

# Medical Tourism and Market feasibility in emerging economy



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*Travelling around the world for seeking medical treatment is seen as a growing phenomenon all over the world. Aspects such as lower costs, shorter waiting time, same care or even better quality of care may be available in other countries and legal issues are seen as the prime motives for the development of medical tourism. India is one of the leading emerging medical tourist destinations in the world. There are various factors that drive international medical travelers to visit India for medical treatment purposes and these are internationally accredited hospitals, highly professional and highly qualified doctors and nurses, Low-cost medical treatment cost and high quality standard of services. The objective of this literature review is to determine the type of treatment seeking behavior of international medical tourists from India and other medical tourism destination and also to find out the flow of medical tourists from various countries. These factors will be ranked according to importance so as to assist in determining in what treatment the hospital should focus on. The findings indicate most of the medical tourists are coming for surgical and wellness treatment. The published literature is mostly focused on the flow of medical tourists from western countries to India, but primary research shows that the flow is primarily from South Asian and African countries. There is a potential gap is observed between the published data and the research conducted. This paper suggests how the policy makers of a developing country can strengthen their economy by promoting medical tourism. The current economic climate of India offers great opportunities for strengthening medical tourism such as the National Health Policy and Market Development Assistance scheme to incentivize the participating hospitals.*

## 1. Introduction

Tourism described as the activities of persons traveling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes not relate to the exercise of an activity remunerated from within the place visited. Tourism has grown substantially over the last quarter of a century as an economic and social phenomenon. Health tourism is defined as the attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities (Goodrich & Goodrich, 1987). So health tourism is the broad spectrum that includes both wellness tourism (spa and relaxation treatment) and medical tourism (Caballero and Mugomba, 2007). Medical Tourism is a popular mass-culture where people travel often-long distances to overseas destinations (such as India, Thailand, Malaysia) to obtain medical, surgical and dental care while simultaneously being holidaymakers, in a more conventional sense (Connell, 2006). Another definition of medical tourism as a provision of cost effective private medical care in collaboration with the tourism industry for patients needing surgical and other forms of specialized treatment (India Medical care, 2007).

Medical tourism is not a new concept, it is thousands of years old and various forms of medical tourism have existed for centuries (Hancock, 2006. & Goodrich 1994.). In recent decades, the combination of medical and tourism seems to be a promising a new type of niche tourism. In Medical tourism where tourists primarily seek medical treatment abroad and afterwards the more conventional form or tourism experience related to leisure and relaxation in tourist places. Travelling around the world for seeking medical treatment is seen as a growing phenomenon all over the world. Aspects such as: lower costs, shorter waiting time and legal issues are seen as the prime motives for the development of medical tourism.

Moreover, Medical Tourism may be categorized as outbound and inbound tourism. Outbound tourism means where patients travel abroad for medical care and inbound tourism means where foreign patients travel to the host country for care and intrabound where patients travel domestically for medical care (Deloitte, 2009). Nowadays medical tourism defined by many researchers as the act of travelling to other countries to obtain medical, dental, and surgical care or where people travel to other countries to obtain medical care may be include complimentary and traditional medicine like spa water or climate, black mud, stone, sand etc.

The basic premise of medical tourism is that the same quality of care, or even good quality of care, may be available in other countries in the world can be obtained at more affordable cost than in the home country (Medical Tourism Association, 2008). Beside that there are other motivations which drive medical travelers to seek health care treatments outside their country such as cheaper medical procedures, more advanced technological facilities and equipment's, internationally certified and qualified doctors and nurses, and excellent healthcare services. The patients from developed nations, the basic reason to have medical treatment in less developed countries is attractively low cost (Horowitz, Rosensweig & Jones, 2007). Now around the world , there are lot of medical tourist destinations which offer excellent medical treatments that cost only a

fraction of the total health care expenses in many developed, first world countries like the United States and the United Kingdom.

## 2. Medical Tourism in India

Medical Tourism is an unavoidable emerging industry. Popular medical tourism destinations around the world includes Argentina, Brunei, Cuba, Colombia, Costa Rica, Hong Kong, Hungary, India, Jordan, Lithuania, Malaysia, Philippines, Singapore, South Africa, Thailand, and currently Saudi Arabia, UAE, South Korea, Tunisia, Ukraine and New Zealand (Gahlinger, PM, 2008). This international trade in medical services has huge economic potential for developing countries and serious implications for healthcare across the globe (Karla et al, 2007). In early 1990's consumers of developing countries travelled to industrialized countries for medical treatment. Same time there was a reverse flow when countries such as Argentina, Brazil and Israel offered inexpensive cosmetic procedures. The wealthy individuals from the Middle East and South East Asia sought treatment in places such as India, Singapore, Malaysia and Thailand in after 2001.

Asia have a high potential to be one of the fastest growing tourist population in the world. Medical tourism is really new to Asia, brought on after the Asian Financial crisis that leads first private hospitals in Asian countries to seek alternative revenue resources. Currently many Asian countries, especially India with high potential for attract medical tourism have sought to enter this market. More than that the traditional methods and natural resources for therapy and treatment in India, has led to attract many patients by different religions in the world and caused to growth of this market for these countries (Huff-Rousselle et al, 1995).

India is one of the leading emerging medical tourist destinations in the world. The various factors that drive international medical travelers to visit India for medical treatment purposes and these are internationally accredited hospitals, highly professional and highly qualified doctors and nurses, Low-cost medical treatment cost, high quality standard of services, and excellent hospitality services. International Medical Travel Journal (2011), stated that every year, there are 5,000 medical tourists from Oman who travels mostly to India and the United Kingdom for medical treatments. According to an article from Bloomberg Businessweek (2008) mentioned that a heart bypass operation that costs \$100,000 USD in the United States only cost \$18,500 USD in Singapore, \$11,000 USD in Thailand, and \$10,000 USD in India. So India, as one of the several major destinations in medical tourism industry that is rapidly developing, and high potential to become the Hub of medical tourism in Asia. The countries like India, Singapore and Thailand medical care can cost as little as 10 percent of the cost of comparable care in the Industrialized countries like United States (Deloitte Development LLC, 2008). The main competing countries in Asia are Thailand, Malaysia, Singapore and Thailand with the emergence of the global medical tourism industry.

Nowadays more advanced developing countries like India, open their market more significantly and provide increased opportunities for this industry (IHT 2007). The main attraction of this phenomenon include longer waiting time, costly healthcare in developed countries, minimal insurance coverage in home country, anonymity and surprising by medicine surgery in other countries, well developed communication between the various nations and states around the world, having various natural resources in developing countries like India offering complimentary and traditional medicine has led to the recent natural progression within health and medical from developed countries to developing countries (Jabbari, 2007).

**Table.1** Medical Treatment Cost Comparison

Surgery	USA	Colombia	Costa Rica	India	Jordan	Korea	Mexico	Singapore	Thailand
Heart Bypass	\$144,000	\$14,630	\$25,000	\$8,500	\$10,000	\$24,000	\$20,000	\$13,500	\$24,000
Angioplasty	\$57,000	\$7,106	\$13,000	\$8,500	\$5,000	\$19,600	\$16,000	\$7,500	\$7,000
Heart Valve Replacement	\$170,000	\$10,450	\$30,000	\$1,200	\$12,000	\$36,000	\$30,000	\$13,500	\$22,000
Hip Replacement	\$50,000	\$8,360	\$12,500	\$8,000	\$8,000	\$16,450	\$13,125	\$11,100	\$14,000
Hip Resurfacing	\$50,000	\$10,500	\$12,000	\$8,000	\$8,000	\$20,900	\$12,800	\$12,100	\$16,000
Knee Replacement	\$50,000	\$7,106	\$11,500	\$7,000	\$7,000	\$17,800	\$10,650	\$10,800	\$12,000
Spinal Fusion	\$100,000	\$14,500	\$15,000	\$12,000	\$10,000	\$17,350	\$7,000	\$18,300	\$11,000
Dental Implant	\$2,000-10,000	\$1,672	\$1,000	\$700	\$500	\$3400	\$910	\$2,900	\$3,000
Lap Band	\$30,000	\$6,500	\$8,500	\$7,500	\$5,000	\$9,500	\$8,430	\$12,000	\$12,000
Breast Implants	\$10,000	\$2,600	\$3,500	\$4,500	\$3,000	\$11,000	\$8,000	\$5,400	\$3,700
Rhinoplasty	\$8,000	\$1,677	\$5,500	\$3,500	\$2,500	\$4,000	\$4,165	\$2,700	\$3,400
Face Lift	\$15,000	\$3,305	\$5,900	\$7,000	\$3,000	\$3,000	\$7,200	\$4,000	\$6,600
Hysterectomy	\$15,000	\$1,845	\$5,500	\$5,500	\$2,500	\$9,000	\$6,675	\$4,000	\$5,000

Source: Consumerism Commentary Website, 2009  
(Adapted from the Medical Tourism Association)

India, Malaysia, Singapore, and Thailand are well-established destinations for medical tourists seeking cardiac surgery and orthopedic surgery (Kher, 2006; Macready, 2007). Table 1 shows that Medical services in India are particularly affordable, with prices as low as 20% of those in the United States with the medical tourists availing elective procedures such as:

cosmetic surgery; dental procedures; bariatric surgery (for weight loss); assisted reproductive technology; ophthalmic care; orthopedic surgery; cardiac surgery; organ and cellular transplantation; gender reassignment procedures; executive health evaluations along with alternate therapies like yoga, Ayurveda, aromatherapy and acupuncture (Kher, 2006; Konzept Analytics, 2008).

By the year 2012, the medical tourism industry generated over \$100 billion with over 50 countries making it a priority in trade for their country. India has become one of the leading destinations for medical tourism because the active promotion of government. India is an ideal place for medical-tourism-related research. Currently, India is second only to Thailand in the number of medical tourists it has attracted since the early 1990s. India was one of the first countries to promote medical tourism as an export industry by offering special tax incentives to medical tourists' care providers in starting 2002, (Connell, 2011).

The primary drivers for Medical Tourism in India to be, economic with the market-place forces which occur outside the control of the organized healthcare system wherein about 750,000 Americans obtained offshore care in 2007; political and medical forces (Horowitz, 2007). For example, as part of economic reform in the 1990s, Singapore adopted a policy of exporting 'health care by importing patients after creating a bio-medical research centre-Biopolis (Cyranoski, 2001; Smaglik, 2003; Gin, 2005).

One important reason for this immigration is the highly advanced private medical facilities available in India today that were not available just a decade ago. India has one of the biggest private hospital groups in the world – Apollo Hospitals. Most of these hospitals are for-profit hospitals that not everyone in India can afford. Due to the demand from the affluent and burgeoning middle-class in India, more and more of these for-profit hospitals are offering signing bonuses, stock options, and other incentives to Indian doctors in the U.S. to return and practice in India (Knox, 2007). These Indian doctors bring their specialized training and knowledge base from a Western country to treat patients in India. And also Political stability in India coupled with experienced, skilled consultants; specialized infrastructures with internationally acclaimed super-specialists are the key growth drivers of Medical Tourism in India.

Additionally, the governments of many developing countries are now promoting medical tourism. India's 2002 National Health Policy states that "To capitalize on the comparative cost advantage enjoyed by domestic health facilities in the secondary and tertiary sector, the policy will encourage the supply of services to patients of foreign origin on payment. The rendering of such services on payment in foreign exchange will be treated as "deemed exports" and will be made eligible for all fiscal incentives extended to export earnings" (Gupta, 2004).

Government of India also introduced the "medical visa" that allows foreign patients to get a visa for the duration of their treatment and extend it for up to a year (BBC News, 2005). It is not possible with a regular tourist visa. Several factors contribute to India's popularity as a medical tourism destination, including the experience and Western training of medical care providers and the large network of private hospitals and its pharmaceutical industry.

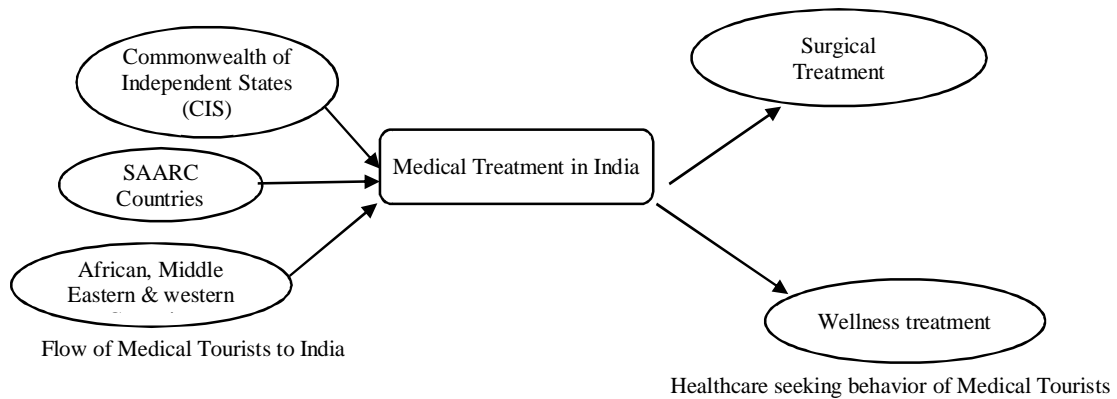
One other factor significant to India's popularity as a medical tourism destination is its pharmaceutical industry, one of the largest in the world. It is highly self-sufficient and also exports drugs for a fraction of the cost to countries all around the world. It is ranked fourth in the world, by producing about 8% of the world's pharmaceuticals (Pharmaceuticals Export Promotion Council of India, 2009). India exported pharmaceuticals to the world worth approximately \$9 billion in 2008, \$7 billion in 2007, \$6 billion in 2006, and \$5 billion in 2005. The exports to the U.S. totaled approximately \$1.6 billion in 2008, \$1.3 billion in 2007, \$1 billion in 2006, and \$0.7 billion in 2005 (Pharmaceuticals Export Promotion Council of India, 2009).

This research study aims to examine the flow of international medical tourists to India and their health seeking behavior. The healthcare seeking behavior of international medical tourists help in determining which point the hospital should more focus on. Moreover, this research study aims to identify strength of India to attract medical tourists and evaluate currents opportunities Medical tourism is basically a consumer-driven trend and in order to survive and thrive, the health-delivery industry must keep up with its consumers' demands and needs (Nakra, 2011).

### **3. Health Seeking Behavior of Medical Tourist**

The globalization of the healthcare market place has had limited impact on the resident patients in India but it has led to the opening up of the Indian economy to procure the best equipment, medications and implants. It's led to freedom of choice and the quality of healthcare with competitive benchmarking system established based on the healthcare systems developed countries. The foreign exchange earned from the international patients is invested in medical research and provision of subsidized treatment to economically under-privileged patients. But there has been a sudden shift in economics where patients have moved from a zone of un-affordability to affordability. For instance, the patients in Nigeria, who were unable to afford healthcare five years ago, can now afford to as they have health insurance. He considers this a dynamic phenomenon where there would be patients who are willing to travel to get the most affordable care.

The Indian government would like for medical tourism to play an important role in this revenue generation. English is widely spoken in India, and several cities have state of the art hospitals that also cater to international patients (Gahlinger, 2008). Patients from the U.S., U.K., Canada, and Africa are very common in India. A Canadian researcher found that of the 18 medical tourism companies in Canada that promoted traveling abroad for health care, India was the most commonly promoted destination with eleven companies promoting it. Costa Rica and Thailand were second and third, respectively, with nine and seven companies listing them as medical tourism destinations (Turner, 2012). Some of the procedures that hospitals in India are known for are bone marrow transplant, cardiac bypass, eye surgery, hip resurfacing, hip replacement, and spinal procedures.



**Figure 1** Flow and Health Seeking Behavior of Medical Tourists in India

Additionally, India is the leading and probably only country that is exclusively known for specific holistic treatments. The ancient Indian treatment of Ayurveda is very popular. Other holistic treatments such as massage therapy, spa treatments, and reflexology are also very popular among medical tourists. Many Indian doctors and nurses practice abroad in Western countries giving them a very good reputation in the health care field. According to Chanda (2013) language, geography and culture all play a role in making India a top medical tourism destination.

Figure 1 shows that In India, patients from the Middle East visit most often as compared to those from USA and UK due to shorter travelling time. The medical tourists seek planned treatments such as oncology, knee and spinal surgeries where the treatment cost is about seven times cheaper in India. Also, the cost of liver transplantation in India is about 1/10-1/15 that of USA. (Jyotsana Mal, 2010) Initially the foreign patients who visited were the local expatriates and referred patients. But, after massive expansion of the hospitals, majority of the medical tourists travel from Afghanistan and Nepal due to better availability of medical equipment in India. For instance, in Afghanistan, there are only 7-8 CT scan machines and no cardiac catheterization laboratories. Besides these, the other medical tourists belong to Africa, uninsured patients from USA, Canada and United Kingdom. Also, medical travel received a boost with the aid of an active website, medical travel facilitators and NGO's in Africa. (Jyotsana Mal, 2010) The education of the masses and marketing abroad has increased a demand for medical procedures related to cardiac, joint replacement, neurology, oncology, minimal access bariatric surgery and cosmetic reconstruction surgeries.

Medical tourism started in North India about 6-7 years ago. It emerged due to lack of affordable healthcare services, facilities and economics in the home country of the medical tourist. Today, Indian Hospitals attracts patients from Africa (Tanzania, Namibia, Congo, Nigeria and Uganda), Gulf countries (Iran, Iraq, UAE and Oman), South Asian Association for Regional Cooperation (SAARC nations -Nepal, Afghanistan, Sri Lanka) and Commonwealth of Independent States (CIS) countries. Country-specific marketing strategies are adopted for South East, Middle East, SAARC, CIS and North America. (Jyotsana Mal, 2010)

Fortis Hospital in India, Entered into medical tourism market twenty years ago with patients primarily from the SAARC nations, Bangladesh and Indian Diasporas mostly on a referral basis. Gradually, business strategies were adopted to deliver excellent clinical care with competitive pricing in treating medical tourists from SAARC, CIS, African and Middle Eastern countries. The age group of the medical tourists ranges from neonates to 14 years for pediatric, cardiac patients and to 90 years for adults. (Jyotsana Mal, 2010) The hospitals in India hold seminars and presentations showcasing the successful clinical outcomes to attract medical tourists from Oman, Dubai and Mauritius.

#### 4. India as a Medical Tourism Destination

In 2008, the consulting firm McKinsey and Company conducted a detailed study in over 20 countries for which they interviewed patients, providers, and subsidiaries of medical tourism (Ehrbeck et al., 2008). They found that 45% of North American patients who traveled abroad for health care traveled to Asian countries and 26% of them traveled to Latin America: seven in ten patients from North America who traveled abroad for health care sought treatment in either an Asian or Latin American country. Among European patients, 39% who sought health care abroad traveled to Asia, 13% to the Middle East, and 5% to Latin America: nearly six in ten European patients who sought health care abroad traveled to a developing country (although not all countries in Asia or Latin America are developing countries, the significant majority of them are) (Ehrbeck et al., 2008). According to Naranong and Naranong (2011), Thailand, India, and Singapore accounted for 90% of medical tourists in Asia in 2008.

Medical tourism destinations promote a plethora of procedures and treatments. Some of the most common and popular include orthopedic surgery; spinal procedures such as spinal fusion and spinal disc replacement; cardiac procedures such as angioplasty; gynecological surgery; general surgeries such as vascular surgery, stomach and bowel surgery, kidney and urinary surgery, cataract surgery, and LASIK surgery; hip and knee replacement; hip resurfacing; and dental procedures.

Some less common procedures are fertility treatments, bariatric surgery, transplants, sex reassignment, and wellness screenings (Marsek & Sharpe, 2009).

Efficient and economic human resources along with JCI accreditation are the biggest strengths and growth drivers of Medical tourism industry in India. Additionally, he affirms the fact that medical tourism sector in India has not been affected by the recent economic recession. The emergence of Medical Tourism in India encouraged a reverse 'brain drain' where highly skilled medical professionals prefer to practice in their own countries rather than in the lucrative industrialized nations. One of the compensations for their move is the freedom to carry out rare medical procedures, such as hip resurfacing which have not yet been authorized in industrialized nations. There is an accompanying flow of patients as some citizens of developed nations choose to bypass the care offered in their countries and travel to less developed areas of the world to receive a variety of reasonably priced medical services (Horowitz, 2007).

India is at the forefront of the medical tourist industry. India became a destination for outsourcing and not just for information technology (IT) but also medical treatment with its economic boom started in the 1990s. Subsequently, medical tourism in India has become a business sector and not just a trend (Schult, 2008). Recently Time magazine article titled "Outsourcing Your Heart" compared the difference in prices of various treatments between the U.S, India, Thailand, and Singapore. The treatments all listed in the article were the cheapest in India (Kher, 2006).

Medical Tourism in India can be regarded as a tool for alleviating the overburdened healthcare systems of industrialized nations. For example, in the US, there are 46.6 million people with no medical insurance, inadequate coverage and those who are not eligible for Medicare (Starr Sered and Fernandopulle, 2005; Aston, 2006; Milstein and Smith, 2006; Horowitz, 2007). Moreover, overwhelming health-related expenses contribute to bankruptcies in the United States (Himmelstein et al., 2005; Starr Sered and Fernandopulle, 2005; Milstein and Smith, 2006). Also, patients choose Medical Tourism in India to circumvent the delays associated with the long waiting list in their native countries and to attain cosmetic surgeries such as dental reconstruction, fertility treatment not offered in their National Health Services such as in United Kingdom and Canada (Lancaster, 2004; Daily Express, 2005).

Patients also travel overseas to access stem cell therapies which are restricted on ethical grounds in most industrialized countries but are available in the developing countries (Breen, 2007). The shortage of human organ supply available for transplant in the United States drives some patients to other countries to obtain organ transplants. This practice that has been referred to as 'transplant tourism' (Batson and Oster, 2007). There is another category of patients who prefer Medical tourism in India for confidentiality of the treatment rendered such as plastic surgery, drug rehabilitation and reproductive tourism (Blyth, 2005; Burkett, 2007). Patients also prefer Medical Tourism in India for more personalized nursing care offered owing to the lower labor costs in developing nations supplemented by travel to exotic locations (Burkett, 2007). Several Fortune 500 corporations such as Blue Ridge Paper Products Inc have been evaluating the feasibility of outsourcing expensive medical procedures to offshore healthcare destinations to reduce the financial burden of employee healthcare (VanDusen, 2007).

In parallel with these trends, the health insurance sector has potential commercial opportunity for foreign insurance firms (Asher, 2007). Insurance provider networks are being expanded to include physicians across the globe, and it is anticipated that within a decade a majority of large employer's health plans will include offshore medical centers (VanDusen, 2007). If Medical Tourism in India continues its meteoric growth, medical insurance plans could take advantage of its cost savings and begin offering lower-priced premiums if policy-holders could be assigned to lower-priced countries for treatment (Burkett, 2007). Hence, healthcare financing could become better calibrated to patients' financial status.

Consequently, medical tourism to be a component of export-led economic growth with the foreign currency earnings from international patients translating into output, jobs and income for developing countries, with the added bonus of improving their public health systems (Bookman, 2007). Supplemented by other factors such as: low cost of administrative and medico-legal expenses; medical visas being issued in lieu of travel visas for patients allowing an extended stay for medical reasons; favorable economy; English being widely spoken due to India's history as a British colony and enjoying a favorable Government support, Medical Tourism in India seems to be a promising sector for India (Economic Times, 2005).

## 5. Discussion & Implication

India has good potential for becoming a hub of medical tourism in the Asian region. It has most of the infrastructure and facilities with high standards and many of which are already accredited internationally. The unique position of India and its availability of various alternative treatment give it advantages over competitors in the field. India having learnt lessons from the achievements of developed countries, it is now time that India become motivated and initiate a well-planned and long-term plan for the medical tourism industry. It is identified that most of the patients from abroad coming to India for Surgical and wellness treatment. So the policy makers should consider the healthcare needs of medical tourists by providing world class standard medical facilities.

National Health Policy of 2002 for promoting medical tourism in India is better suited for primary and secondary care than tertiary care. Medical tourism as of now is mostly under private enterprise. However, the government needs to give it an infrastructure status like the Information Technology (IT) sector to realize the full potential of globalization of the healthcare market place. Also, the publicly listed health care companies like Fortis hospital (950 beds) and Medanta Medicity (2000 beds) concentrated near the Delhi airport belt are huge sources of earning foreign exchange. However, the government needs to incentivize them.

In addition, the Medical tourism in India offers potential opportunities for the US patients since the tertiary care sector has not been covered under the current President Obama's healthcare reforms. The underinsured and the uninsured patients tend

to bear lower co-pay in India than USA for undergoing procedures such as spinal decompression. In India, Max Healthcare is also in agreement with third party administrators (TPA) in insurance companies such as BUPA, Cigna, Vanbreda, Blue Cross and Blue Shield. Also, the recent economic recession to be a boon for the Indian healthcare system since the uninsured US patients prefer cheaper but qualitative treatment in India to cut costs.

This study intends to show a better understanding and the importance of Medical tourist-oriented health seeking behavior in fulfilling Medical tourist needs in the health tourism hospitals. Past literatures have generally agreed that Patient-oriented behaviour has significant impact on hospital performance as attested by several studies such as Yoon, Choi and Park (2007); Chien, Chou and Hung (2008); Lanjananda and Patterson (2009); Altaf, Afzal, Hamid and Jamil (2011) and Mechinda and Patterson (2011). However, many of these studies were only focused on general healthcare context instead of health tourism hospitals.

In addition to contributing to academic literature, the findings of this research may contribute to other fields. Policy makers might apply the research to improving India's overall healthcare system. The industries that are related to medical tourism like Medical tourism related industries, travel agencies, hotels, food and beverage companies, medical facilities and services, such as credit card companies, and spas will be benefited from the study by understanding the flow of medical tourists and their health seeking behavior.

## 6. Conclusion

Most of the study indicates that available published literature is focused on the flow of medical tourists from western countries like the UK and USA to India. But primary research shows that the flow is primarily from the South Asian Association for Regional Cooperation (SAARC), Commonwealth of Independent States (CIS) and parts of Africa. A potential gap is observed between the published data and the research conducted. Medical tourism in India is found to be predominantly within the private sector with the exception of government run All India Institute of Medical Sciences.

To date, the state of customer-oriented behavior and its antecedents in the health tourism hospitals has received little attention. By examining the influence of health seeking behavior of medical tourist this study not only provides propositions that may guide future research but also offers healthcare managers suggestions in generating and enhancing medical tourist oriented behavior in the health tourism hospitals.

India is a preferred medical tourism destination amongst the patients due to the comparatively low cost of treatment and highly skilled medical and paramedical staff trained in the UK and the USA. Indian hospitals with national and international accreditation promote medical tourism by means of country specific marketing strategies, websites, seminars, medical tourism facilitators and word of mouth recommendation and educating the patient's about their positive clinical outcomes.

The availability of accreditation of the multi-specialty hospitals (JCI and NABH), economic and efficient human resources in India and political stability are some of the other growth drivers. At present in India 200 hospitals offering specialized tertiary care as against 15-20 in Singapore. Fortis hospital (500 beds) and the recent Medanta Medicity (2000 beds) near the Delhi airport belt offers huge source of foreign exchange earnings from medical tourists.

Though the cost of treatment offered for medical tourists in India is reasonable, the hospitals contend that there is a gradual surge in the cost of treatment due to rising import costs of medical equipment's and implants being imported. But, the payment potential of the medical tourists (Nigeria) is not increasing at the same rate.

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