



COMPARATIVE AND COMPETITIVE ADVANTAGES OF GLOBALISED INDIA AS A MEDICAL TOURISM DESTINATION

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INTRODUCTION

The rise of the emerging economies marks the third revolution the travel industry has undergone in the past 50 years. The first came in the 1960s, in the shape of cheap air travel and package tours. Rising incomes enabled people of modest means to travel more, to far-flung areas of the globe. The second was the advent of the internet, which has allowed millions to book flights, hotels, hire cars and package tours without the help of the neighborhood travel agent. An analysis of the tourism literature indicates that tourism in the future will be increasingly flexible, segmented, customized and diagonally integrated rather than the mass, rigid, standardized and packaged that are still often experienced today. The following key mega trends will, according to all indications, dominate the shape and direction of tourism in the 21st century (adapted from **WTO, 1999; Cooper et al 1999; Hall 2000**):

- Increased globalization and localization, forcing tourism stakeholders to “think globally, plan regionally and act locally”;
- technology and telecommunications will permeate and dominate in virtually every sphere of the future tourism industry;
- major emphasis in the travel process will be placed on speed, efficiency, safety and convenience, being particularly dominant in the tourism transportation sphere;
- customers will increasingly “call the shots” through technology such as CD ROM atlases; Internet inspection of hotels and other facilities, brokers offering discounted rooms on Websites and last minute e-mail low fares;
- a polarization of tourism tastes will increasingly evolve (e.g. comfort-based versus adventure-orientated);
- globalisation in all its facets will result in a “shrinking tourism world” with increased emphasis on “off the beaten track places”;
- targeted product market development (especially theme based) will be primarily oriented to one of the three E’s - entertainment, excitement and education;
- destination image development, positioning and branding will become increasingly important in tourism marketing, as more destinations focus on “image” as a prerequisite to the diversification and expansion of drawing power;
- consumers will place increasing importance on sustainable tourism development and ethical business practices when deciding on tourism destinations and the tourism facilities they patronize;
- intensified conflict between the increased urge to travel and the consumers’ socio-environmental consciousness can be expected to manifest itself at various levels in the industry.

Now fast-growing economies, including the BRICS-Brazil, Russia, India, China, are changing the world of travel once again, either as destinations or as sources of newly affluent travelers; India being a front- runner in the field of medical tourism. Medical Tourism refers to the movement of consumers to the country providing service for diagnosis and treatment. Medical tourism is a relatively recent global economic and political phenomenon which has assumed increasing importance for developing countries, particularly in Asia. The globalization of healthcare, which includes medical tourism (MT), has become a reality. The health care industry, just like manufacturing and software, has become global, with changes in the location and nature of delivery and consumption of healthcare services. This process entails new challenges and opportunities for both destination and sender countries. In order to realize the full potential of the industry, it is essential for these countries to develop a

strategic plan for coordinating various industry stakeholders- the medical practitioners, private and public hospitals, policy makers, hotels, transportation services and the tour operators. This paper deals with the in depth study of the comparative and competitive advantages of India as world class medical tourism destination as viewed from the perspective of an all encompassing globalization process across emerging economies. Medical tourism is a new term but not a new idea; patients have long travelled in search of better care. There are various reported instances of ancient pilgrims and patients flocking Greece, to the sanctuary of the healing God. Affluent Europeans are reported to visit health resorts in North Africa as early as the 18th century. Cross border travel for health reasons is a \$40 billion market and growing at over 15% a year, thus promising to open new vistas for the uncanny to tap it.

MEDICAL TOURISM- OPPORTUNITIES GALORE!

Today, constraints and long waiting lines at home, as well as the ease of global travel, make medical tourism more appealing. Superior medical schools, a low cost of living, family preferences, and the barriers to foreign accreditation mean that Indian doctors may prefer to work in India rather than elsewhere. The medical services industry hasn't been global historically but is becoming so now. There are several reasons that globalization can manifest itself in this industry:

- Patients with resources can easily go where care is provided. Historically doctors moved from Africa and India to London and New York to provide care. Now, it is the reverse which is true. We are turning around and questioning- "Why can't the patients move? It's not as difficult as it was earlier".
- High quality care, state-of-the-art facilities, and skilled doctors are available in many parts of the world, including in developing countries.
- Auxiliary health-care providers such as nurses go where care is needed. Indian and Filipino nurses, perhaps, provide an example.

Viewing from the strategic point one can move the output or the input; applying this idea to human health care may appear out of place, but the output here would be the patient and the input, the doctor. Earlier, the input used to be moved around, making doctors travel to new locations outside their country of origin. But, of late there has been a paradigm shift in that, moving the patients to where the doctors are, as long as there is no compromise in the health care of the patients. Health care insurance companies within industrialized nations have begun considering medical tourism as a potential cost-saving measure, and are seriously considering the provision of round trip airfare and tourist

excursions as "consumer incentives" to help encourage this kind of travel.

Medical tourism holds the promise of reducing health care costs for individuals, companies, and governments, as the latter will likely offer discounts and/or rebates to their employees and constituents to prompt them to choose the medical tourism option and, in turn, reduce the insurer's and self-insurer's growing costs of providing quality health care. There are also many companies that can help arrange patients' surgeries, travel arrangements and tours. Many of these companies partner with specific hospitals, thereby arranging a cheaper price for their patients than one could arrange on their own through the hospital directly. The emergence of a private sector that thrives by servicing a small percentage of the population that has the ability to "buy" medical care has changed the character of the medical care sector. Corporate run institutions are seized with the necessity to maximize profits and expand their coverage. In this background, corporate interests in the medical care sector are looking for opportunities that go beyond the limited domestic "market" for high cost medical care. This is the genesis of the globalized "medical tourism" industry.

Preliminary research of this subject area revealed significant material related to "health-care tourism" and "wellness tourism" both of which aren't mutually exclusive to the scope of medical tourism. However to set delimitations for this study, we advocate that "wellness tourism" refers to spa & relaxation treatments and similarly related retreats where surgery is not involved. Whereas "health-care tourism" encompasses all treatments that enhance a state of well being, both internally and externally, from spa and relaxation treatments, cosmetic surgery to elective surgery and essential surgery which include essential procedures such as heart transplant or hip implants to remedy an injury or treat an illness. According to **Connell (2006)** the term "medical tourism" involves specific medical intervention. As a result to set further delimitations health tourism is the overall governing spectrum that includes both wellness tourism and medical tourism.

Simply put, wellness tourism and medical tourism are both subsets of health tourism of which the latter is the focus of this study. Thus advancements within the research of medical tourism will contribute to health tourism research in totality. Before we proceed with the medical tourism market description it is important to identify the formal definition of medical tourism used to guide the research of this study and the main destinations referred to during our research.

Today, authors such as **Connell (2006:2)** define medical tourism as a popular mass culture "where people travel often-long distances to overseas destinations (India, Thailand, Malaysia) to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense...". Another recent definition is made in the report **Medical Tourism: a global analysis (2006)**,

where medical tourism is described as any form of travel from one's normal place of residence to a destination at which medical or surgical treatment is provided or performed. The travel undertaken must involve more than one night away from the country of residence. The focus of the second definition is on the nature of the treatment provided and the destination without making reference to the simultaneous pursuit of leisure. Thus the definition by **CConnell** better serves the subject area of our study.

INDIA-THE MEDICAL TOURISM HOT-SPOT

Medical Tourism in India is one of the best options available to people across the globe. Millions come every year to get treated and then enjoy their recuperative holidays across India. People from different walks of life cut across the entire span of the globe to come to India to have their treatments done with a peace of mind. India provides world class medical facilities with hospitals and specialized multi specialty health centres providing their expertise in the areas of cosmetic surgery, dental care, heart surgeries, coronary by-pass, heart check up, valve replacements, knee replacements, eye surgeries, Indian traditional treatments like ayurvedic therapies and much more, practically covering every aspect of medicine combining modern treatments with traditional experience. The Associated Chambers of Commerce and Industry of India (**ASSOCHAM**) estimates the current earnings accruing through medical tourism annually at Rs.3500 crore, while pegging the future foreign exchange earnings estimates to around Rs.9500 crores in 2015. These estimates have been proposed by a health committee on Prospects of Medical Tourism chaired by the Chairman, Sir Ganga Ram Hospital, Dr. B K Rao along with other leading doctors from Medicity, Moolchand, AIIMS, Max and other prestigious hospitals of New Delhi.

The primary reasons as to why medical tourism would flourish in India include much lower medical costs for various ailments such as bone marrow transplant, by-pass surgery, knee surgery and liver transplant as compared to western countries.

As a result of higher and very expensive medical costs in the western countries, patients from countries including Africa, Gulf and various Asian countries have started exploring medical treatment in hospitals on the basis of economies of scale in India because its medical infrastructure has geared up to provide them non-subsidized medical treatment at comparatively much lower costs. It is from here that the comparative advantage of India stems.

Towards An INTERNATIONAL DESTINATION COMPETITIVENESS FRAMEWORK

The rationale for proposing a framework of international competitiveness that focuses specifically on the medical tourism sector is based on the nature of the 'product', which from a destination perspective can be regarded as "an amalgam of individual products and experience opportunities that combine to form a total experience of the area visited" (**Murphy, Pritchard & Smith, 2000**). **Murphy et al (2000)** conceive a destination product as consisting of a set of core benefits that are delivered through a tourism infrastructure that can be managed directly; and by environmental factors - some of which may be influenced by public policy.

From a tourism destination perspective both comparative and competitive advantages should be considered when considering competitiveness. Comparative advantage relates to inherited or endowed resources such as climate, scenery, flora and fauna, while competitive advantage would relate to such created items as health and medical care stations, heritage/ historic attractions, events, transport networks, government policy, the quality of management and skills of workers. In the context of tourism, both comparative advantage and competitive advantage are important and a model of destination competitiveness must recognize this (**Crouch & Ritchie, 1994**). **Crouch et al (2000)** suggest that the most competitive destination is one that brings about the greatest success; that is, the most well-being for its residents on a sustainable basis. They also apprehend that "*competitiveness is illusory without sustainability*". Thus, to be competitive, a destination's development of medical tourism must be sustainable, not just economically but socially, culturally, politically and ecologically, as well. It can, therefore be argued that the most competitive destination is the one that most effectively creates sustainable well-being for its residents. They further opine that irrespective of the definition used, the notion of competitiveness seems to involve "*a combination of assets and processes, where assets are inherited (e.g. natural resources) or created (e.g. infrastructure) and processes transform assets to achieve economic gains from sales to customers*".

The key factors affecting destination competitiveness provide an essential base for competitiveness as proposed in the wider literature and the main indicators of destination competitiveness spelt out by various tourism researchers such as **Crouch et al (2000)**. The author has tried to incorporate inputs from the currently available literature on destination competitiveness as proposed by **Crouch et al (Ritchie, J.R. and Crouch, G. I. 2000. The competitive destination: A sustainability perspective.)** I have tried to provide an integrated treatment of the various issues surrounding the concept of 'competitiveness', in light of the recent global shifts in the field of medical tourism and its implications on destinations like India. I have, at the same time tried to analyze the leading medical tourism

destinations like Singapore, Malaysia, Turkey and Cuba on the basis of their competitive advantages as medical tourism destinations. Despite the extensive literature on competitiveness, there is no framework to portray the international destination competitiveness of a medical tourism destination. **Poon (1993)** suggested four key principles which a destination must follow if it wants to be competitive:

- Put the environment first
- Make tourism a leading sector
- Strengthen the distribution channels in the market place and
- Build a dynamic private sector

Another study done by **Go and Govers (1999)** measured the competitive position of a destination relative to other destinations along seven attributes-

- Facilities
- Accessibility
- Quality of service
- Overall affordability
- Location image
- Climate and environment and
- Attractiveness

The author, thus, having undertaken a study of the various models proposed by different researchers zeroed in to the main determinants of destination competitiveness, specific to India and conceding that although there is no formula that can guarantee sustained competitive advantage, certain behaviours have shown to make success more likely, has tried to analyze these behaviours to propose a practicable

INTERNATIONAL DESTINATION COMPETITIVENESS FRAMEWORK for globalised India as a medical tourism destination. The authors have classified the determinants under the following sub-heads:

- RESOURCES
- MARKET FORCES
- MANAGEMENT

Integrating these three determinants, the author has tried to magnify the growing relevance of India as a sought after medical tourism destination and the copious possibilities for Indian medical tourism in face of unprecedented globalization. Specifically,

RESOURCES:

These may be sub classified into heritage or inherited and mobilized. India abounds in heritage or inherited resources, as the country offers diverse cultural and scenic beauty. It has almost all sort of destinations like high mountains, vast deserts, scenic beaches, historical monuments, and religious temples etc, known for its hospitality for tourists. The availability of such a diversity of tourist destinations is a

phenomenal advantage to India’s competitiveness as a medical tourism destination.

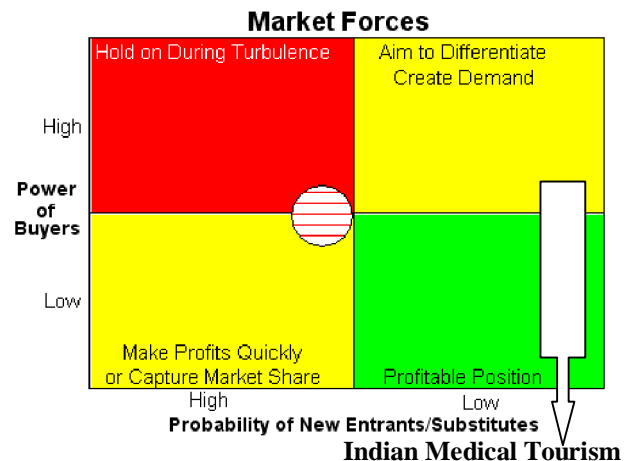
Mobilized resources include the medical tourism infrastructure, the general infrastructure, quality of services, hospitality, the accessibility of India and the corpus of quality human resources; the Indian medical education turns around 30000 doctors and nurses every year adding to the existing pool of over 14 lakh doctors and nurses. About a dozen corporate hospitals provide world class treatments across all specialties. Availability of over 15,000 hospitals and 870,000 hospital beds provides adequate infrastructure support to the healthcare tourists. This competitive advantage is accentuated by India’s Strong global reputation in the advanced healthcare segment:

It has a lot of hospitals offering world class treatments in nearly every medical sector such as cardiology and cardiothoracic surgery, joint replacement, orthopedic surgery, gastroenterology, ophthalmology, transplants and urology to name a few. The various specialties covered are neurology, neurosurgery, oncology, ophthalmology, rheumatology, endocrinology, ENT, pediatric surgery, pediatric neurology, urology, nephrology, dermatology, dentistry, plastic surgery, gynecology, pulmonology, psychiatry, general medicine & general surgery.

MARKET FORCES:

DEFINITION

Forces of demand and supply representing the aggregate influence of self-interested buyers and sellers on price and quantity of the goods and services offered in a market. In general, excess-demand causes prices and quantity of supply to rise, and excess supply causes them to fall.



The international healthcare marketplace emerged in the late 19th century when patients from less developed parts of the world with the necessary resources to do so began to travel to major medical centres in Europe and the United States to

have diagnostic evaluation and treatment that was unavailable in their own countries. The situation changed drastically ,with the advent of the the medical tourism model, where patients from highly developed nations travel to less developed countries, bypassing medical care that is offered in their own community but is inaccessible or undesirable to them. Medical tourists would prefer to have major surgery in their hometown hospital or regional referral centre if they felt that was a feasible or reasonable option. However, market forces motivated these patients to feel pressed to balance their health needs against other considerations, and medical concerns started getting subordinated to other issues. Modern technology enables potential medical tourists to investigate and arrange healthcare anywhere in the world from their home computer directly or with the advice and assistance of a medical tourism agency.

For patients from highly industrialized nations, the primary reason to have medical services in developing countries like India is attractively low cost. Such cost-conscious patients choose to accept the inconvenience and uncertainties of offshore healthcare to obtain service at prices they can more comfortably afford. The opportunity to conserve limited financial resources and protect the equity in their home mollifies their uncertainties, which again is a direct reflection of the prevailing market forces. A patient from the United States is likely to be a middle class adult requiring

elective surgical care who has no health insurance or who has inadequate coverage. **Milstein and Smith** describe these

Medical Treatment	USA	UK	THAILAND	INDIA
Bone marrow transplant	More than 2,00,000	Up to 2,00,000	Up to 62,500	Around 20,000
By- pass Surgery	15,000- 20,000	Around 20,000	14, 250	4,000-6,000
Knee surgery	16000-17000	15,000	7,000	1,000
Liver transplant	300,000	2,50,000	750,000	4,000

patients as “middle-income Americans evading impoverishment by expensive, medically necessary operations...” The other group pursuing medical tourism are people seeking cosmetic surgery, dental reconstruction, fertility treatment, gender reassignment procedures, and other treatments not covered by health insurance. The common feature in both groups is that their resources are adequate to purchase healthcare in low-cost medical tourism destination like India but insufficient for them to comfortably have the same services in their local market.

For patients from countries where a governmental healthcare system controls access to services, the major reason to choose offshore medical care is to circumvent delays

associated with long waiting lists. National health programmes do not typically pay for cosmetic surgery and similar type services; therefore, patients from Canada and the United Kingdom desiring these procedures pursue medical tourism for the same economic reasons as those from the United States.

Patients also decide to travel to offshore medical destinations like India to have procedures that are not widely available in their own countries. For example, stem cell therapy for any one of a number of problems may be unavailable or restricted in industrialized countries but may be much more available in the Indian medical tourism marketplace. Some patients, particularly those undergoing plastic surgery, sex change procedures, and drug rehabilitation, choose to go to medical tourism destinations because they are more confident that their privacy and confidentiality will be protected in a faraway setting. Finally, some patients decide in favour of medical care in destinations like India for the opportunity to travel to exotic locations and to avail of a vacation in affordable luxurious surroundings. Although medical tourism agents and travel professionals may promote the “tourism” aspect of offshore care, the recreational value of travel has decreasing importance to patients with complex, serious medical problems.

The primary reason that medical centres in developing countries are able to provide healthcare services inexpensively is directly related to the nation's economic status. Indeed, the prices charged for medical care in a destination country generally correlate with that nation's per

(All the figures are in US \$)

capita gross domestic product, which is a proxy for income levels. Accordingly, the charges for healthcare services are appropriate for the level of economic development in which the services are provided. Low administrative and medico-legal expenses for overseas practitioners also contribute to the affordability of offshore medical care. For example, the professional liability insurance premium for a surgeon in India is 4% of that for a surgeon in New York.

An important consideration in medical tourism is the potential impact on the residents of destination countries. **Mattoo and Rathindran** suggest that revenue generated by developing countries providing medical services to foreign

patients creates opportunities to improve the access and quality of care available to the citizens of these countries. **Bookman and Bookman** emphasize that the government of destination countries must implement and enforce appropriate macroeconomic redistributive policies to ensure that the local residents of these nations actually realize the potential benefits of the medical tourism industry.

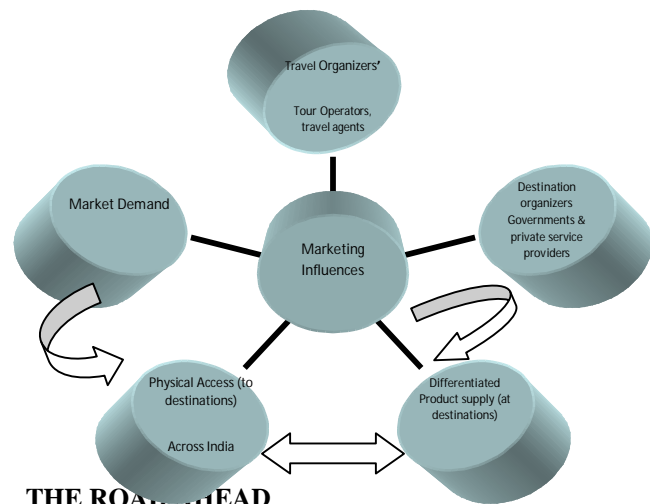
MANAGEMENT OF DESTINATION

This would include those set of factors which enhance the attractiveness of the inherited and mobilized resources and reinforce the systematic examination of unique comparative advantages that provide a special long term appeal of the destination (**Hassan 2000**). Destination Management would, thus include activities like destination marketing, planning and development, destination management agencies and human resource development. The planning of tourism would take place at different levels: regional, national and international, all under the aegis of different agencies. The competitiveness of India as a global medical tourism destination would stem from:

- Quality of research input to tourism policy, planning and development
- Public sector commitment to medical tourism promotion
- Private sector commitment to medical tourism promotion
- Development of effective destination branding
- Development and promotion of new medical tourism products
- Efficiency of medical service providers
- Efficiency of tourism/hospitality firms
- Appreciation of service quality importance
- Co-operation between public and private sector
- Conducive investment environment
- Popularity of E-commerce
- Use of Information Technology by firms
- Value for money in medical treatment
- Political stability
- Security/safety of tourists
- Level of co-operation (strategic alliance) between the stakeholders in the destination
- Ability to embrace cultural disparities

LINKAGES OF DEMAND AND SUPPLY, and THE MARKETING INFLUENCES

Adapted from **Middleton, 1994-11**



THE ROAD AHEAD

To crystallize the international destination competitiveness framework into a practicable input, the author proposes a few targets which are as follows;

TARGET 1

BY 2011, the Union ministry of tourism should establish a medical tourism research network, encompassing the industry, culture and heritage, tourism and medical organizations, academics and local authorities to ensure that appropriate research takes place, is disseminated meaningfully to all the stakeholders and is employed to drive innovation and product enhancement. This exercise will dispel all the ambiguity which surrounds medical tourism as a concept in India.

TARGET 2

Every stakeholder, including, tourism and medical (in case such an opportunity exists) organizations and the local authority should collect feedback from their own foreign customers to help them “KNOW THEIR VISITOR”- who they are, why they have come and what are their expectations from their trip- AND USE THIS TO CONCRETIZE THEIR BUSINESS STRATEGIES

TARGET 3

Every medical tourism related business-including public, and voluntary sectors shall be strongly encouraged to become part of a Ministry of Tourism’s specially formulated “Quality Assurance Mechanism”(QAM), where they will be supported in raising their standards, consonant with global benchmarks.

TARGET 4

Provide for the best regarded medical tourism workforce in the world, comprising highly skilled doctors, managers and supervisors who are employee and customer friendly and are empathetic too; this would result in better employee experience, which ,in turn, will foster better customer experience.

TARGET 5

Foster a collaborative approach, involving the industry stakeholders to work in a coordinated way to deliver a high quality visitor experience. Visitors will return or “buzz” positively for us, only ,if we exceed their expectations first time round, ensuring that what were offering is always a step ahead of expectations.

TARGET 6

The central and state governments shall provide support for promotion and development of events specifically aimed at tapping the medical tourists; these may be organized at important global locations, with an eye to attract the cost-conscious patients from industrialized countries, with the assistance of travel organizers and tour operators.

TARGET 7

By 2011 every medical tourism business, both from public and private sectors shall be e-enabled i.e. stationed on the first step of the e-technology ladder i.e. at least have a computer and e-mail address for their business. This will improve their accessibility in terms of not only business, but also to training and advice from experts.

TARGET 8

The Indian medical tourism product needs to include excellent transport provision both to and within India, since timeliness is a very significant ingredient of a satisfied medical tourist itinerary. The governments shall ensure that the medical tourists get around their destination quickly, easily and comfortably. For this the government should devise a national transport strategy, considering all modes of travel. It is imperative to find innovative transport solutions that meet and exceed the needs of our visitors.

TARGET 9

The Ministry of Tourism will develop linkages with other medical tourism service providers to promote India to its target audience through many different channels to increase the reach of its communications. It will explore the use of new media like podcasting to sell India as a vibrant recuperative destination.

TARGET 10

The Ministry of Tourism should set up a sustainable tourism partnership with medical associations in industrialized countries to tap medical specialists and make them brand

ambassadors of an **MTBS-Medical Tourism Business Scheme**.

With these targets in mind, I propose an international destination competitiveness framework which would help the stakeholders, both public and private to consolidate India as a comparatively and competitively advantageous medical tourism destination:

INTERNATIONAL DESTINATION COMPETITIVENESS FRAMEWORK



The medical tourism industry is fueled and driven by patients who feel disenfranchised by the healthcare system in their home country. These informed patients shop outside the organized medical system to find services that are affordable, timely, or simply available. Millstein and Smith emphasize that the flight of American patients to foreign destinations for lifesaving operations is a symptom of an affordability problem that is symbolically important and must be addressed by physician leaders. These leaders must recognize that patients, like all consumers, will search for providers who offer them maximal value, and medical tourism is an explicit declaration about what patients value most. Physicians and hospitals in medical tourism destinations recognize that they must provide high-quality care to develop a sustainable competitive advantage in the international marketplace. In an article on medical tourism in *Time*, Princeton University healthcare economist Uwe Reinhardt stated: “This has the potential of doing to the US health-care system what the Japanese auto industry did to American carmakers.” It is increasingly apparent that medical tourism is changing the healthcare landscape in industrialized and developing countries around the world, and there is every reason to believe that this trend will continue to evolve.

CONCLUSIONS

The fountainhead of India's competitive advantage arises from the skillful use of its core competencies. These competencies are used to gain competitive advantage against rivals in the global market:

1. **FIRST WORLD TREATMENT AT THIRD WORLD PRICES**

India offers world-class healthcare that costs substantially less than those in developed countries, using the same technology delivered by competent specialists and attaining comparable success rates.

2. **INDIA IS ENCOURAGINGLY LESS "SCARY" NOW**

The author believes that a lot of entrusting medical care to different locations is about a psychological fear of the unknown. An important strategic challenge for developing-country hospitals is to reduce the psychological fear, which India has and is doing assiduously.

3. **PRESENCE OF A DEEP POOL OF MEDICINE**

In India, the same depth of pool of talent for medicine exists as is the case of engineering and mathematical talent for software outsourcing. In the 1950s and '60s, the Indian government invested a lot in tertiary education. By now there are at least a small handful of medical institutes that are really first-rate, and the doctors they produce are extremely well trained.

4. **STRONG REPUTATION IN THE ADVANCED HEALTHCARE SEGMENT**

India has a plethora of hospitals offering world class treatments in nearly every medical field of specialization.

5. **PORTFOLIO OF INDIAN HEALTHCARE TOURISM OFFERINGS**

This includes non-surgical medication complemented with Yoga therapies; unani and homoeopathic streams of medical care are in vogue.

6. **RECOVER AND DISCOVER**

India has a bountiful of diverse tourism hotspots which enchant the recuperating visitors; their scenic beauty, historicity, socio-cultural significance would be great harbingers of health to the ailing foreign visitors.

This framework for change sets out broadly the things the medical tourism industry will need to do to produce a significant change in the Indian tourism scenario, from a global perspective, and the ways the government and public

sector agencies will support the industry to do this. The success of the framework will depend on close working relationships between the private and public sectors. Although some of the changes will happen at the national level, it would be advisable to embrace local aspirations, and activities to achieve a real step change, especially in the light of tourism's inherent "multiplier effect" advantage. It would be advisable to establish an "**implementation mechanism**" at the national level to drive and monitor progress and report on this progress on an annual basis. The endeavour should be to interpret the national picture set out in this framework in a detailed local way, to reflect local opportunities and aspirations, thus paving the way for the development of multiple area tourism partnerships all across India. The on going development of the Indian medical tourism sector in the last few years has seen phenomenal growth; this growth however has not been dispersed uniformly across the entire geography and demography of the country. Another feature of this growth has been its focus on the construction of the physical infrastructure, to the detriment of elements like quality of services, stimulation of creativity and innovation in developing the medical tourism portfolio, adequacy of public participation, and the comprehensive positioning of India as medical tourism destination par excellence. As the author of this paper I strongly recommend the adequate cognizance of the proposed competitiveness framework by the public and private agencies to catapult India to the zenith of global medical tourism industry.

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Medical Tourism Destinations

Asia/Middle East

China
India
Israel
Jordan
Malaysia
Singapore
South Korea
Philippines
Taiwan
Turkey
United Arab Emirates

The Americas

Argentina
Brazil
Canada
Colombia
Costa Rica
Ecuador
Mexico
United States

Europe

Belgium
Czech Republic
Germany
Hungary
Italy
Latvia
Lithuania
Poland
Portugal
Romania
Russia
Spain

Africa

South Africa
Tunisia

Other

Australia
Barbados
Cuba
Jamaica