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MARKETING ANALYSIS OF MEDICAL TOURISM IN INDIA

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ABSTRACT

The aim of the present research is to carry out the marketing analysis and to determine the potential of the medical tourism, to identify the various challenges to the medical tourism in India and to suggest and recommend the marketing strategies to develop the India as the medical tourism destination. The research is primarily based on the secondary sources by searching the various potential academic journals and reports potential articles, with medical tourism in the title, were assessed using EBSCO, UGC-Inflabanet, Google Search, and/ online library. The SWOT analysis, which really can be a backbone for the policy making helping in implementing the same in order to make India as a medical segment in the Indian Medical Tourism Industry.

KEYWORDS
Marketing Analysis, Medical Tourism, Strategy, India

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1. INTRODUCTION AND BACKGROUND

Medical tourism is a new form of a niche tourism market, which has been rapidly growing in the recent years (Dawan & Pal, 2011). It is a multibillion-dollar industry today (Borman, 2004). Till date, this area has so far been relatively unexplored in India. But now, not only the ministry of tourism, government of India, but also the various state tourism boards and even the private sector consisting of travel agents, tour operators, hotel companies and other accommodation providers are all eying health and medical tourism as a segment with tremendous potential for future growth (Susheel, 2005; Mudur, 2004).

Medical tourism, medical travel, health tourism or global healthcare is a term initially used by travel agencies and the mass media to describe the rapidly-growing practice of travelling across international borders to obtain health care. In simple terms, it is people going to different countries for medical care that encompasses either urgent or elective medical procedures (Arnold, 2008; Wapner, 2008). The reasons that encompass the need for medical tourism vary-Many medical tourists from the United States are seeking treatment at a quarter or sometimes even a 10th of the cost in other countries (Lagace & Martha, 2007). Who are frustrated by long waiting times (Eggertson, 2006). From Great Britain, the patients who can't wait for treatment by the National Health Service or can’t afford to see a physician in private practice opt for it. For others, becoming a medical tourist is a chance to combine a tropical vacation with elective or plastic surgery. More and more patients are coming from poorer countries such as Bangladesh, where treatment may not be available (Bezruchka, 2000; Bishop & Litch, 2000).

There are certain Countries which are promoting medical tourism include Cuba, Costa Rica, Hungary, India, Israel, Jordan, Lithuania, Malaysia and Thailand. Belgium, Poland and Singapore are now entering the field of medical tourism. There are various famous medical travel destinations including Argentina, Brunei, Cuba, Colombia, Costa Rica, Hong Kong, Hungary, India, Jordan, Lithuania, Malaysia, The Philippines, Singapore, South Africa, Thailand, and recently, Saudi Arabia, UAE, Tunisia and New Zealand. Popular cosmetic surgery

travel destinations include: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Mexico and Turkey. South Africa specializes in medical safaris-People visit the country for a safari, with a stopover for plastic surgery, a nose job and a chance to see lions and elephants (Medical tourism, 2004; Medical tourism growing worldwide, 2005). In India, medical tourism is on the rise. According to the study conducted by the Confederation of Indian Industry and McKinsey consultants, in 2000-2010, 150,000 foreigners visited India for treatment, with the number rising by 15 per cent a year (Puri, Singh & Yashik, 2010). With an increasing number of foreign patients flocking to India for treatment, the country could earn Rs 100 billion (US$2. 3 billion) through 'Medical Tourism' by 2012. More people from the United States, Europe and the Middle East are seeking Indian hospitals as a cheap and safe alternative (Gray & Poland, 2008). With more people heading to India for medical tourism, the question arises, are the medical standards good enough? Absolutely yes, the Indian medical standards match up to the highly prescribed international standards.

The lower costs are due to favorable currency conversion rates and lower costs of operating in India (Carrera, 2006; Chinai, & Go Swami, 2007). An elective procedure such as a knee replacement would cost 40-60% less than the cost in the US or UK, including the hospital stay, all procedure and physicians costs and transportation to and from India. It is estimated that foreigners account for about 12 per cent of all patients in top hospitals of Mumbai, like Lilavati, Jaslok, Breach Candy, Bombay Hospital, Hinduja Hospital, Apollo and Wockhardt (Nazir, 2006; Sinha, 2008). Medical tourism is undoubtedly the next major foreign exchange earner for India. The field has such lucrative potential that India became a stage for “global health destination.” And, with prices at a fraction of those in the US or Britain, the concept will likely have broad consumer appeal if people can overcome their prejudices about health care in developing countries (Whittaker, 2008). Though the quality of health care for the poor in countries like India is undeniably low, private facilities offer advanced technology and procedures at par with hospitals in developing nations (Assocham, 2009; Henderson, 2004). But there are certain parallel issues around medical tourism too, like international healthcare accreditation, evidence-based medicine and quality assurance. Over 50 countries

have identified medical tourism as a national industry. However, accreditation and other measures of quality vary widely across the globe (Nazir, 2006).

In the United States, Joint Commission International (JCI) fulfills an accreditation role, while in the UK and Hong Kong, the Trent International Accreditation Scheme is a key player. The different international healthcare accreditation schemes vary in quality, size, cost, intent and the skill and intensity of their marketing. They also vary in terms of cost to hospitals and healthcare institutions making use of them (Borman, 2004). A forecast by Deloitte Consulting regarding medical tourism published in August, 2008, noted the value of accreditation in ensuring quality of health care and specifically mentioned JCI, ISQUA and Trent.

Differences in health care provider standards around the world have been recognized by the World Health Organization, and in 2004, it launched the World Alliance for Patient safety (Pennings, 2004). This body assists hospitals and government around the world in setting patient safety policy and practices that can become particularly relevant when providing medical tourism services. Certain risks and ethical issues to make this method of accessing medical care controversial and, some destinations may become hazardous or even dangerous for medical tourists to contemplate. Some countries, such as India, Malaysia, Costa Rica, or Thailand have very different infectious disease-related epidemiology in contrast to Europe and North America. Exposure to diseases without having built up natural immunity can be a hazard for weakened individuals, specifically with respect to gastrointestinal diseases (e.g. Hepatitis A, amoebic dysentery, paratyphoid) which could weaken progress, mosquito- transmitted diseases, influenza, and tuberculosis. However, because in poor tropical nations, diseases run the gamut, doctors seem to be more open to the possibility of considering any infectious disease, including HIV, TB, and typhoid, while there are cases in the West, where patients were consistently misdiagnosed for years because such diseases are perceived to be "rare" in the west (Lluberas, 2001).

Medical tourism has also given birth to transplantation tourism and illegal organ trafficking. Transplant tourism is a new and shady concern on the global level and especially in India, as it is also known as warehouse for organ transplantation” or a

"great organ bazaar" owing to easy availability of organs at low cost In India, the majority of the population is living below the poverty line and financial constraints make many people as vulnerable candidates for organ donation.

In developing countries, a kidney transplant operation runs for around $70,000, liver for $160,000, and heart for $120,000. Although these prices are still unattainable to the poor, compared to the fees of the United States, where a kidney transplant may demand $100,000, a liver $250,000, and a heart $860,000 (Shimazono, 2007). Not only this, the commercial transplantation has also resulted in an increase in non-adherence to organ transplantation act. And this in turn has posed a great threat for the organ recipients owing to inadequate screening and testing of various infectious diseases like HIV, hepatitis, malaria and tuberculosis. Hence, a regulated system with radical reforms are needed that would provide strict control and limit harm by allowing every candidate an opportunity for transplant, full donor evaluation, informed consent, long term follow up, with payment managed by the government or insurance companies and the banning of any other commercialization.

But, in spite of all this in India, healthcare tourism is gaining leverage and becoming as a high demand industry. Also an overall blend of top-class medical expertise at attractive prices is helping a growing number of Indian corporate hospitals to lure foreign patients, including from developing nations such as the UK and the US. And now India is moving into a new arena of "medical outsourcing", (McCallum & Jacob, 2007) where subcontractors provide services to the overburdened medical care systems in western countries. Undoubtedly, Indian doctors are setting up what could be a medical Renaissance in their country and the next great boom in the Indian economy. Therefore the aim of the present study is to know the status of the medical tourism in India and to recommend the marketing strategies in order to promote the India as a medical tourist destination.

2. REVIEW OF LITERATURE

People have travelled for health purposes, since antiquity (Connell, 2011; Dvorjetski, 2007; Elsner & Rutherford, 2010; Erfurt-Cooper & Cooper, 2009;

Gesler, 1996). The global medical tourism business is a flourishing industry that encompasses many socio-economic classes and nearly all countries as either destinations or countries of origin (Connell, 2013; Lunt et al., 2012). Medical tourism has all the catchments of a modern industry, including financial incentives from and for governments, for investors, private companies, multilingual and highly skilled employees, and consumers (Connell, 2006; Herrick, 2007; Hopkins et al., 2010; Ramírez de Arellano, 2007; Terry, 2007).

The phrase *'Medical tourism'* is commonly used to describe the practice of patients travelling outside of established cross-border care arrangements to access medical services abroad, which are typically paid for out-of-pocket (Crooks & Kingsbury, 2010; Ramirez de Arellano, 2007). Connell (2006) describes medical tourism as a popular mass culture where people travel to overseas countries to obtain healthcare services and facilities such as medical, dental and surgical care whilst having the opportunity to visit the tourist spots of that country. Carrera and Bridges (2006) have defined medical tourism as travel which is systematically planned to maintain one's physical and mental health condition. Medical tourism does not refer to care given when one happens to have a health emergency while abroad, as intent is key: the patient must actually intend to go elsewhere for care. Engaging in tourist activities, such as recovering in resorts in destination countries, is a common part of the medical tourism experience.

From a destination perspective, medical tourism can be defined as the offshore provision of medical services, in combination with other conventional tourism products, by leveraging a comparative cost advantage (Awadzi & Panda, 2005; Percivil & Bridges, 2006). Destinations or countries that choose to pursue such medical tourism openly promote their health-care services and facilities, in addition to their other conventional tourism attributes (Marlowe & Sullivan, 2007).

Medical tourism, according to Dhaene (2009) and Thomas et al (2014), is looking for available quality combined with cost effective and low price health services while offering a similar level of safety to the patient. It has been researched that the perceived quality, satisfaction, and trust in the staff and clinic have significant associations affecting intentions to revisit clinics and the

destination country; and satisfaction and trust acted as significant mediators in the medical tourism (Han & Hyun, 2015).

It has become 60 billion US dollars a year business with a growing rate about 20% from a year which could increase to 100 billion US dollars by 2012 (Herrick, 2007; García-Altes, 2005; Marlowe & Sullivan, 2007; Whittaker 2008). Orthopaedic, cardiac and plastic surgeries are among the many procedures performed in medical tourism hospitals that attract international patients (Erhrbeck, Guevara, Mango, Cordina & Singhal, 2008). Over the past decade the industry has grown significantly, with India, Singapore, and Thailand in particular becoming global leaders in drawing patients from around the world.

In the international literature, two different inspirations are frequently cited for individuals from high income countries engaging in medical tourism in developing nations specifically (Crooks et al., 2010). For patients coming from privately funded health systems without universal medical insurance like the United States, cost savings are thought to be a crucial factor in encouraging people to travel long distances in search of affordable medical care, or care that is not available to them in their home jurisdictions. (Burkett, 2007; Ramírez de Arellano, 2007; Connell, 2008; Unti, 2009). Patients with access to publicly-funded medical care in their home systems, such as those found in Canada and much of Europe, are thought to seek care abroad in order to avoid long wait-times in their home countries or access procedures that are unavailable or illegal locally (The Economist, 2004; Korock, 1997; Mudur, 2003). Even for patients seeking to avoid wait-times within public systems, cost savings are thought to be of great interest if, as is often the case, their home systems refuse to pay for medical care abroad (Eggerston, 2006).

According to Johnston (1996), it is understood that the potential for cost savings is commonly characterized as a strong motivation for patients from developed nations travelling to developing nations for medical care via the medical tourism industry. Meanwhile, critics observe that costs are kept low because there is often limited malpractice insurance paid by doctors and surgeons in destination countries, thus potentially putting patients at risk while simultaneously depressing prices (Forgione & Smith, 2007; Mirrer & Singer, 2007).

For the medical tourism industry to thrive, the international promotion of its services is necessary. Marketing materials, such as websites and brochures, inform potential patients about tourism opportunities, treatment options, and other key pieces of information (Chinai & Go Swami, 2007; Howze, 2007). Medical tourism facilitators/brokers in patients' home countries, in destination nations, and in third-party countries further promote the practice. These agents often exclusively specialize in medical tourism and assist interested patients with selecting hospitals abroad, visa applications and other paperwork, making travel and tourism arrangements, and sometimes also with organizing follow-up care at home (Olberhozer Gee, Khanna & Knoop, 2005).

The expansion of the industry in India, Singapore, and Thailand, as well as other Asian nations, is a key part of national economic development and health sector planning. National governments in these countries take an active role in promoting their nations as destinations for foreign patients assert 2006.

Topics and area	Source
Medical Tourism Definition	Garcia-Altes, 2004; Awadzi & Panda, 2005; Percivil & Bridges, 2006
Medical tourism, medical services, health services,	Mudur., 2003; Connell, 2006; Jones & Keith, 2006; Percivil & Bridges, 2006; Dhaene (2009); Wibulpolpr & Shetty (2010); Erdoğan & Yilmaz, 2013; Thomas C. et al, 2014; Jenner, 2008
Travelling for health purposes	Gesler, 1996; Dvorjetski, 2007; Connell, 2011; Elsner & Rutherford, 2010; Erfurt-Cooper & Cooper, 2009
Medical-tourism destination attributes, choice factors	Zaichkowsky, 1985; Crompton, 1992; Mansfeld, 1992; Um & Crompton, 1990; Sheth et al., 1999; Tasci & Gartner, 2007; Marlowe & Sullivan, 2007; York, 2008; Hawkin et al., 2001
Demand and Supply of Medical Tourism	Awadzi & Panda, 2005; Connell, 2006; Moody, 2007

Marketing of Medical Tourism	Goodrich, 1994; Decrop, 2000; Kotler & Keller, 2006; Marlowe & Sullivan, 2007
Concerns of Medical tourism like quality care, costs, insurance, travel	Awadzi & Panda, 2005; McDowall, 2006; Marlowe & Sullivan, 2007
Types of risks in Medical tourism	Sonmez & Graefe, 1998

Table 1: Literature Review. Own elaboration.

Government support for medical tourism includes sponsorship of trade shows and other promotional events held abroad that are designed to attract patients and market 'world class' medical facilities (Hughes, 1991; Mudur, 2003; Jenner, 2008; Pachanese, Wibulpolpr & Shetty, 2010). Although it is known that such events happen, to date researchers have not examined the messages they promote. Doing so is, however, important given the projected growth of this international industry (Keckley & Underwood, 2009) and increasing research attention being paid to it by academics from across the social and health sciences.

3. RESEARCH METHODOLOGY

The present study is in qualitative in nature and the data has been collected from the various secondary sources like newspapers magazine, national and international academic journals, etc. This study uses database searching and reference mining technique, and collects 87 academic journal articles and thesis from the major databases: EBSCO (Hospitality and Tourism Complete), and Science Direct free edition, and Ugc@Inflabanet. And then it was found that 54 research papers and other reports found that they were matched with the objectives of the study and selected to write the present study. The Sampling Criteria for selecting the papers and research reports as follows, mentioned in table 2.

Sampling criteria	
Topic Selection	Marketing and Promotions of Medical Tourism In India in hospitality or related fields (e.g., business, retailing, and tourism)
Data Type	Articles in academic journals
Data Source	Database searching (EBSCO, Science Direct) and reference mining.
Keywords	Medical Tourism, Health Tourism, marketing, and any combination of the above
Publication Date	1990 to 2015

Table 2: Sampling Criteria

During the initial review of the extant literature, two main keywords, *medical and marketing of tourism*, were used to search for related articles in the three selected databases. Using “experience” alone resulted in 19,321 abstracts from a search of the Sage Database (Search Data: October 2012 (march); Date Range: 1990 to 2014). Combining keywords (e.g., Medical Tourism, Health Tourism, Marketing, and any combination of the above. Since some articles have no keywords, especially those published before 1990, searching keywords was utilized in different fields including title, abstract, keywords, and citation to search for related articles. Finally, references were merged and purged to eliminate repeated citations. During the sampling process, the name of databases, keywords, search criteria numbers of articles, and search dates were recorded and special consideration was taken so that the relevant information would be searched.

The keywords, abstract, and main construct (s) of each article were reviewed in the article screening process. First, the title and keywords of each article were reviewed, followed by determining whether the term “experience” appeared in the abstract. If experience appeared and was relevant to the research interests, the article was kept for further examination; or the article was excluded. Next, the content of each potential article was studied to see if experience was the main topic or one of the main constructs. The article was included when experience was found to be a main topic or construct.

Reference mining was an ongoing data collection process. First, the reference list of each screened article was examined for experience-related titles. Then the potential articles, with experience in the title, were assessed using EBSCO and ABI databases, Google Search, and/ online library. Next, the articles were screened following the aforementioned screening process.

4. DISCUSSION

The major service players in Indian medical tourism are: the *Apollo Hospitals, Escorts Hospital, Fortis Hospitals, Breach Candy, Hinduja, Mumbai's Asian Heart Institute, Arvind Eye Hospitals, Manipal Hospitals, Mallya Hospital, Shankara Nethralaya etc*. All Indian institutes of Medical sciences, public -sector hospital is also in the fray. In terms of locations - Delhi, Chennai, Bangalore and Mumbai cater to the maximum number of health tourists and are fast emerging as medical tourism hubs.

There are certain companies In Business Processing Operations (BPO,s) firms that work in the areas of claim adjudication, billing and coding, transcriptions and form processing like TMT, Apollo Heart Street, Comat Technologies, Datamatics and Lapiz.

There are certain BPOs companies which visions high-end healthcare services through Indian BPO firms like Hinduja. One-stop centers in key international markets to facilitate patient flow and streamlining immigration for health care are envisaged. The CII, along with the Indian Health Care Federation (IHCF), wants to establish an Indian healthcare brand synonymous with trust and safety. Therefore, it is clear that the opportunities and challenges for growth in the health sector are seen primarily within the private/corporate sector, not in the public sector. Nowadays medical tourism in India includes advanced and life savings health care services like open transplants, cardiovascular surgery, eye treatment , knee/hip different cosmetic surgeries and alternate systems of medicine. Also leisure aspect medical travelling/wellness tourism may be included on such medical travel trips. India provides a variety of medical services to overseas patients.

The medical structure in India:

1. Wellness tourism
2. Alternative tourism.
3. Cosmetic surgery.
4. Advanced and life savings and healthcare.

	Wellness tourism	Alternative system of Tourism	Cosmetic surgery	Advance and life savings and health cares
Services offered	Spas, Stress relief, rejuvenation centers , leisure and health treatment centers	Ayurvedics, Siddha, Unani treatment for diseases e.g. Arthritis, Rheumatism	Dental Care, Plastic Surgery, Breast enhancement, Tummy reduction, Skin Treatment like scare etc.	Open transplants, cardio vascular surgery, Eye treatment, Hip Replacement, In vitrio fertilization
Profit Margin	Low	Low	Medium	High
Key competitors	Thailand ,South Africa	----------	South Africa, Cuba ,Thailand	Singapore, Jordan, Thailand

Table 3: Range of Service provided by the Indian Medical Tourism Acrosas Globe.

India has a very old civilization of more than 5000 years and is known for her rich cultural and religious diversities with diverse geographical landmarks. The traditional arts and crafts add to her appeal to attract tourists. In India, according to the famous words *"Atithi Devo Bhava"* refers tourists are treated as God. In India, in addition to the existence of modern medicine, indigenous or traditional medical practitioners continue to practice throughout the country. Popular indigenous health care traditions include Ayurveda, Siddha, Unani, Naturopathy, and Yoga. Ayurveda provides a complete system of preventive medicine and health care, which has been proven as its effectiveness over a long period in India. The science of Ayurveda is based on the knowledge of the human constitution.

Ayurveda is based on natural herbs, which gives a distinct advantage. The Siddha system defines disease as the condition in which the normal equilibrium of the five elements in human beings is lost resulting in different forms of discomfort. The diagnostic methods in the Siddha medical system are based more on the clinical acumen of the physician after observation of the patient, pulse and diagnosis and clinical history. Unani system of medicine believes that the body is made up of four basic elements viz., earth, air, water and fire, which have different temperaments i.e. cold, hot, wet and dry. After mixing and interaction of four

elements a new compound having new temperament comes into existence, i.e. hot-wet, hot-dry, cold-wet and cold-dry. Unani system of medicine believes in promotion of health, prevention of diseases and cure.

Naturopathy has several references in the Vedas and other ancient texts, which indicate that these methods were widely practiced in ancient India. Naturopathy believes that the human body possesses inherent self-constructing and self-healing powers. Naturopathy differs slightly with other systems of medicine, as it does not believe in the specific cause of disease and its specific treatment, but takes into account the totality of factors responsible for diseases such as unnatural habits in living, thinking, working, sleeping, or relaxation, and the environmental factors that disturb the normal functioning of the body.

Yoga is a science as well an art of healthy living physically, mentally, morally and spiritually. Yoga is believed to be founded by saints and sages of India several thousand years ago. Yoga has its origin in the Vedas, and its philosophy is an art and science of living in tune with the universe. Yoga, the art and science of maintaining physical and mental well-being, has its origin in India. It is an instrument to self-involvement and enlightenment, through physical and mental well-being. Various Yogic postures gently massage internal vital organs, keeping them in perfect condition. Cholesterol levels are kept in check and the blood pressure is normalized. This internal harmony cleanses and detoxifies the body and boosts the immune system. All these traditional health care systems are attracting national and international patients, and generate tourism flows in India.

WHERE DOES INDIA NEED TO IMPROVE?

- **High Hurdles**

Hurdles to India's medical ambitions abound. With 100,000 patients a year traveling to the country -- up from 10,000 five years ago -- hospitals are struggling to remedy first impressions that can turn people off. European people are aware of the poverty and decrypt state of the infrastructure, but this knowledge is second hand, gained through books and other media as such it really as a reality check when these visitors are faced with streets overflowing with people and bicycles

and by neighborhoods where new offices butt up against tarpaulin-covered slums. It is a make or break situation, on one hand, they are promised with world class healthcare at nominal cost (as per their standard) but on the other hand they face reality with your face human degradation and surreal poverty. Patients can sometimes decide not to go through with the process just looking at the general state of the local people of the host country. They wonder whether the price of their operation with an Indian hospital compared with five times more in their home country is worth the risk.

Therefore the logical thing for India is to strive for a massive Image Improvement plan, the medical industry in itself is banding together to improve its image. The Indian Healthcare Federation, a group of about 60 hospitals, is developing accreditation standards. In the U.S., organizations such as the Joint Commission on Accreditation of Healthcare Organizations, based in Oakbrook Terrace, Illinois, assess infection rates, the width of hospital corridors and the capacity of elevators. In India, there's no accreditation, and hospitals aren't required to provide information on the outcomes of treatments. There is nothing as far as quality standards go. Hospitals keep data, but they don't need to share it.

- **Sketchy Information**

The leading question that any potential medical tourist will ask himself is -where is the information, how detailed is the information and whether it is easily available or not; for e.g. Escorts' Web site lists only the number of procedures it has performed. Though they do not mention the obvious and important fact that Trehan, Escorts' hospital had a mortality rate of 0.8 percent and an infection rate of 0.3 percent in 2003. That compared with an observed mortality rate, or the rate of actual deaths, of 4.77 percent for heart valve surgery or coronary artery bypass surgery that included heart valves at New York-Presbyterian Hospital from 2000 to 2002, according to a New York State Department of Health report is much better. Such facts, not only need to be told but they also need to unashamedly promoted if India has to attract more overseas patients.

- **Infrastructural mess**

India competes for foreign patients with Malaysia, Singapore and Thailand, but it offers less in some areas where it matters such as infrastructure. We can almost call it as the curse of India since no matter what the problem we try to resolve on the national scale the first and most formidable issue is the infrastructure or rather the lack of it. Thus, if we are to improve the basic requirement of having wide roads, electricity, grounded electric wiring, information system in place etc. then most of our problems will be resolved including that of medial tourists. Thailand's airports and roads are in better shape than India's because Thailand is a major vacation destination. In 2003, 10 million tourists traveled there, according to the Tourism Authority of Thailand's Web site. That was more than triple the number for India that year.

Bumrungrad Hospital pcl, which runs Bumrungrad Hospital in Bangkok, started courting overseas patients during the Asian economic crisis in 1997 as the devaluation of the baht drove down costs for visitors. That year, Bumrungrad treated 50,000 foreigners. It handled seven times as many in 2004, accounting for 35 percent of its patients. In 2003, Bumrungrad hosted 150 Indian delegations, including one led by Wockhardt's Bali, showing them intensive care units, recovery rooms and the Starbucks cafe in the lobby.

- **International Focus**

The focus on international patients screams at us. Having interpreters and instructions in multiple languages such as Arabic, English, German, and Spanish etc. is a must. The patient must feel that whatever he is trying to convey goes across and all the communication must be clear. What it shows is that convenience offsets most other things for an international patient. At the end of the day the patient must feel sure is that he is treated for the right ailment and his consultant understands him perfectly.

- **We Care attitude**

Indian hospitals are countering with perks of their own. This is due to the fact that India believes in “Atithi Devo Bhava” and using this to best their own cause.

Hospital's representatives meet the patients at the airport, help them through immigration and drive them to the hospital in a private vehicle. Their room was stocked with fruit and drinks. They have no call consultants with arrangements made for pre and post treatment, sightseeing, shopping and other tourist activities. Hospitals even loan a mobile phone so they can stay in touch once they left the hospital.

- **More Foreigners**

Foreign patients are still far from the norm. Operations on non-Indians accounted for 10 percent of the more than 4,000 surgeries at Escorts in 2003. Foreign surgeries will pick up as rising health costs and long waiting lists provide incentives to travel to India and its low-priced rivals. In the U.S., health-related spending climbed 7.6 percent to $1.68 trillion in 2003, consuming almost 15.3 percent of the $11 trillion gross domestic product. It was the fifth consecutive year that the cost of medical care expanded faster than the economy.

U.S. employer-paid health insurance premiums have soared 59 percent since 2000, according to the Henry J. Kaiser Family Foundation and the Health Research and Educational Trust, nonprofit groups that study medical care. In 2004, premiums averaged $9,950 for families and $3,695 for individuals, the groups found. What all this means is that no matter what happens the number of foreign tourists will keep on increasing and India should ready or at least get ready to attract these patients.

- **Accidental Patient**

In the U.K., the waiting list for the government-funded National Health Service prompts some patients to look elsewhere. Last year, the lag averaged less than nine months for surgery, about half the 18 months in 1997. Unlike people who chose India after deciding not to pursue an operation through the National Health Service, there are others who have discovered an India by accident. Case in point: In July 2004, Ian Brown, a director at Harrogate, England-based electronics company Surevision Ltd., suffered chest pain and went to his local doctor. The National Health Service told him he'd have to wait as long as four months for a test

and then, if required, two years for an angioplasty to open blocked arteries. On vacation in India in September, Brown experienced chest pain again and was rushed to Wockhardt Hospital in Bangalore. Wockhardt performed an angioplasty the next day, inserting a wire mesh tube called a stent to prop open an artery. Back in England, Brown got a letter from the National Health Service in November asks him to come in for his initial test -- two months after he'd had the surgery in India. In this instance an accidental discovery proved to be a life saver. $800 vs. $18 Charging foreigners more than Indians is one way hospitals can make money to treat the poor. An echocardiogram machine, used to picture the heart, costs about $200,000 anywhere in the world. Doctors can charge $800 per scan in the U.S; in India, they charge 800 rupees, or $18.

The difference makes it tough to recoup costs. The reason why hospitals are so excited about overseas patients is that in India there are more than enough Indians to fill the nation's hospitals. India has enough volumes, but what we don't get is pricing. India should and is charged for the value rather than the concentrating on volume based profit alone.

- **Catering to the Middle East tourists**

Some Middle Eastern patients began choosing India after the Sept. 11, 2001, attacks on New York and Washington, Oman hospitals often refer patients to India for complicated procedures because the country is familiar, closer than the U.S. or Europe and cheap. Also, after 9/11, people are scared to go to the U.S not only due to fear of terrorist attacks, but mainly due to the fact that they feel threatened because of racial discrimination be it overt or subtle. The fact that people in US look at a turbaned and bearded man as a potential terrorist is an unsettling experience. Not only in the US, but even in UK and other European countries people of colored skin and religion are facing discrimination.

- **Brain drain reversal**

Indian doctors are returning home again and offering medical procedure which they performed abroad in their home country itself. There are many Indian patients who had to go abroad for medical reasons this is one of the factors that influenced

doctors to return home. The other reason is that the pay in India is gradually rising and the lure to back in one's own homeland is quite strong.

- **Easy Transition**

Indian hospitals are working to make the transition easier. Apollo is setting up a London clinic to attract people seeking alternatives to the National Health Service. The idea is that a doctor would look at patients find the problem and make all arrangements to get them to India.

- **Changing the trend**

Just as Indian software companies started with small programming jobs and expanded to become a $16 billion global industry, India's international health care initiative is in its early stages. For patients and profits to increase, India must remedy negative first impressions and persuade doubters that millions of the country's poor and ailing won't be left behind.

INITIATIVE BY INDIAN GOVERNMENT TO PROMOTE MEDICAL TOURISM

With a view to facilitating the medical tourism industry to achieve the targets and to give greater momentum for its growth, the Ministry of Health and Family Welfare together with the Ministry of Tourism of the Government of India has set up a Task Force. The Task Force will evaluate the opportunities in the industry and formulate a policy for accrediting healthcare institutions in the country. The accreditation program is aimed at classifying health service providers on the basis of infrastructure and quality of services offered. It is expected to standardize procedures and facilitate foreign patients in selecting the best hospitals.

Meanwhile, several hospitals in the country are seeking to take advantage of the booming medical tourism industry. They are investing largely in acquiring equipment, size and skills. To provide for brighter prospects for the industry, the hospitals can also acquire international accreditation, integrate traditional and clinical treatments and offer end-to-end value added services by tying up with tour operators, airline carriers and hotel companies. Hospitals can also allow foreign

patients to pay through credit and ensure proper support services to foreign patients after they return to their native countries. Lastly, the Government of India can also reinforce its support through quick visa processing, improved flight connectivity and infrastructure development.

CURRENT INITIATIVES BY VARIOUS STATE GOVERNMENTS AND ORGANIZATIONS:

- **Government Initiatives**

Central Government and State Governments should be encouraged rural handicrafts and fairs and festivals that have direct impact on the preservation of heritage and culture of rural India. It is going to draw tourists' attention from all over the world. Regional fairs, festivals help the growth of tourism, provide a ready market for the handicrafts, alternative income to the community, and facilitate regional interaction within the country. Leading states such as Kerala, Goa, and Maharashtra etc., have taken the initiative to promote medical tourism as a package in itself rather than just a side issue or an added benefit. The effect has apparently been a success a medical tourism has picked up in these states. The state governments should also have been monitoring closely the ecological relationship, socio, cultural impact and conducting feasibility studies before selecting tourist sites. The state governments also ensure that Tourism:

• Does not cause the tension in the host community

• No adverse impact on the resources

• Psychological satisfaction for the tourist.

• The large inflow of tourists would not put a stress on the local system

• The Local community should not be deprived of basic facilities for the benefits of tourist

• The rural tourism does not disrupt the rhythm of community life Thus the Central Government and State Governments have taken various steps for the promotion of tourism and attainment of the goal of sustainable tourism development.

TOURISM MINISTRY INITIATIVES TO PROMOTE INDIA AS A 365-DAY DESTINATION

The ministry of tourism in an effort and should promote India as a 365-day destination launched three CDs on MICE, adventure sports and cruises. The ministry of tourism should showcase India as a world-class MICE destination with many convention halls coming up with the line of Hyderabad International Conference Centre (HICC). The ministry of tourism should issue the special guidelines for adventure sports activities in the country. The guidelines are regarding land activities like mountaineering and trekking; water sports like river running; and air sports like parasailing, Paragliding and bungee jumping. The ministry should be laid down the basic minimum standards for adventure tourism related activities that are undertaken in different parts of the country

STRATEGIES FOR IMPROVEMENTS AND ENHANCEMENT OF MEDICAL TOURISM IN INDIA

The country like India is facing the following issues/challenges to become a tourist destination with competent medical tourism industry. They are:

1. The hospitals have observed poor hygiene and sanitation awareness in medical followers, insanitary food handling, and lack of proper hospitality services, assorted pricing of services and no industry standards due to these issues the Indian medical hospitals are facing the lack of trust from the foreigners' patients and they are losing the credibility in the minds of them.

2. Due to developing industry, Lack of infrastructural facilities like lack of connectivity, lack of coordinating system, poor power supply and poor water supply.

3. The Indian government can play a big role and But the industry is still experiencing the following problems which are triggered by the governments. They are:

-No rules and regulations or procedures as such in medical operations in India.

-Improper taxation anomaly on medical facilities.

-There are bureaucratic roadblocks in India.

-No works on land amendments or transformation.

-Lack of long-term investor friendly policies.

-Instability with respect to terrorism and communal tensions.

4. There are certain issues related to the insurance sector and allied services, the medical tourism industry in India is also facing some key restrictions. Like:

-Inadequate insurance cover.

-Underdeveloped insurance market in India.

-Insurance frauds.

-Overseas companies refusing reimbursement.

5. The following challenges, due to the infrastructural parts of the medical tourism sector in India, are:

-There is very poor accessibility.

-Shortage of capital to start or maintain the medical facilities or operations.

-Lack of Community participation and awareness among them about the medical tourism.

-Lack of involvement from rural sector.

-Lack of concern for sustainability.

-Complex visa procedures.

-Lack of good language translators, and

-Poor airport facilities.

6. Apart from these, there are some specific issues to promote medical tourism in India. Like: (a) There must have quality accreditations to the Indian hospitals and service providers in order to promote the medical tourism (b) There must be imparted training and development programs to the Doctors, Nurses and Para-medical staffs in order to provide the quality services (c) the marketing concepts like lack of customer oriented approach really effect to the medical services. The Country's cost-effective and efficient medical sector has made it a favored destination for healthcare. The Indian systems of medicine like Ayurveda, Yoga, Panchakarma, and Rejuvenation Therapy are among the most ancient systems of medical treatment, of the world. Southern states of India, especially, Kerala has developed Health Tourism as one of the products for the promotion of tourism in

Kerala. Most hotels and resorts are coming up with the spas and Ayurveda Centres as an integral part in Kerala.

SWOT ANALYSIS

There are also strengths and weaknesses opportunities and threats of Indian medical Tourism Refer table no 4.

Strengths	Weaknesses
1. The range of quality services at Affordable Cost than others Asian and European countries. 2. Large supply of qualified and well trained or experiences doctors in India. 3. Strong presence in advanced healthcare e.g. cardiovascular, organ transplants – high success rate in operations. 4. International Reputation of hospitals and Doctors. 5. Diversity of tourism destinations and experiences	1. No strong government support/ initiative to promote medical tourism 2. Low Coordination between the various players in the industry – airline operators, hotels and hospitals. 3. Customer Perception as an un-hygienic country. 4. No proper accreditation and regulation system for hospitals 5. Lack of uniform pricing policies across hospitals. 6. Cheating cases leads to the bad brand image. 7. Political problems in a country.
Opportunities	**Threats**
1. Increased demand for healthcare services from countries with aging population (U.S, U.K and others *European* countries). 2. Fast-paced lifestyle increases demand for wellness tourism and alternative cures Shortage of supply in National Health Systems in countries like U.K, Canada. 3. Demand from countries with underdeveloped healthcare facilities. **4.** Demand for retirement homes for elderly people especially Japanese.	1. Indian medical tourism has Strong competition from Asian countries like Thailand, Malaysia, and Singapore. 2. Lack of international accreditation and Overseas medical care not covered by insurance providers. 3. There are Under-investment in health infrastructure in Indian medical tourism industry.

Table 4: SWOT Analysis. Gore Shankar Nagarajan (2004)

DEVELOPING STRATEGIES BASED ON 8 P's FOR INDIAN MEDICAL TOURISM

After the SWOT analysis on Indian medical tourism and also interviewing them healthcare service providers in India as well as observing the different websites related to medical tourism's growth and opportunities, the following marketing strategies may be used by India's healthcare service providers. They may be based on the 8 Ps of marketing mix: Product, Price, Place, Promotion, People, Process, and Physical Evidence, and Productivity (Kotler, 2008; Lovelock and Wirtz, 2007; Chartered Marketing Institute, 2005) and others marketing analysis issues should be discussed and consider for the promotion of the medical tourism (Viladrich, & Baron, 2014).

1. **Product:** India has a number 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. Well-trained medical staff with international board certification (US, UK, Australia, Germany, Japan) are considered as a valuable asset of the companies and used as an important tool to promote healthcare services. Moreover, the cutting-edge technology and equipment available made by each hospital is also used as one of the major products in this industry. Another marketing strategy used by service providers is to create more value through services. Superior value-added services have been created to differentiate themselves from their increasing competitors, increasing its efficiency, creating convenience for the patients, and developing and strengthening the customer relationships. These non-medical care services are services such as, on-line service for medical arrangement, travel arrangement, interpreter services in many languages , luxury service apartments for patients' relatives adjacent to the hospital, hotel selection and reservation, sightseeing tour services, medical transportation both on land and air, one-to-one nursing care service, and etc. Major healthcare service providers in India have started expanding their business to other countries by investing in and/or

operating hospitals or medical center overseas. These hospitals function as a diagnostic center for screening cases and also for follow-ups in medical treatments.

2. **Price:** India's healthcare service providers have a competitive advantage among their competitor due to its high standard of medical treatments and services offered to the patients at a very competitive price. In India, complicated medical procedures are being done only at one tenth of the cost in industrialized countries but in terms of infrastructure facilities such as roads, sanitation, power backup accommodations, and public utility services much more is needed for the country to become a medical tourism destination (Kaur et al., 2007).

	USA	INDIA
Angioplasty	98 618	11 000
Heart bypass	210 842	10 000
Single heart-valve replacement	274 395	9 500
Hip replacement	75 399	9 000
Knee replacement	69 991	8 500
Gastric bypass	82 646	11 000
Spinal fusion	108 127	5 500
Mastectomy	40 832	16 833

Table 5 Costs of procedures (US$) in the USA (retail rather than insurers' cost) and India. Subimo (U.S. rates), and Planet Hospital (India rates), 2006

3. **Place:** Internet is the most efficient and inexpensive way to reach the product to its target customers directly, and at the same time helping patients acquire correct and valuable information allowing them to make an informed decision. Online marketing of each service provider creates awareness of the medical treatments available and reassures potential patients. Interactive communication, treatments description, description of services and facilities, quality assurance other concierge services were also present on the websites to attract the patient who is on medical travelling program. All the health care service providers generally take the help of the various agents the in promoting their medical tourism. These agents disseminate information and recommend the patients regarding their treatments to the hospitals. They work

as a center cooperating between patients and hospitals for screening cases, sending all the necessary medical reports of the patients to the hospitals and they do marketing for healthcare service providers.

4 **Promotion:** In order to promote the medical tourism in India , the healthcare service providers particularly big private hospitals should participate in travel marts, travel fairs, trade fair, exhibitions, seminars, conferences, and advertise in travel magazines in countries with the supporting from the government. Apart from the trade and fairs mart etc. other informative materials such as brochures, booklets, video-cds, pens drive, paper bags and t-shirt with logos were also used to create awareness of the available healthcare services as well. Moreover, some healthcare service providers in India build up cooperation with the local institutes, universities, medical schools in other countries to establish collaboration in education, exchange of knowledge and training as well as to promote their alternative healthcare services. Advertising about medical and non-medical services in both local and international media are used by healthcare service providers. Articles, video, news related to their high quality and standard of medical treatments and services, health issues, latest medical technology equipment, quality assurance/awards/accreditation available on their own websites and also to the international media. These help to create awareness of the available alternative medical treatments as well as to build up a positive image of the high quality and international standard of medical care in India.

5. **People:** Another very important strategy that Indian healthcare service providers may use to attract the international patients for their low cost treatments in India as well as to get the medical services by its well-trained medical specialists who have qualified from well-known overseas institutes. It is well acknowledged that having specialized and qualified doctors and staffs gives a competitive advantage for the hospitals.

6. **Process:** Every patient who travels from one country to another country and seeks excellent quality of treatments preferably somebody which accredited by a recognized international organization. India may have a large pool of doctors (approx. 600,000), nurses and paramedics with required specialization and

expertise and the language advantage (English speaking skills). The medical education system caters to the ever increasing demand for the delivery of the quality health care services all over the country. The Joint Commission International (JCI) recognizes and accredits that the standard of the hospital meets or exceeds the standard of medical facilities as compared to the west. India is a popular destination for medical tourists. (Iyer, 2004)

7. **Physical Evidence:** In India, big hospitals like Apollo Hospitals, Escorts Hospital, Wockhardt Hospitals, Breach Candy Hospitals Lilavati Hospital, Manipal Hospitals, Mallya Hospital, AMRI Hospitals do insist on good ambience in their infrastructures with spacious, luxury rooms and excellent amenities same as that of a five star hotel for patients and relatives, and also are equipped with cutting-edge technology to attract the medical tourists from the internationally. This can be competitive advantage of India in order to gain the confidence and build up the trust of international patients, making a decision to choose India as their preferred choice.
8. **Productivity:** Improving productivity is a requisite in cost management; but quality, as defined by the customer, is essential for a service to differentiate itself from other providers. (Lovelock & Wirtz, 2007). Indian medical tourism has Strong competition from Asian countries like Thailand, Malaysia, and Singapore etc. The service providers in medical tourism in India, better-quality value added services have been created to differentiate themselves from their increasing competitors, increasing its efficiency, creating convenience for the patients, and developing and strengthening the customer relationships.

5. CONCLUSION AND SUGGESTIONS FOR DEVELOPING INDIAN MEDICAL TOURISM

The aim of the present research is to carry out the marketing analysis and to determine the potential of the medical tourism, to identify the various challenges to the medical tourism in India and to suggest and recommend marketing the strategies to develop the India as medical tourism Destination. The research is

primarily based on the secondary sources by searching the various potential academic journals and reports potential articles, with medical tourism in the title, were assessed using EBSCO,UGC-Inflabanet, Google Search, and/ online library.

It has been concluded by reviewing the literature that there is increasing number of foreign patients flocking to India for treatment, the country could earn Rs 100 billion (US$2. 3 billion) through 'Medical Tourism' by 2012 and 2014. More people from the United States, Europe and the Middle East are seeking Indian hospitals as a cheap and safe alternative (Gray & Poland, 2008). With more people heading to India for medical tourism, the question arises, are the medical standards good enough? Absolutely yes, the Indian medical standards match up to the highly prescribed international standards. The SWOT analysis was conducted in the present research and found that The Indian medical tourism market has a great potential to attract the tourists throughout the world and has taken the various initiatives to attract the medical tourist to India (Li, 2014).

The following suggestions laid down the future path for India to achieve leadership position in medical tourism. These suggestions largely draw from the discussions with various stakeholders as well as observing the other countries' medical tourism conditions.

1. Role of Government

It is very important for the Indian government of India must act as a regulator to institute a uniform grading and accreditation system for hospitals to build consumers' trust in order to attract the medical tourists. It also acts as a catalyst to encourage private investment in medical infrastructure and policy-making for improving medical tourism. The government should actively promote FDI (Foreign direct investment) in healthcare sector as well as also enacts conducive fiscal policies - providing low interest rate loans, reducing import/excise duty for medical equipment It also facilitates clearances and certification like medical registration number, anti-pollution certificate, etc. The government should reduce barriers in getting medical visa and institute visa-on-arrival for patients and also can create medical attachés to Indian embassies that promote health services to prospective Indian visitors.

2. Medical Visas

The patients who are interested to undergo the treatment in another country, the respective country should encourage to make such kind of systems of getting medical visas should in order to make travel across borders smoother. Visas can be extended depending on the condition of the patients. As it is very time consuming there is a need to simplify and speed up these procedures to make India a more attractive medical tourism destination.

3. Holistic medical and diagnostic Centers within the corporate hospitals

Most of the big tertiary hospitals are opening up holistic Centers within the premises, with yoga and meditation programs long with naturopathy, herbal medicine, and acupuncture and homeopathy departments. The claim is that these enhance treatment. However, these services are charged for and add to additional revenues. The hospitals have small spaces for the relatives to pray in, thereby wedding science with religion and traditional with modern medical practices.

4. Setting Up National Level Bodies

To market India's specialized healthcare products in the world and also address the various issues confronting the corporate healthcare sector, leading private hospitals across the country are planning to set up a national-level body on the lines of National Association of Software and Service Companies (NASSCOM), the apex body of software companies in the country. It is therefore essential to form an apex body for health tourism - National Association of Health Tourism (NHAT). The main agenda for NAHT will be:

(a) **Building the India Brand Abroad**: Classify the target consumer segments based on their attractiveness and position the India Brand based on the three main value propositions - high quality service, value for money and destination diversity. An integrated marketing Communications campaign using print, media and road shows should be developed.

(b) **Promoting Inter-Sectorial Coordination**: The NAHT should take up the responsibility of aligning the activities of various players - Tourism Department, Transport Operators, Hotel Associations, Escorts personnel etc. (c) Information Dissemination using Technology: NAHT should set up a portal on medical tourism in India targeted at sharing information and enabling online transactions. (d) Standardization of Services: NAHT should also focus on establishing price parity for similar kinds of treatments in various hospitals and ensure the hospitals adhere to high hygiene and quality standards. It is felt that not only the private hospitals, but the country too stands to benefit from this by earning foreign currency.

5. Integrate vertically

Various added services may be offered to the patients. For example, hospitals may have kiosks at airports, offer airport pickups, bank transactions, or tie-ups with airlines for tickets and may help facilitate medical visas by the government. With more Arab patients coming in, some hospitals may have hired Arabic interpreters, stocked up on prayer rugs and opened up a kitchen serving the food preparations in corporate hospitals in India.

6 Joint Ventures / Alliances

To counter increasing competition in medical tourism sector, Indian hospitals should tie-up with foreign institutions for assured supply of medical tourists. Specifically, they may tie-ups with capacity constrained hospitals and insurance providers. For example Mohali's Fortis Hospital has entered into a mutual referral arrangement with the Partners Healthcare System, which has hospitals like Brigham Women's Hospital and Massachusetts Hospital in Boston under its umbrella, to bring patients from the US (Kohli, 2002). The Apollo group has also tied up with hospitals in Mauritius, Tanzania, Bangladesh and Yemen. In addition, it runs a hospital in Sri Lanka, and manages a hospital in Dubai (Dogra, 2003).

As a part of this policy of promoting public and private initiatives, the Indian travel industry and tour operators have also design packages that include air travel, hotel accommodation, and surgery expenses, claiming savings. They may

also operate jointly to facilitate travel for medical services. Other than the central government's list of hospitals for medical tourism on the web, the medical tourism may also get promoted through popular magazines, tourist guide books, business magazines and journals on tourism. Textual and video testimonies of cured foreign patients and administrators describing the excellence of the treatment, the low cost, the professional approach, the technical expertise, the affection and caring doctors and staff, and the cutting edge technology are all displayed on hospital web sites as evidence of efficiency.

LIMITATION AND FUTURE RESEARCH

Every study has its own loopholes and limitation in terms of data collection, study area etc. likewise, there are various limitations of the present study, being in qualitative of the study it has reviewed the secondary sources like research reports, papers and thesis and magazines etc. and the very less number of the research paper has been taken for conducting the research paper.

The future research could be there may be a comparative marketing analysis of the medical tourism of the different countries of the world may undertake, the quantitative study may be carried by measuring the medical tourists' satisfaction and its relationship with their behavioral intention. The demographic profile like income purpose of the visit under the medical treatment and its relationship with the hospital performance may be measured in the further study.

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