general surgery and over 40,000 patients waited for over 5 months for ophthalmic surgery<sup>14</sup>. Orthopedic surgeries particularly have average waiting period of over 6 months. The chronic issue of long waiting period has been key factor for outbound tourism from Canada.

Over 50,000 patients<sup>4</sup> travelled abroad in 2015 for medical purposes. Key treatments sought by Canadian patients travelling abroad are orthopedic surgery, neuro surgery, plastic surgery and ophthalmic surgery. Most preferred destinations are Mexico, Costa Rica, US and Singapore.

### **Latin America**

Latin America has few pockets of quality healthcare services concentrated in Mexico and Brazil. Beyond these countries, rest of the region has relatively poor quality of healthcare infrastructure. Recent economic growth has led to increase in income thereby increasing demand for high-end care. Most preferred treatments are cosmetic treatment, weight loss etc. Most preferred destinations are Thailand and US.

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<sup>12</sup> "It is estimated that approximately 1.25 million Americans travel abroad in 2014 for medical treatment", <https://www.health-tourism.com/medical-tourism/usa-research/>

<sup>13</sup> "Number uninsured population under age of 65 years: 35.7 million", Center for disease control and prevention website, <http://www.cdc.gov/nchs/fastats/health-insurance.htm>

<sup>14</sup> "21,210 patients waited 3.5 months for a general surgery and 40,527 patients waited more than five months for an ophthalmic surgery", <http://www.medicaltourismmag.com/wait-times-in-canada-outbound-medical-tourism-opportunities/>, accessed 28<sup>th</sup> April 2015

## Africa

Africa is reportedly losing over 1 billion USD on medical tourism abroad as per World Bank statistics for 2015. As per a study, over 25% of passengers on major airlines departing for East Asia and India comprise of medical tourists<sup>15</sup>. Barring South Africa and to certain extent Egypt, other in Africa have relatively poor infrastructure which barely meets expectation of patients seeking quality care. Key countries providing outbound tourism are Kenya, Uganda, Nigeria etc. For example over 40,000 Nigerians<sup>16</sup> travelled abroad for medical treatment in 2015. Preferred destinations for medical treatment are India and Thailand with preferred treatments being curative surgery and cosmetic surgery. People with high income also travel for delivery of their babies given the low trust in local facilities.

## GCC countries

Shortage of specialized care in areas such as oncology and cardiology are fueling demand for outbound medical tourism. Lack of specialist doctors is another key reason for demand for overseas treatment. Most preferred destinations are US, Europe, Thailand, Malaysia, Singapore and India.

However, in recent years, GCC countries have been focusing on reducing outbound tourism. In 2016, Saudi Arabia launched National Transformation Plan called 'Vision 2030'. The plan aims to diversify Saudi Arabia's economy and aims to triple non-oil revenue over next 5 years. Medical tourism has been identified as one of the growth sectors and the government is planning to develop healthcare infrastructure locally in order to cater to the global MVT demand. Also, slump in oil prices has led government to rethink over its policy of covering all expenses related to treatment for GCC nationals abroad.

## Indonesia

Over a million Indonesians travel abroad every year seeking health services, spending over a billion USD<sup>17</sup>. Majority of affluent Indonesians prefer to travel to neighboring countries such as Singapore, Thailand and Malaysia for complex medical procedures. As per MHTC annual report, Indonesian patients accounted for over 60% of inbound MVT patients in Malaysia in 2015<sup>18</sup>. Indonesian patients travel to these neighboring South East Asian countries for medical services and treatments that are not available within their own country or that they feel are not of suitable quality. Patients are attracted by the short travel times, range of services, reasonable cost, and cultural match in terms of religion, language and food.

## Myanmar

As per Bangkok Hospital Group (BHG), a major hospital group in Thailand focusing on MVT patients, over 40,000 patients from Myanmar visited its hospital in 2013. Majority of patients belong to affluent segment as reflected by average spend of around 10,000 USD

<sup>15</sup> "25% of the passenger loads on major airlines Kenya Airways and Ethiopian Airlines are medical tourists", Professor Khama Rogo of the World Bank, <https://www.imtj.com/news/africa-spends-1-billion-year-outbound-medical-tourism/>

<sup>16</sup> "At least 3000 Nigerian patients travel abroad for medical tourism monthly" Nigerian Health Minister Professor Onyebuchi Nwosu; <https://www.imtj.com/news/african-countries-seeking-reduce-outbound-medical-tourism/>

<sup>17</sup> <http://www.thejakartapost.com/news/2009/05/04/rich-indonesians-spend-big-overseas-medical-expenses.html>

<sup>18</sup> <http://www.georgemedicalgetaway.com/malaysia-the-best-kept-secret-in-medical-tourism/>

per surgery by patients as per data made available by BHG.<sup>19</sup> Thailand, Singapore and Malaysia are the preferred destination for these patients.

## **Bangladesh**

Over 300,000 patients from Bangladesh travel overseas for treatment every year. Most of them visit India, Singapore or Thailand. As per MHTC report released by Malaysian government, the number of patients from Bangladesh to Malaysia doubled to 20,000 in 2015 over the last five years and is expected to touch 25,000 to 30,000 patients a year by 2017<sup>20</sup>. Most seek treatment for cardiac and orthopedic problems.

## **China**

Over half a million patients from China travel overseas for treatment abroad. Key destinations visited are South Korea, Taiwan in Asia and US. Increasing affordability, lack of quality specialists and long waiting time at key hospitals are key reasons for travel abroad.<sup>21</sup>

## **Russia**

Despite Russian doctors being highly qualified, their numbers are quite low. Public healthcare system riddled with bureaucratic hurdles, results in long waiting queues for prescribed treatment. Also not all kinds of healthcare services are available in Russia. For example, Cyber-knife Radiosurgery, a non-invasive treatment option for tumors, has recently become available only in two hospitals in Russia. Thus patients travel abroad especially to destinations such as US, Europe, Israel and India for treatment.<sup>22</sup>

<sup>19</sup> <http://www.irrawaddy.com/business/as-tourists-flock-to-burma-countrys-wealthy-fly-out-for-health.html>

<sup>20</sup> <https://www.imtj.com/news/malaysia-targets-healthcare-markets-close-home/>

<sup>21</sup> <http://medicaltourismassociation.com/blog/our-network-of-facilitators-attending-china-s-global-healthcare-conference-trade-mission/>

<sup>22</sup> [https://in.rbth.com/society/2015/04/16/india\\_emerges\\_as\\_new\\_destination\\_for\\_russian\\_medical\\_tourists\\_42649](https://in.rbth.com/society/2015/04/16/india_emerges_as_new_destination_for_russian_medical_tourists_42649)

## **Section C: Key Destination Countries for MVT**

### **Thailand**

Tourist authority of Thailand estimated that over 3 million patients travelled to Thailand for treatment in 2015. When broken down, the figures showed that 26.6 per cent the total were international medical tourists, 41.1 per cent were resident expatriates, and 26.65 per cent were travelers in the country needing emergency treatment. The figure of 26.6 per cent for international medical tourists is in line with a TAT estimate of around 700,000 patients travelling from overseas to Thailand for treatment but 'multiple billing' is recorded as 'multiple patients' (patients undergoing more than one procedure while they are in hospital), so the figure of 3 million may be inflated.<sup>23</sup>

As per earnings reported by private hospitals listed on Stock exchange of Thailand (SET), Thailand earned over 3 billion USD in 2015<sup>24</sup>. Cosmetic surgery and dental surgery are most popular treatments among foreigners. Thailand also provides integrated wellness centers which includes massage, spa and other restorative activities. Thai Hospitals were among the first in Asia to be medically accredited and due to its first-mover advantage, some of its major private facilities have managed to establish itself as popular destination for medical travel e.g. over half of the patients treated at Bumrungrad Hospital, one of the largest private hospital in Thailand, are overseas patients and account for ~60 percent of hospital revenue.

Majority of medical tourists in Thailand are from Japan, Myanmar, US, Australia and Middle East. Thailand's medical tourism industry majorly focuses on two categories- international patients with high purchasing power or insurance coverage and retired citizens seeking temporary or permanent residency in Thailand.

### **India**

India has emerged as one of the most credible and cost effective destination for medical tourism esp. for curative treatment. MVT in India has been spearheaded by large corporate hospitals who have created strong global equity areas like cardio surgery, orthopedic surgery etc. As per data received from Ministry of Tourism, around 200,000 tourists travelled to India on Medical visa in 2014<sup>25</sup>. Considering the fact that large number of MVT patients may be visiting the country on a tourist visa, the actual number of patients coming from abroad for seeking care may be much higher. Majority of MVT is accounted by SAARC countries such as Bangladesh, Maldives and Afghanistan and East African countries such as Kenya, South Africa as well as Nigeria.

India has built strong credibility in curative treatment and is positioning itself as the holistic destination for alternative medicine on account of its strength in AYUSH i.e. ayurveda, yoga, unani and homeopathic treatment.

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<sup>23</sup> Medical tourism review, November 2014, Issue 2, page no 6

<sup>24</sup> Kasikorn Research Center, a subsidiary of Kasikorn Bank, <http://www.oxfordbusinessgroup.com/news/thailand-has-healthy-prospects-medical-tourism>

<sup>25</sup> India Tourism statistics, 2014 published by Ministry of Tourism

## Malaysia

According to the latest annual Report (2015) of the National Transformation Programme (NTP), the reformist plan of the Malaysian government, Malaysia generated over 200 million USD<sup>26</sup> as revenue from MVT in 2015<sup>26</sup>. According to Malaysia Healthcare Travel Council (MHTC), over 850,000 medical tourists travelled to Malaysia in 2015. Over 80% of health tourists who visited Malaysia came from neighboring countries including Indonesia, Thailand and Singapore with Indonesia alone contributing around 60% of patient flow. Malaysia has been aggressively targeting patient population from China and Middle East.<sup>27</sup>

Malaysia provides services in cardiology, orthopedics, oncology, neurology to neighboring ASEAN countries esp. Indonesia that have poor healthcare infrastructure and dentistry, infertility treatment, cosmetic surgery and rehab services to other countries.

## Singapore

Traditionally, Singapore has been the top MVT destination in Asia before the advent of other Asian hubs such as Thailand, Malaysia and India. But growth of MVT in Singapore vis-à-vis other Asian destinations has been lower as patients eye cheaper options elsewhere while government support for the sector wanes. Revenue from MVT in 2013 was 860 million USD which was 25 percent lower than figure in 2012. With Singapore ranked sixth out of 191 countries globally and the best in Asia by the World Health Organisation, It is expected to remain a preferred choice for high end care, but is expected to face stiff competition in less complex treatment.<sup>28</sup>

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<sup>26</sup> National Transformation Programme (NTP) Annual Report 2015

<sup>27</sup> <https://www.mhtc.org.my/malaysia-medical-tourism-figures-2015/>

<sup>28</sup> <http://www.straitstimes.com/business/singapore-losing-medical-tourists-to-neighbours>



## **Section D: Evolution of MVT**

### **Phase I-(Pre 1990s)**

- US and Europe were the center for medical travel
- The industry was driven by lack of quality healthcare facilities across developing countries globally
- Most patients belonged to affluent sections of the society within developing economies who sought high-end medical treatment in US and European care providers

### **Phase II- (2000-2010)**

- Asian economic crisis of 1997 severely impacted economies of some of the South-east Asian nations like Thailand and Malaysia. This led to their efforts to diversify by tapping into new opportunities for growth. MVT emerged as one of the focus areas resulting in marketing efforts being directed towards positioning themselves as premiere international healthcare destination
  - Thailand became a major medical tourist hub for cosmetic surgery, plastic surgery etc. on account of high cost differential vis-à-vis its western counterparts
- Opening up of economy in early 90s and emergence of private facilities with a pool of specialists were key catalysts that propelled India as a key medical tourist destination. Marketing and outreach initiatives by corporate hospitals as well as leading specialist provided further impetus to India's growth story in medical tourism. Given the low cost structure, India stood out vis-à-vis other destinations esp. in curative treatment like cardiac surgery, orthopedics etc.
- Formation of JCI in 1997 was an enabler in creating a standardization in quality across international facilities
  - Several facilities in Asia began receiving global acceptance on account of international accreditation, thus enabling them to position themselves as global healthcare institutes comparable to the western counterparts
  - India, Thailand and Singapore soon became the top medical tourist destination with their leading private healthcare facilities establishing their credibility to the global customers

### **Phase III- (Post 2010)**

- In recent times, medical hubs have begun increasingly focusing on creating a strong synergy in meeting patient's healthcare and tourism as well as leisure needs. Several countries have recently started focusing on MVT by leveraging on their traditional strength
  - Malaysia, a well-developed tourist destination, has aggressively focused on creating a strong offering of meeting medical needs along with leisure travel; high treatment cost in Singapore and larger number of English-speaking population vis-à-vis Thailand too, have been key drivers
  - South Korea and Taiwan, with their proven capabilities in advanced treatments, a well-established global image and proximity to ASEAN

nations especially China have been successful in creating a space for themselves

- Indonesia is striving to become an international health destination because of its abundant natural beauty, range of alternative treatment and proximity to wealthy nations such as China and Australia e.g. Indonesia has been named as the best spa destination in the world

Few countries especially in GCC and Africa that have been traditional sources of MVT, have started focusing on containing outbound MVT through increased investment in healthcare infrastructure. Thus, these trends could potentially change the landscape of global MVT in the coming years.

## **Section E: Detailed Analysis Of India On Key Considerations**

### **1. Cost effectiveness**

India rating: High

Cost effectiveness is a key parameter in driving the demand for medical value travel. As per MTA patient survey report, nearly 80%<sup>29</sup> of the patients decide on the destination after considering the overall cost savings. India has considerable edge over other global medical value destinations in terms of cost effectiveness. Medical tourist travelling to India can have cost savings in the range of 30-70% across procedures<sup>30</sup>.

Procedure name	India	Thailand	Singapore	Malaysia	Korea	Mexico	US	Costa Rica
Heart Bypass	\$5,200	\$15,121	\$18,500	\$11,430	\$28,900	\$27,000	\$144,000	\$25,000
Angioplasty	\$3,300	\$3,788	\$13,000	\$5,430	\$15,200	\$12,500	\$57,000	\$13,000
Heart Valve Replacement	\$5,500	\$21,212	\$12,500	\$10,580	\$43,500	\$18,000	\$170,000	\$30,000
Hip Replacement	\$7,000	\$7,879	\$12,000	\$7,500	\$14,120	\$13,000	\$50,000	\$12,500
Hip Resurfacing	\$7,000	\$15,152	\$12,000	\$12,350	\$15,600	\$15,000	\$50,000	\$12,500
Knee Replacement	\$6,200	\$12,297	\$13,000	\$7,000	\$19,800	\$12,000	\$50,000	\$11,500
Spinal Fusion	\$6,500	\$9,091	\$9,000	\$6,000	\$15,400	\$12,000	\$100,000	\$11,500
Dental Implant	\$1,000	\$3,636	\$1,500	\$345	\$4,200	\$1,800	\$2,800	\$900

The cost of treatment in India is around 2-3 times lower compared to most of geographies and such discounted treatment costs coupled with quality care are the key reasons why people consider travelling to India to avail medical facilities.

### **2. Clinical Outcomes**

India rating: High

Superior clinical outcomes i.e. focus on quality, drives patient's choice of medical travel destination. As per patient survey report, for 59%<sup>31</sup> patients, it is one of the most important criteria for final selection.

Quality in healthcare esp. for MVT, may be largely driven by following parameters:

- Presence of facilities providing high-end care
- Availability of skilled doctors esp. super specialists
- Increasing focus on accreditation

<sup>29</sup> MTA patient survey report 2014

<sup>30</sup> <http://www.medicalindiatourism.com/treatment-cost.html>; Medical Tourism in India: Progress, Opportunities and Challenges', Madras School of Economics; <https://www.oecd.org/els/health-systems/48723982.pdf>

<sup>31</sup> "First patient surveys on medical tourism", *Medical Tourism Issue 10*

In the last couple of decades, India has witnessed the major emergence of corporate hospitals. This was a major shift from the earlier trend of care delivery through government-owned hospitals or trust-owned (not-for-profit) providers. Presence of corporates in the hospital segment has resulted in increased investment in healthcare delivery primarily into high-end technology, world-class amenities etc. as well as increasing focus on achieving scale by building large setups. Given the size of the setups, these providers have started focusing on MVT patients to cater to the capacity available.

India has a large base of super specialist:

- Cardiologist- ~10,000
- Orthopediatricians- ~10,000
- Surgeons- ~12,000

Further, 1 out of 5 doctors practicing in US belong to India. This has helped build India's credibility as medical value travel hub.

Large hospitals, especially those owned by corporates, are increasingly focusing on accreditation to leverage it as a branding tool. Details around accreditation may be found in the section below.

### **3. Tourist friendly**

India rating: Low

Key aspects that have a major bearing on the 'tourist friendliness' of a country include aviation infrastructure, amenities at the airport, proper transport infrastructure, affordable accommodation, good food, adequate cleanliness, hygiene, safe drinking water and overall safety concern.

Aviation infrastructure is critical since it is a major mode of entry for inbound medical tourists. India has good connectivity at most of the airports in metro cities however, ease of service at airport is a concern. Ease of services at the airport is important for making sure that medical tourists have a hassle-free entry as well as departure.

Amenities like separate kiosks for medical tourists for immigration clearance, language interpreters, ambulance services at airport etc. are currently lacking in India. Increased efficiency at the overall immigration processes would go a long way in ensuring that travelling to India for MVT is an experience to look forward to.

Better infrastructure in terms of highways and roads would also add to the overall experience of people traveling to India.

In addition to service levels at airport and transport infrastructure, affordable hotels, given the relatively long length of stay, are a must to create an environment of holistic care for medical tourists. Hospitals can collaborate with hotels to make accommodation arrangements easy for medical tourists.

Availability of food as per the patient's requirement is another consideration. Many hospital chains provide different cuisines to its international patients. This could also be replicated by other hospitals having high medical value tourists.

Also, issues like cleanliness, hygiene, safe drinking water and overall safety of the host country are critical issues for International patients especially from developed regions.

#### **4. Regulatory regime**

India rating: Low

Regulatory regime implies the overall policies that a country has in place to encourage medical tourism. The current regulatory regime in India may need to focus on certain critical aspects like timely issuance of medical visa, registration of medical facilitators and resolution of complaints arising out of sub-standard offerings

##### ***Visa issuance process:***

The current visa issuance process in India is plagued with multiple issues causing inconvenience to medical tourists planning to travel to India. Following are key issues related to issuance of medical visa:

- Delay in issuing medical visa to visitors from certain countries like Bangladesh, Pakistan, Iraq, Saudi Arabia and Nigeria either due to security reasons or due to inadequate staffing of Indian mission in these countries
- Absence of Indian mission in few countries like Somalia and Yemen. Tourist willing to travel to India from these countries need to travel to Indian mission in neighboring countries for obtaining medical visa
- High cost of medical visa compared to tourist visa, with cost as high as 3 times of tourist visa cost in certain countries. Also, few countries averse to medical tourism discourage medical visas e.g. Tajikistan, Turkmenistan and other CIS countries
- Complex Visa regime requiring physical presence of the patient in embassy for obtaining medical visa with long waiting period

While, the government has taken various initiatives to streamline the visa issuance process like free visas for Maldivian patients, easy extension of m-visa for 1 year, multiple entries to m-visa holders etc., but there is still a long way to go.

##### ***Facilitator support:***

Facilitators are the first point of contact for the potential medical traveler. Typically patients tie up with these facilitators to identify the hospital and initiate interaction with the treating doctor prior to the journey.

Currently there is no registration process to ensure transparency and accountability of facilitators. Facilitators receive referral fees from medical tourist providers and since the cost of procedure is not standardized, there are cases where patient fees is heightened by the providers to lure facilitators.

Also, given the underlying commission based model, facilitators may be tempted to suggest care providers depending on the pay-out rather than clinical outcomes. This may compromise the overall experience of patients in case quality of care is compromised.

***Timely resolutions of complaints:***

In order to ensure a consistent and positive experience for MVT patients, it is important that complaints arising out of negligence, incapability etc. of the service providers (facilitators, hospitals, agents etc.) or crimes like cheating, theft etc., should be timely resolved. Currently, there is limited awareness around existing legal recourse available to MVT patients or their families in case of sub-standard service delivery. In addition, time taken to address complaints in India is also on the higher side. Unpleasant experiences lead to lot of negative publicity for the country as well as the healthcare providers.

**5. Alternate medicine**

India rating: High

India offers a diverse basket of medical services and rejuvenation facilities to patients beyond allopathy. Some of the alternative forms of such treatment offered in the country include yoga, meditation, ayurveda, allopathy, naturopathy, unani, etc. There is also a dedicated department of AYUSH in India (abbreviation for Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) to focus on the development of education and research around these systems. These systems are popular in large no. of states across the country with separate Directorate for AYUSH in 18 states.

India has developed a vast AYUSH infrastructure comprising of 686,319 registered practitioners, 26,107 dispensaries and 3,167 hospitals in public sector, 501 undergraduate colleges with annual intake of 28,018 students, 151 centres for post graduate education with annual admission of 3,504 scholars and 8,896 licensed drug manufacturing units<sup>32</sup>.

India's AYUSH industry was estimated to be around USD 2.4 billion in 2014-15 and is expected to grow at a CAGR of 25% between the years 2015-2018<sup>33</sup>. Reasons for such high growth could be attributed to the following:

- High government focus with Ministry of tourism promoting AYUSH in overseas market by running publicity campaigns and organizing road shows
- MoUs for 'Country to Country cooperation in the field of traditional medicine' have been signed with China, Malaysia, Hungary, Trinidad and Tobago and is in the pipeline with Serbia, Nepal, Bangladesh, Sri Lanka and Mexico
- Increased global adoption of such alternative forms of treatment that focus on naturally curing ailments, and the body's capability to heal and maintain itself
- Escalating costs of conventional health care and the adverse effects of chemical-based drugs

**6. Accreditation**

India rating: Medium

<sup>32</sup> [http://dipp.nic.in/English/Investor/make\\_in\\_india/Wellness.pdf](http://dipp.nic.in/English/Investor/make_in_india/Wellness.pdf)

<sup>33</sup> White Paper- Advantage India Healthcare Starts here

Accreditations help build confidence around the quality of care provided. There are multiple international organizations providing accreditations with JCI (Joint commission international) considered as a gold standard for quality healthcare. While JCI is globally recognized, hospitals certified by national boards such as NABH (National Accreditation Board for Hospitals and Healthcare providers) also tend to meet global standards in clinical outcomes and processes.

The more accredited hospitals a country has, the better it's positioning in the global medical tourism arena. Even insurance companies that consider financing procedures undertaken abroad mandate JCI as a necessary condition.

The total no. accredited hospitals in India are on the rise with 24 JCI accredited hospitals<sup>34</sup> and 403 NABH accredited hospitals<sup>35</sup>.



While, India has made great progress, they are still lacking behind few countries in terms of JCI accreditations considering the size of healthcare infrastructure in India.

Country name	India	Thailand	Singapore	Malaysia	Korea	Mexico
JCI accreditations	24	52	22	13	27	9

<sup>34</sup> <http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/?c=India&a=Hospital%20Program>

<sup>35</sup> <http://nabh.co/frnViewAccreditedHosp.aspx>



## **Section F: Task Force on Strategic Focus on Hi-Po Areas- Recommendations**

### **Objective**

- To facilitate medical tourism & projecting India as a medical value tourism destination
- Creating awareness and trust about high-quality affordable Indian healthcare industry and hospitality among the masses
- Building confidence/trust among the healthcare stakeholders in foreign countries.
- Easing access to Indian healthcare system for foreign patients
- To develop India as a high volume with value for money medical destination rather than low cost destination

### **Stakeholders**

- Indian High Commissions Abroad
- Foreign missions in India
- Major Private and Public Hospitals in India and Abroad
- Travel/Tour Operators
- Insurance Companies
- Local Doctors
- Ministry of External Affairs
- Ministry of Commerce & Industry
- Ministry of Home Affairs
- Ministry of Health & Family Welfare
- Ministry of Ayush
- Ministry of Culture and Tourism
- Ministry of Civil Aviation
- Government Departments
- Industry Bodies
- Media
- Social Media Agencies
- Key Opinion Leaders

### **Issues And Challenges**

- Cultural dissimilarities with India such as language and food habits
- Lack of awareness and acceptability of India as a medical tourist destination providing affordable high quality healthcare. E.g.: For China, India is a destination for affordable pharmaceuticals
- UHC excludes medical travel
- Strong competition from nearby countries like Thailand and Singapore because of relaxed visa norms and good flight connectivity. Entry of new players like Turkey and Jordan in these markets as an economical alternative is gaining momentum
- Visa issues – Indian embassies/permanent missions not present in some of these countries. Visa applications through Indian Hon. Consulates which takes around 15-30 days

- Unhealthy practices and excessive dependency on medical facilitators
- Lack of promotion of India as a medical tourism destination
- Geographical distance and poor air connectivity. E.g.: Only 3 direct flights from Yangon to Kolkata every week
- Difficult licensing process for medical camps by foreign doctors. Delays due to lengthy process and exorbitant registration amount
- Issues of remittance of payments with countries like Myanmar
- Penetration of health insurance and their reluctance of provide international treatment is a dampener
- Male government's reluctance in signing ASAANDA for new providers is a major issue faced today by most

## **CHINA**

### **Current Landscape And Market Potential**

The vast Chinese healthcare market is fueled by the proliferation of lifestyle diseases, changing population demographics, increased healthcare spending and a demand for better medical services, which has created unprecedented opportunities for international companies in medical tourism and healthcare provision. Overcrowded Chinese hospitals and patient complaints about high costs, poor services, poor facilities and widespread lack of trust in doctors and the healthcare system in general, is leading to China's outbound medical tourism market growing at a rapid pace. Cosmetic surgery is the most common procedure for Chinese medical tourists, and South Korea is probably the most common destination. After Cosmetic surgery, IVF treatment is the most popular procedure. While Cosmetic surgery, Fertility treatment and Cancer care are now all available in China, Chinese patients often opt for overseas clinics in Switzerland, the USA, or South Korea as they are worried about the quality of healthcare in China. They go to Japan for cancer screening. Others are also travel to Thailand, Malaysia, Hong Kong, or Taiwan for better value for money. Lack of affordable pharmaceuticals is another challenge for Chinese patients. Currently, Chinese patients are looking to India for affordable pharmaceuticals for Hepatitis and Oncology.

### **Learning From Other International Players In This Market**

- Positioning of healthcare industry should be as a high quality complete healthcare solution
- The countries like Japan, South Korea, etc. have positioned themselves for specific specialties – Similarly India should have focused approach

### **Suggested Recommendations/Actionable**

- Roadshow and promotion through Indian High Commission in China (Govt. of India/FICCI)

- Identification of partner hospitals in China with help from Indian High Commission in China and Chinese Embassy in India (FICCI)
- Social media promotion (FICCI)
- Circulate promotional material (developed in Mandarin) (Indian embassy)

### **Impact / Benefit**

Will position India as high quality healthcare delivery system at affordable price at par with Japan and South Korea.

## **INDONESIA**

### **Current Landscape and Market Potential**

- 600,000 Indonesians leave the country for medical treatment every year. They spend an estimated \$1.2 billion on treatment in nations with modern, and better-equipped, health facilities
- Indonesia is the fourth-most populous country in the world, with a growing wealthy middle class and stable economic growth
- Low total expenditure on its healthcare sector. Indonesia's health expenditure is the lowest amongst ASEAN countries, spending only US\$ 95 per capita and only about 2.7% of total GDP of the country
- Shortages of healthcare facilities and services, especially affordable ones, are considered major inhibiting factor

### **Top 3 Destinations**

**Malaysia** - Foreign patients entering Malaysia for medical treatment on emergency "visas-on-arrival" (VOAs) will be allowed to convert their entry status to a social visit pass and extend the period from one month up to six months.

**Singapore** - Foreign visitors visiting Singapore for medical treatment come under the Social Visit visa category and may apply for an extension of stay, not more than 89 days from the date of entry.

**Thailand** - The Government of Thailand issues Medical Tourist visas ("MT Visa") for foreign patients. The validity is usually up to 90 days or a Non- O visa will be issued to the patient's spouse and children if the medical treatment will last longer than 90 days.

India - Medical visas ("M Visa") which allows international patients to enter the country for a period up to one year, extendable by a further twelve month in some circumstances.

### **Learning from International Markets**

Indonesia suffers from outbound medical tourism, whereby Indonesians travel abroad for healthcare. One of the primary reasons for this is that Indonesians do not fully trust their own healthcare system. Singapore, Thailand and Malaysia offer many facilities for medical tourists, attracting rich Indonesians. Indeed, it is estimated that some 600,000

Indonesians travel overseas to get better medical treatment annually. Singapore attracts the wealthier segment, who spend around USD 3,500 annually per person, while those travelling to Malaysia (mainly Penang and Kuala Lumpur) spend an annual USD 200 per patient.

But it's not just about trust. Medical tourism is also driven by the desire for better medical service. As the middle class grows and Indonesians become wealthier, the number of medical tourists will steadily increase unless the quality of service provided locally meets people's demands. This creates an opportunity for foreign players to open first-class medical facilities in Indonesian cities other than Jakarta in order to lure medical tourists and capture revenues locally.

### **Recommendations**

- Reach the huge Indian population via roadshows and promotions through Indian high commission
- Jakarta already being overflowing with the patients should be the first step for starting the roadshows. It being the capital of Indonesia will help easily involving the government departments as well
- Connect with Gandhi Seva Loka, The India Club, Gurudwara Prabandhak Committee, Economic association of India and Indonesia
- Branding in forums like – Inter-nations to connect with Indians in Indonesia

### **Impact / Benefit**

- Initially it will help to create a buzz amongst Indian-Indonesia about India as promising medical tourist destination
- Later we can create specialty/procedure specific campaign once we have established ourselves as an important player in the sector

### **Actionable**

Launch of Incredible India campaign in 9<sup>th</sup> WMTC – Washington DC to the world & in China The 5th China International Medical Tourism Fair – Beijing

## **MYANMAR**

### **Current Landscape and Market Potential**

Government in Myanmar only accounts for 12% of the healthcare spending. Myanmar lacks any sort of substantial administrative public health capacity. Govt. spending on healthcare is around 2% of GDP. Well-off Myanmar citizens with health concerns are travelling to mostly Asian countries for first-rate healthcare at relatively low cost. Most favorite destination is Thailand, followed by Singapore, Malaysia & India.

Every year approximately 80 K Myanmar patients travel abroad for medical treatment.

### **Learning From Other International Players in This Market**

Thailand and Singapore have MoUs with Myanmar for visa exemption for Myanmar citizens. There are 19 direct flights from Yangon to Bangkok every day & 6 direct flights from Yangon to Singapore every day. This has led to growth in their international business from Myanmar exponentially.

India should also work on easing visa norms for Myanmar patients and improving flight connectivity.

### **Suggested Recommendations/Actionable**

- MoU with government of Myanmar for easy visa norms (MEA/MHA)
- Efforts to ease out licensing for foreign doctors to conduct medical camps and CMEs in Myanmar (FICCI)
- Roadshow and promotion through Indian High Commission in Myanmar (Govt. of India/Myanmar)
- Improving flight connectivity (Ministry of civil aviation India and Myanmar)
- Addressing language and food issues for the patients coming from these countries (Hospitals)
- MCI to ease and shorten the process of temporary registration for training of foreign doctors in Indian hospitals (Ministry of Health/FICCI)

### **Impact / Benefit**

Will create awareness about high-quality affordable Indian healthcare industry among the masses and build confidence/trust among the healthcare stakeholders in Myanmar.

## **VIETNAM**

### **Current Landscape and Market Potential**

- Strong growth outside Hanoi and Ho Chi Minh city possible
- Aging population
- Vietnam has one of Southeast Asia's fastest-growing economies and has set its sights on becoming a developed nation by 2020. Tourism has increased at a steadily impressive rate over the last ten years
- Population and incomes rising
- When it comes to Medical Tourism, the Vietnamese are currently spending around US\$ 1 billion per annum for healthcare treatment in Singapore. The number of Vietnamese patients who visit Thailand, South Korea and other countries for medical treatment is also high, according to the Ministry of Health
- By 2025, emerging markets like Indonesia (+211%), Vietnam (+132%) will be among the fastest growing in the world for International travel
- VIETNAM is ramping up capacity fast to build medical tourism sector for the country

At present, most Vietnamese citizens have to pay for medical services themselves, at both private and public hospitals. In many cases Vietnamese people opt to use private hospitals as these are better equipped.

One of most common mistakes in looking after the elderly in Vietnam is that they fail to keep their blood pressure stable. Up to 80 per cent of elderly Vietnamese suffer from hypertension but few are detected and treated properly.

Vietnam is the underdog in the medical tourism industry. However, we should not underestimate the quality of care that private Vietnamese hospitals provide. Ho Chi Minh City (Saigon), Hanoi, and the resort town Vung Tao (75 miles (120 km) by car or 37 miles (60 km) by ferry from Ho Chi Minh City) are medical tourism hubs, in which the latter has its own medical tourism resort called Medicoast. So if the hustle and bustle of the big city is not your thing, then Vung Tao is the perfect fit for you.

What makes Vietnam attractive for medical tourists are its plethora of health spas and its extremely low prices, which are less than Thailand and Singapore. Vietnam has a long history of massage, and thus professional massage parlors can be found in nearly every town, with exceptionally low prices. Health spas are generally connected to resorts and hotels, and they offer a range of basic health treatments such as hydrotherapy, body scrubs, facials, body wraps, and reflexology. Since the spa industry is a newcomer to Vietnam, there are no regulations on the practice. However, upscale resorts, day spas, and hotels have the best service and the most qualified staff.

Aside from health spas; cosmetic, bariatric, and dental procedures are popular among medical tourists, but like the spa industry, cosmetic surgery is a relatively new phenomenon and thus there is a lack of official controls on the practice. For example, out of 200 plastic surgery clinics in Ho Chi Minh City only 25% are accredited by the proper authorities. So if you choose Vietnam as your medical tourism destination double check your clinic's credentials and avoid those that claim to provide treatment with only 1 hours' notice.

### **Learning from International Markets**

- Developing strongly as a medical tourism hub itself
- Culturally different from India
- NEED TO create a differentiation from Thailand and Singapore for India

### **Recommendations**

- Identify key areas like Cardiology, Joint replacements & target specific areas – since there are good options available in Thailand and Singapore
- Focusing specific treatments which have the India advantage – Since Thailand/Singapore are easy access locations which are well-accepted in Vietnam as medical tourism destinations

### **Impact / Benefit**

- Although Vietnam is relatively new on the medical tourism scene, it is quickly gaining a reputation as a destination capable of offering a broad selection of surgical procedures with a high standard of expertise and pre and post-operative care
- The country also offers alternative medical treatments such as acupuncture, which is attracting increasing numbers of patients with conditions that Western medicine has proven unsuccessful in treating
- The group needs to re-think whether to keep Vietnam in the high-potential regions given the connectivity & its own strengths coming up

### **Actionable**

Immediately start branding activities through roadshows and high commissions.

## **WEST & CENTRAL AFRICA (FRANCOPHONE NATIONS)**

### **Current Landscape and Market Potential**

The healthcare situation in these countries is very minimal. The patients in these countries are aligned historically to France for their treatment due to cultural and language similarities. Recently, they have started looking to North Africa – Tunisia, Morocco and Algeria because of availability of low cost treatment, cultural and language similarities.

### **Learning From Other International Players in This Market**

While France has strong influence in this market due to language and cultural similarities, but strong positioning of Indian healthcare industry can overcome challenges of language and geographical distance.

### **Suggested Recommendations/Actionable**

- Roadshow and promotion in the region – could be specific to health or across industries to create impact of brand India in general (Govt. of India/FICCI)
- Addressing issues of visas – inclusion of these countries in e-visa facility; special attention to the countries with no permanent mission (MEA/MHA)
- Inviting delegates/important healthcare stakeholders to experience Indian healthcare (Govt. of India/FICCI)
- Inviting health journalists to cover Indian healthcare industry (Govt. of India/FICCI)
- Circulate promotional material (developed in French) in these countries (Indian embassies/Hon. Consulate offices)
- Addressing language and food issues for the patients coming from these countries (Hospitals)
- MCI to ease and shorten the process of temporary registration for training of foreign doctors in Indian hospitals (Ministry of Health/FICCI)

### **Impact / Benefit**



Will create awareness about Indian healthcare industry, induce trials leading to positioning of India as alternate preferred destination for the entire region.

## **MIDDLE EAST**

### **Current Landscape and Market Potential**

The traditional flow is to Europe and Thailand, India is only in consideration for Oman and Iraq as low cost medical destination today. India ranks at third or fourth in their priority list. Oman ranks as the number one country in terms of volumes and the preferred destination for them is mostly South India and Delhi. Flow from UAE is more of NRI's than local population and the local population prefers high profile destinations than India. The majority of the business is through facilitators.

The market can be further expanded if the government referrals are directed to India and this would involve extending credit facilities. Insurance is another area which can drive more traffic and they are keen as the cost is low. The market can easily grow by 20% from the existing levels the focus is right.

### **Learning from International Markets**

Market size has increased but share has reduced with new cost effective internal and external players in market. Except very few countries we are rated as the 3rd or 4th preferred country which needs to be moved up. The perception of India is changing and many feels we resort to unfair practices which is pulling down our rating. We need to show case us as a better easier and trustworthy country for our market share to increase from all the markets.

### **Recommendations**

Should explore direct channels for sustainable long term business. Bring in uniformity in facilitator terms. Introduction of easier visa norms for medical Visas. Uniformity in our service offering would be a huge boost. Working closely with the government agencies through Indian government will help open doors for us. Increasing tele-medicine penetration in the Middle East will help them access consultation easily and also cut cost by reviews being managed through tele- medicine.

### **Impact / Benefit**

Volume of business will increase as the service providers are entering newer markets and looking at increasing patient flow from existing markets with large investments in international marketing teams. The ageing population across the globe will also drive more patients.

### **Actionable**

- To promote and brand India as a value for money and advanced healthcare hub rather than low cost destination
- Digital marketing a must for better reach than conventional methods. More participation in MVT events or even conducting events by us will be helpful
- Perception management about India also should be addressed and working closely with government agencies in these countries will be major help

### **SRI LANKA & MALDIVES**

#### **Current Landscape and Market Potential**

India is the major destination for both these countries and we need to look both of them differently.

Male patients tend to travel to South India than any other location due to the logistics and the facilities available in Male is not world class. The government insurance pays for the patient but they are not signing off new hospitals and is trying to cut corners. Many hospitals are forced to provide considerably lower tariff compared to international tariff because of affordability issue.

Sri Lanka comparably provides better healthcare facilities than Male and private sector hospitals provide new technologies and skill sets. Government supports patients but the waiting time is too long and that triggers the travel outside. Singapore is a major destination for the affluent and India for the not so affluent Sri Lankan. South India is the preferred destination. India is cheaper than Sri Lanka in terms of most of the treatment options. Definite potential for Transplants especially Liver and BMT. Government supports selective groups for treatments internationally, mostly in pediatric cardiology cases.

#### **Learning From International Markets**

Market size has increased but share has reduced with new cost effective internal and external players in market. Except very few countries we are rated as the 3rd or 4th preferred country which needs to be moved up. The perception of India is changing and many feels we resort to unfair practices which is pulling down our rating. We need to show case us as a better easier and trustworthy country for our market share to increase from all the markets.

#### **Recommendations**

More hospitals sign-off with the insurance will be the key and Male will help increase patient volumes than value as the revenue per patient will be comparably low.

**Impact / Benefit**

Sri Lanka numbers may not increase substantially as the facilities there in on the increase and we should look at better case mix. Oncology and transplants should be the focus area. The key to increase in Male revenues will be the super specializations that should be promoted rather than primary and secondary care. Oncology will be a strong department to focus on.

**Actionable**

- To promote and brand India as a value for money and advanced healthcare hub rather than low cost destination
- Digital marketing a must for better reach than conventional methods. More participation in MVT events or even conducting events by us will be helpful
- Perception management about India also should be addressed and working closely with government agencies in these countries will be major help

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## About Federation of Indian Chambers of Commerce and Industry (FICCI)

Established in 1927, FICCI is the largest and oldest apex business organisation in India. Its history is closely interwoven with India's struggle for independence, its industrialization, and its emergence as one of the most rapidly growing global economies.

A non-government, not-for-profit organisation, FICCI is the voice of India's business and industry. From influencing policy to encouraging debate, engaging with policy makers and civil society, FICCI articulates the views and concerns of industry. It serves its members from the Indian private and public corporate sectors and multinational companies, drawing its strength from diverse regional chambers of commerce and industry across states, reaching out to over 2,50,000 companies.

FICCI provides a platform for networking and consensus building within and across sectors and is the first port of call for Indian industry, policy makers and the international business community.

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