INDIA: INNOVATING, TRANSFORMING AND DEFINING MEDICAL VALUE TRAVEL

ADVANTAGE HEALTH CARE-INDIA 2018
4th International Summit on Medical Value Travel
4 - 6 December, 2018

FICCI Knowledge Paper

Knowledge Provider

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Building a better working world
Ernst & Young LLP
Foreword by FICCI

The 4th edition of "Advantage Healthcare India 2018", scheduled for December 4-6, 2018 at India Expo Centre and Mart, Greater Noida (NCR), is showcasing FICCI’s work in the healthcare segment.

We are grateful to the Department of Commerce, Ministry of Commerce & Industry for the tremendous support and involvement in bringing this event to a stage where we have such large participation from around the globe, with over 600 International delegates participating from more than 70 countries in the event.

Advantage Healthcare India 2018, will also witness the participation of over 150 Indian Hospitals and Healthcare Service Providers. Parallel events like CEOs Roundtable, Regional Forums, Buyer-Seller meets and networking functions will create a dynamic atmosphere for exchange of ideas and for doing serious business.

I am confident that the event will be extremely relevant and fruitful for all the Indian & Foreign participants.

Dilip Chenoy

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Medical value travel (MVT) is a growing industry across the globe. It is expected that MVT shall grow at a rate of 20-25% year over year in the next five years (in terms of value). India is rightly poised to become a preferred destination for MVT. While it is expected that India shall witness high growth in the next five years (both in terms of arrivals and values), the demographics of MVT may change substantially. MVT from SAARC and GCC countries is growing and would continue to grow while MVT from Africa and CIS countries is on a decline. Reduction in MVT from Africa and CIS is attributable to developments in the respective countries encouraging travelers to remain in home countries for treatments. Positive growth from SAARC and GCC is driven largely due to ease of accessibility, quality of care and affordability. Alternate destinations for MVT may become a potential compete for India for its traditional source countries. Going forward, it would be important to focus on providing seamless experience to the medical traveler. Both the government and the industry are working in this direction. Recent visa regulations like e-FRRO, accreditation of MVT facilitators and e-medical visa for attendants are some of the welcome steps. Planned outreach to emerging destinations, focus on alternative medicine andwellness, and recognition to MVT as an organized sector are certain proactive steps which would help India to sustain as a major destination for MVT.

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Introduction: Advantage Healthcare India

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The global burden of disease
Disease burden by cause
Disease burden and health expenditure
Primary destinations for MVT
Mapping medical travellers by source and destination
Source country wise spending
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India’s inbound MVT
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- Increase in MVT from SAARC & GCC to compensate for the reduction from Africa & CIS
- Targeted outreach to emerging source countries:
- Alternate medicine and Wellness to grow as MVT subsector
- MVT to be developed as an 'Organised Sector'

List of Abbreviations
Introduction: Advantage Healthcare India

Advantage Healthcare India (AHCI) is an international summit on medical value travel (MVT). It is an attempt to exhibit India and its potential as a provider of medical healthcare to the world. It provides a plethora of opportunities and a platform for:

- Creating partnerships and alliances in health care industry among the nations participating in the event
- Interacting and collaborating with hospital and medical universities through exhibitions, roundtables and visits to healthcare-wellness centers
- Networking and meeting MVT facilitators and tourism department

AHCI has been envisaged by the Ministry of Commerce & Industry, Government of India in association with the Federation of Indian Chambers of Commerce & Industry (FICCI) and Service Export Promotion Council (SEPC). The summit is supported by the Ministry of Health & Family Welfare, Ministry of AYUSH, Ministry of External Affairs and Ministry of Tourism, Government of India. The other strategic organizations are the foundation of healthcare and wellness, National Accreditation Board for Hospitals & Healthcare Providers (NABH) and Association of healthcare providers (India), AHPI.

This is the 4th edition of AHCI, 2018. These objective of the summits have been organized with objective of promoting India as a premier global healthcare destination and to enabling streamlined medical services export from India. These summits have exhibited India’s offerings and experience in healthcare, in terms of hospitals, healthcare centers, AYUSH hospitals, educational institutions, medical devices, pharmaceutical companies, pharma machinery and packaging and associated ecosystem - MVT facilitators, hotels, airlines, tour and travel companies and TPAs.
The major highlights of these summits were conferences, exhibitions, Reverse Buyer Seller Meets (RBSM), release of knowledge paper, B-2-B meetings, CEO roundtables, regional forums and knowledge sharing programs along with organized hospital visits for the visiting delegations.

**Chapters of Knowledge paper**

A knowledge paper titled “India: Innovating, transforming and defining medical value travel” has been published as a part of this first edition of the summit. The knowledge paper covers following topics:

1. **Global market scenario and source country spending**: This chapter emphasizes on the global market scenario of MVT, disease burden analysis and country wise expenditure. Understanding primary MVT destinations and their costs with respect to the US healthcare costs.

2. **Source country profile**: This chapter highlights disease profiling, key developments and initiatives that are taking place in the healthcare sector in six countries, one from each of the top reasons.

3. **Mapping issues and challenges faced by service provider**: This chapter details out challenges and issues identified by the service providers in India while delving into the opportunities in MVT.

4. **Industry voices**: 10 healthcare providers were interviewed to understand their point of view and potential gaps in this industry. Chapter 4 covers this part of the industry.

5. **Recommendations**: Based on analysis and stakeholder consultation, the paper presents way forward in MVT sector for its growth.

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**The global burden of disease**

To appreciate the global burden of disease, this report uses Disability Adjusted Life Years (DALYs) expressed in rates (measured as the number of Disability Adjusted Life Years lost per 100,000 individuals). As per World Health Organization, the DALY is defined as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

Figure 1 shows the total global DALYs lost, disaggregated by region. The rates for DALYs vary differently across the globe. Asia accounts for the 58% share of total disease burden while Africa stands at 24% indicating the disease burden stress to be highly prominent in Asian region. Further, within the regions, there is also a wide variation observed. Within West Africa, countries such as Somalia, South Sudan and Kenya, it varies from 40,000 to 97,000 years whereas countries within Asia such as India, Bangladesh and Malaysia reflect the range between 20,000 – 40,000 DALYs.
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Disease burden by cause

For the analysis, disease burdens are divided into three key categories of disability or disease:

a) Non-communicable diseases (NCDs)
b) Communicable, maternal, neonatal and nutritional diseases (CMNND)
c) Injuries
Figure 2 shows the total disease burden bifurcated across these three categories. In 2017 approximately 69% of health burden results from NCDs, 21% from CMNND and 10% from injuries.

Figure 3 shows the breakdown of disease burden in 2017, expressed in DALYs in millions as a share of the total.

Source: Institute for Health Metrics and Evaluation, Global Health Data, 2017
The largest disease burden comes from cardiovascular diseases which accounts for 14-15% of the total. This is followed by cancers (9%), mental and neurological disorders (9%) and other NCDs (5%). Correlating with the present scenario of MVT, these are the major diseases for which patients travel for cross-border treatment.

**Disease burden and health expenditure**

Figure 4 shows the relationship between total disease burden, given as rates of DALYs losses per 100,000 individuals (from all causes) versus average per capita health expenditure (in US dollars). A steep decline in health burden can be observed as per capita expenditure increases initially.

The per capita health expenditure varies largely globally. Developing countries such as Nepal, India and Myanmar have achieved one of the lowest rates of health burden with an average expenditure less than US$500 per capita whereas the high income developed countries such as the United States have a per capita expenditure over US$9,000 per year. However, these countries have achieved little or negligible reduction in disease burden when compared with other high income with a per capita expenditure even less than half of these figures discussed.

**Disease burden vs Health Expenditure per Capita, 2015**

*Source: Institute for Health Metrics and Evaluation, Global Health Data, 2015; World Bank Database; EY Analysis*
Primary destinations for MVT

The primary destinations for MVT include countries such as Thailand, India, Singapore and Malaysia. Below are the top countries for health care travel globally. In each of these countries, MVT services are gaining ground.

On the basis of medical infrastructure, medical tourists and hospitals accredited by the Joint Commission International (JCI) for healthcare, major countries contributing to MVT are identified as:

<table>
<thead>
<tr>
<th>Destination Countries</th>
<th>Medical Tourists (2016)</th>
<th>JCI Accredited Hospitals 2018</th>
<th>% Savings w.r.t the US Costs</th>
<th>Popular Treatment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>1,300,000 - 1,800,000 in 2016, 24,00,000 in 2017</td>
<td>64</td>
<td>50%—75%</td>
<td>Alternative medicine, cosmetic surgery, dental care, gender realignment, heart surgery, obesity surgery, oncology and orthopedics</td>
</tr>
<tr>
<td>Mexico</td>
<td>10,00,000*</td>
<td>13</td>
<td>40%—65%</td>
<td>Dental work and weight-loss surgery</td>
</tr>
<tr>
<td>Singapore</td>
<td>370,000 – 550,000†</td>
<td>22</td>
<td>25%—40%</td>
<td>Organ transplants, stem cell transplants and other high end procedures</td>
</tr>
<tr>
<td>India</td>
<td>427,014 in 2016, 495,056 in 2017</td>
<td>38</td>
<td>65%—90%</td>
<td>Alternative medicine, bone marrow transplant, cardiac bypass, eye surgery and hip replacement</td>
</tr>
<tr>
<td>Brazil</td>
<td>180,000*</td>
<td>63</td>
<td>20%—30%</td>
<td>Cosmetic Surgery</td>
</tr>
<tr>
<td>Turkey</td>
<td>700,000*</td>
<td>44</td>
<td>50%—65%</td>
<td>Eye Surgery</td>
</tr>
<tr>
<td>Taiwan</td>
<td>305,600*</td>
<td>14</td>
<td>40%—55%</td>
<td>Liver transplants, joint replacement surgery, bone marrow transplants, and reconstructive and plastic surgery</td>
</tr>
</tbody>
</table>

1 Joint Commission International, 2018
3 Various sources
4 “MVT Looks Healthy In Malaysia, But In Singapore?”, South China Morning Post, 19 Nov 2017, © 2018 South China Morning Post Publishers Ltd
5 “2.4m Visits To Thai Hospitals For MVT In 2017”, IMTJ, June 2018, © 2018 IMTJ
6 “Mexico becoming a MVT destination”, Al Jazeera Media Network, 15 Nov 2017, © 2018 Al Jazeera Media Network
7 “MVT Looks Healthy In Malaysia, But In Singapore?”, South China Morning Post, 19 Nov 2017, © 2018 South China Morning Post Publishers Ltd
8 Ministry of Tourism, India
9 “Brazil”, MVT Association, ©Copyright 2013-2018 | MVT Association
11 “Seven hospitals form alliance to attract medical tourists”, Focus Taiwan News Channel, 12 March 2018, The Central News Agency
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7. "MVT Looks Healthy In Malaysia, But In Singapore?", South China Morning Post, 19 Nov 2017, © 2018 South China Morning Post Publishers Ltd
8. Ministry of Tourism, India
11. "Seven hospitals form alliance to attract medical tourists", Focus Taiwan News Channel, 12 March 2018, The Central News Agency

On the basis of above, following are the detailed analysis for the top preferred destinations for medical value travel worldwide:

### Key Destinations for MVT

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<th>% Savings w.r.t the US Costs</th>
<th>Popular Treatment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>940,000*</td>
<td>13</td>
<td>65%—80%</td>
<td>Cardiovascular surgery, cosmetic surgery, dental care, eye surgery, general surgery, orthopedic and transplant surgery</td>
</tr>
<tr>
<td>South Korea</td>
<td>321,574 (2017)</td>
<td>26</td>
<td>30%—45%</td>
<td>Angioplasty, heart bypass Knee replacement, heart value replacement</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>70,000*</td>
<td>2</td>
<td>45%—65%</td>
<td>Dental surgery, cosmetic, preventive medicine</td>
</tr>
<tr>
<td>Thailand</td>
<td>1,300,000—1,800,000 in 2016</td>
<td>24,000 in 2017</td>
<td>50%—75%</td>
<td>Alternative medicine, cosmetic surgery, dental care, gender realignment, heart surgery, obesity surgery, oncology and orthopedics</td>
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* "MVT Looks Healthy In Malaysia, But In Singapore?:, South China Morning Post, 19 Nov 2017, © 2018 South China Morning Post Publishers Ltd
* "12% Fewer Medical Tourists To South Korea In 2017": IMTJ, June 2018, © 2018 IMTJ
* "MVT in Costa Rica", MVT Corporation, © 2018 Med Tourism Co, LLC
Mapping medical travelers by source and destination

<table>
<thead>
<tr>
<th>From</th>
<th>Asia</th>
<th>Europe</th>
<th>Latin America</th>
<th>Middle East</th>
<th>North America</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>95%</td>
<td>4%</td>
<td>1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Asia</td>
<td>93%</td>
<td>1%</td>
<td>5%</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td>Europe</td>
<td>39%</td>
<td>10%</td>
<td>5%</td>
<td>13%</td>
<td>33%</td>
</tr>
<tr>
<td>Latin America</td>
<td>1%</td>
<td>-</td>
<td>12%</td>
<td>2%</td>
<td>87%</td>
</tr>
<tr>
<td>Middle East</td>
<td>32%</td>
<td>8%</td>
<td>-</td>
<td>2%</td>
<td>58%</td>
</tr>
<tr>
<td>North America</td>
<td>45%</td>
<td>-</td>
<td>26%</td>
<td>2%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: Skilling India for Health-Wellness and MVT Industry, North India Management Association, 2013

From the source-destination mapping, it is seen that 95% of the medical travelers from Africa prefer travelling to Asia for medical treatments. A high quality treatment at lower healthcare costs coupled with the possibility of travel to exotic places made Asia a preferable region for foreign medical travelers.

While medical travelers from Africa prefer Asia, medical travelers from Latin America prefer to travel to North America due to lower costs and affordable connectivity. Countries like Costa Rica, Panama and Mexico are the preferred countries for large numbers of medical travelers from North America and Europe.

Source country wise spending

The MVT market is focused on various sources of funding for progression of its development. Healthcare is financed though both, government spending and private spending. These are further bifurcated into compulsory health insurance and voluntary health insurance respectively. The graph below shows the comparison between average domestic general government spending vs their GDP for the identified source countries for MVT.

Domestic general government expenditure includes transfers from government domestic revenue, social insurance contributions and compulsory prepayment. An average of 10 years from 2006-2015 is considered for the analysis.
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Domestic general government expenditure includes transfers from government domestic revenue, social insurance contributions and compulsory prepayment. An average of 10 years from 2006-2015 is considered for the analysis.

Needless to say, a huge gap can be observed between the government spending of developing nations like Africa, GCC and developed economies. The lowest spending has been observed in countries like Bangladesh and Myanmar indicating inadequate medical infrastructure. Thus, the inadequate infrastructure in source countries and higher prices of healthcare in developed economies like US and Canada becomes a high potential region where India can focus for development of MVT.

Key takeaways from the above analysis

1. Asia accounts for the 58% share of total disease burden, while Africa stands at 24%, indicating the disease burden stress to be highly prominent in Asian region
2. The largest disease burden comes from cardiovascular diseases which accounts for 14-15% of the total. This is followed by cancers, mental and neurological disorders, new born complications and other NCDs. Diarrhea and other infectious disease also accounts for 10%
3. MVT is a burgeoning multi-billion dollar industry and likely to grow higher due to many benefits offered to patients
4. 95% of the medical travelers from Africa prefer travelling to Asia for medical treatments. A high quality treatment at lower healthcare costs coupled with the possibility to travel to exotic places made Asia the preferred region for foreign medical travelers

*Extensive research and data analysis revealed that the costs of availing medical treatments in Asian countries varies from one-tenth to as high as one fiftieth of the cost in US. For example, Open-heart surgery may cost upto US$50,000 in the US while in India, it only costs somewhere from US$2000 to US$4000. Similarly, orthopaedic surgeries such as hip replacement may costs upto US$50,000 in the US while it could only cost upto US$27500 in South Asian countries such as Thailand, Malaysia or India.*
5. India, Malaysia, Thailand and Singapore are the most preferred countries for medical treatments globally due to advanced quality healthcare and affordable healthcare costs.

6. Countries like Costa Rica, Mexico, Barbados and Antigua are expanding their services faster thus attracting patients from North America and Europe. The UAE is also developing itself as MVT hub by promoting developments in Dubai. Huge amounts of investment have been made in Dubai by the government, as it envisages itself as the medical hub in coming years.

7. The lowest spending by the government has been observed in countries like Bangladesh and Myanmar indicating inadequate medical infrastructure. Thus, the inadequate infrastructure in source countries and higher prices of healthcare in developed economies like US and Canada, becomes the high potential region where India can focus for the development of MVT.
Chapter 3

Source Country Profile

This chapter elaborates on inbound MVT market for India and discusses major source countries. As India has identified MVT as a fast emerging sector, it is important to understand nuances of inbound MVT including factors affecting its further growth.

India's inbound MVT

Foreign Tourist Arrivals (FTA) with respect to medical tourists during the period 2014-17 has been used to identify major source countries for MTA in India. The following are top 10 countries based on cumulative foreign tourist arrivals on medical visa from 2014 to 2017 which constitutes about 88% of the MVT over this period of four years¹⁶.

Cumulative FTAs on medical visa to India 2014-17

- Bangladesh: 12%
- Iraq: 12%
- Maldives: 7%
- Nigeria: 5%
- Kenya: 5%
- Oman: 2%
- Uzbekistan: 2%
- Yemen: 2%
- Others: 12%

Source: Ministry of Tourism, 2017 & EY Analysis

Out of these 10 countries, two countries namely, Nigeria and Tanzania have witnessed a decline in FTAs on medical visa. Number of patients coming to India on medical visa is reducing in Nigeria over all the years considered and in United Republic of Tanzania from 2015 to 2017.

¹⁶ India Tourism Statistics, 2014-17, Government of India, Ministry of Tourism Market Research division
The following countries have witnessed an overall increase from 2014 to 2017 in absolute numbers:

- Bangladesh, Iraq and Oman tourist arrivals on medical purpose are increasing over the four years.
- Bangladesh alone constitutes about 45% of total foreign tourist arrivals to India on medical visa in 2017.
- In Maldives and Yemen, there is a decrease in arrivals from 2014 to 2015 but there is an increase over the recent years.
- In Afghanistan and Kenya, there is an increase in number of arrivals from 2014 to 2016. However, there is a decline from 2016 to 2017.
- In Uzbekistan, there is an increase of 49% in number of arrivals from 2015 to 2016. However, there is a decline of 13% from 2016 to 2017.

In 2016—17, the following five countries namely Afghanistan (6%), Nigeria (40%), Kenya (14%), Uzbekistan (13%) and United Republic of Tanzania (9%) have witnessed decline in number of arrivals.

Top six source countries, one from each region as shown below have been identified for deeper analysis in the rest of the report.

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>SAARC</td>
</tr>
<tr>
<td>Iraq</td>
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<tr>
<td>Oman</td>
<td>GCC</td>
</tr>
<tr>
<td>Nigeria</td>
<td>West Africa</td>
</tr>
<tr>
<td>Kenya</td>
<td>East Africa</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>CIS</td>
</tr>
</tbody>
</table>

**Disease profiling**

<table>
<thead>
<tr>
<th>Level 1 Disease cause</th>
<th>Level 2 Disease cause</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMNND</td>
<td>HIV/AIDS and sexually transmitted infections</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>CMNND</td>
<td>Respiratory infections and Tuberculosis</td>
<td>TB, Respiratory and Enteric infections</td>
</tr>
<tr>
<td>CMNND</td>
<td>Enteric infections</td>
<td></td>
</tr>
<tr>
<td>CMNND</td>
<td>Maternal and neonatal disorders</td>
<td>Maternal and neonatal disorders</td>
</tr>
</tbody>
</table>

As defined by the Institute for Health Metrics and Evaluation, Global Health data exchange (GHDx).

As defined by Institute for Health Metrics and Evaluation, Global Health data exchange (GHDx). Neglected tropical disease and Malaria, Nutritional deficiencies, other infectious diseases, other non-communicable diseases and self-harm & inter-personal violence have not been considered as they are not relevant in the context of Medical Value Travel.
The following countries have witnessed an overall increase from 2014 to 2017 in absolute numbers:

- Bangladesh, Iraq and Oman tourist arrivals on medical purpose are increasing over the four years.
- Bangladesh alone constitutes about 45% of total foreign tourist arrivals to India on medical visa in 2017.

In Maldives and Yemen, there is a decrease in arrivals from 2014 to 2015 but there is an increase over the recent years.

In Afghanistan and Kenya, there is an increase in number of arrivals from 2014 to 2016. However, there is a decline from 2016 to 2017.

In Uzbekistan, there is an increase of 49% in number of arrivals from 2015 to 2016. However, there is a decline of 13% from 2016 to 2017.

In 2016—17, the following five countries namely Afghanistan (6%), Nigeria (40%), Kenya (14%), Uzbekistan (13%) and United Republic of Tanzania (9%) have witnessed decline in number of arrivals.

Top six source countries, one from each region as shown below have been identified for deeper analysis in the rest of the report.

<table>
<thead>
<tr>
<th>Source Country</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>SAARC</td>
</tr>
<tr>
<td>Iraq</td>
<td>Middle East</td>
</tr>
<tr>
<td>Oman</td>
<td>GCC</td>
</tr>
<tr>
<td>Nigeria</td>
<td>West Africa</td>
</tr>
<tr>
<td>Kenya</td>
<td>East Africa</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>CIS</td>
</tr>
</tbody>
</table>

Source country profiling (disease profiling and key developments)

**Bangladesh**

Bangladesh holds the eighth place among largest population countries in the world\(^19\). The major destination countries include India, China, Singapore, Thailand, South Korea, Malaysia, Saudi Arabia, the USA, the UK, Australia, Japan and Germany for treatments including cardiology, oncology, neurology and orthopedic\(^20\).

Majority of deaths in Bangladesh are due to NCDs out of which cancer has a share of 10%. However, the existing infrastructure caters to approximately 10% of cancer patients with 16 cancer treatment centers in Bangladesh\(^21\). High costs, poor services, long waiting lists, lack of technology in Bangladesh are the major reasons for MVT from Bangladesh\(^13\).

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\(^19\) World Bank Population 2017
\(^20\) Mahboob A.M. Outbound MVT: The case of Bangladesh (World Review of Business Research, 2012)
\(^21\) “Bangladesh severely unequipped to treat cancer,” Dhaka Tribune website, 4 February 2017, © 2012-2018. 2A Media Limited
The foreign tourist arrivals on medical visa from Bangladesh to India from 2014 to 2017 is as shown below:

**FTA on Medical Visa from Bangladesh to India from 2014 to 2017**

![Graph showing foreign tourist arrivals on medical visa from Bangladesh to India from 2014 to 2017](image)

*Source: Ministry of Tourism India 2014—17 & EY Analysis*

**Disease profiling in Bangladesh**

The CAGR of incidence of causes in Bangladesh is as shown below.

**Bangladesh: Incidence of Causes-CAGR (2008—17)**

![Graph showing CAGR of incidence of causes in Bangladesh from 2008 to 2017](image)

*Source: Institute for Health Metrics and Evaluation, Global Health Data, 2008—2017 & EY Analysis*

The CAGR of incidence of maternal and neonatal is negative and is highest for injuries. The reason for YoY decline in number of new cases in maternal and neonatal disorders could be introduction of providing free maternity services to child and parent by government and gradual decline in child marriages. The rate of child marriages under the age of 15 shifted from 62.8% in 2015 to 10.7% in 2017.*²²*

---

Disease profiling in Bangladesh

The CAGR of incidence of causes in Bangladesh is as shown below.

The CAGR of incidence of maternal and neonatal is negative and is highest for injuries. The reason for YoY decline in number of new cases in maternal and neonatal disorders could be introduction of providing free maternity services to child and parent by government and gradual decline in child marriages. The rate of child marriages under the age of 15 shifted from 62.8% in 2015 to 10.7% in 2017.

It can be observed that NCD has the highest percent of prevalence and majority of Bangladeshis travel abroad for treatments for NCDs. The prevalence of all the diseases when considered individually are increasing every year over the period from 2008 to 2017 except in the case of maternal and neonatal disorders.

**Key developments:**

The formulation of guidelines for Bangladeshi patients about receiving treatment abroad is in process.

**Infrastructure:**

Bangladesh is in the process of developing medical infrastructure in the country. To improve the healthcare facilities, the Japan International Cooperation Agency (JICA) signed investment agreements with Ship Aichi Medical Service Limited (SAMSL), a corporation of Bangladesh, for the expansion and operation of East-West Medical College Hospital of Dhaka with 280 beds in July 2018.

An Apollo hospital (JCI Accredited) has been inaugurated in Dhaka in 2015 which provides most of the major treatments or refer patients to other countries. Since its inception, approximately 660,116 patients have registered with Apollo Hospitals Dhaka and over 2,514,152 patients have availed outpatient consultation across over 29 disciplines. It is understood that Bangladesh has focused on improving affordable and reliable facilities in the country.

On another note, a new bus service between Kolkata and Dhaka and a rail link between Kolkata and the western city of Khulna in Bangladesh have been inaugurated in April 2017 which would reduce transportation costs between India and Bangladesh.

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*Source: Institute for Health Metrics and Evaluation, Global Health Data, 2017 & EY Analysis*

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**Bangladesh: Prevalence of Cause (2017)**

![Bangladesh: Prevalence of Cause (2017)](image)

**Source:** Institute for Health Metrics and Evaluation, Global Health Data, 2017 & EY Analysis
Iraq

Patients from Iraq seek medical treatments related to cardiology, orthopedic, neurology, nephrology, orthopedics and reconstructive surgery.²⁷

The FTAs on medical visa from Iraq to India from 2014 to 2017 is as shown below:

**FTA on Medical Visa from Iraq to India 2014—2017**

![Graph showing FTA on Medical Visa from Iraq to India 2014—2017](source: Ministry of Tourism India, 2014—17 & EY Analysis)

The number of FTAs on medical visa from Iraq is increasing almost linearly every year at an average rate of 545% as it has started with low base.

**Disease profiling in Iraq**

The CAGR of incidence of diseases in Iraq is as shown below.


New cases of digestive and musculoskeletal disorders are increasing at the highest CAGR of 4.2% and 4.1% respectively over past 10 years.

Iraq: Prevalence of Cause (2017)

The prevalence of non-communicable diseases in Iraq is highest in 2017. The prevalence of all diseases when considered individually is always increasing over the period of 10 years from 2008 to 2017.

Key developments:

Infrastructure:

Apart from India, Iran is one of the major destinations for MVT for Iraqis.

The health care system in Iraq is depleted after the frequent and brutal wars that have been waged since 1980. There are only 212 public and 95 private hospitals across the whole of Iraq, out of which 207 and 93 respectively are functioning.²⁸

In 2017, the International Organization for Migration registered over three million internally displaced Iraqis, which added a further burden on the Iraqi Ministry of Health.²⁹

Oman

UAE nationals travel to Thailand, Germany, the UK and India for critical treatments in oncology, cardiology, neurology and for specialized orthopedic procedures. The patients from Oman and Qatar form the second largest group seeking MVT from Thailand after Myanmar.³⁰

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²⁷ "Iraqi Government Spends Millions on Medical Treatment Abroad," Pre-emptive love website, 12 February 2015, © 2007 – 2018 Pre-emptive love

²⁸ Restoring the Iraqi health care sector the British National health service as a model-AI Banyan Centre Studies series, Iraq ministry of Health 2015

²⁹ "Cancer control in war-torn Iraq," The Lancet website, 01 March 2018, © 2018 Elsevier Limited

³⁰ "The Thai hospital that attracts thousands of Emiratis for cut-price treatments every year," The National website, https://www.thenational.ae/uae, 15 September 2018
The FTAs on medical visa from Oman to India from 2014 to 2017 is as shown below:

**FTA on Medical Visa from Oman to India 2014—2017**

![Graph showing FTA on Medical Visa from Oman to India 2014—2017](image)

*Source: Ministry of Tourism India 2014—17 & EY Analysis*

The number of foreign tourist arrivals on medical visa from Oman to India from 2014 to 2017 is increasing every year with an average rate of 90%. There is a steep increase of 201% from 2015 to 2016. The majority of patients coming from Oman for treatment to India in 2017 are for ophthalmic diseases, with 182 cases, followed by neurologic diseases and neoplasm³³.

**Disease profiling in Oman**

The CAGR of incidence of diseases in Oman is as shown below.


![Graph showing Oman: Incidence of cause-CAGR (2008—2017)](image)

*Source: Institute for Health Metrics and Evaluation, Global Health Data, 2008—2017 & EY Analysis*

---

³² “India woos Omani with quality, cheap Medicare,” Times of Oman website, 2 September 2018, © 2018 Muscat Media Group

³³ GCC Health care industry Report, Alpen Capital 2016

³⁴ “Bangkok hospitals treats 20,708 UAE Patients,” International Medical Travel Journal website, 30 September 2018, © 2018 IMTJ

³⁵ “The Thai hospital that attracts thousands of Emiratis for cut-price treatments every year,” The National website, [https://www.thenational.ae/uae](https://www.thenational.ae/uae), 15 September 2018

³⁶ GCC Health care industry Report, Alpen Capital 2016

³⁷ Health Vision 2050, Ministry of Health of the Sultanate of Oman, May 2014

³⁸ GCC Health care industry Report, Alpen Capital 2016
New cases of diabetic and kidney diseases are increasing at the highest CAGR of 9.2% over past 10 years partly attributable to traditional Omani diet which is high in sugar content\(^{32}\).

**Oman: Prevalence of Cause (2017)**

![Oman: Prevalence of Cause (2017)](image)

\(^{32}\) GCC Health care industry Report, Alpen Capital 2016

The prevalence of diseases in Oman is highest for non-communicable diseases. The prevalence of all diseases when considered individually is always increasing every year over the period from 2008 to 2017. Oman seek outbound tourism for oncology, cardiology, and orthopedics.\(^{33}\)

**Key developments:**

**Policy:**

National Insurance Policy in 2017 has been issued by Oman’s Council of Ministers. It states that companies have to mandatorily provide employees and their families with health insurance from January 2019. This would reduce the number of Omanis going overseas for medical treatment in future.

**Infrastructure:**

Oman government is preparing framework for PPP and private investments in diverse fields, including healthcare. Involvement of private players in this traditional health sector, which is currently dominated by government, might improve facilities for the treatments and which would in turn effect MVT negatively.

The Sultanate of Oman would require an additional 5,740 doctors and 12,863 nurses by 2020. Also by 2050, the number of beds in MOH hospitals is set to increase by 9,900. It might be difficult to meet future demand with the existing infrastructure.

The major projects like Sultan Qaboos Medical City (SQMC) in Muscat along with International Medical City (IMC) in Salalah, is proposed as an integrated MVT project with 530 beds located in a specialty care hospital, organ transplant centers, research and development (R&D) complexes as well as a health care resort which would help to decrease patient waiting times. This may reduce Omanians travelling abroad for treatments\(^{37}\).

\(^{31}\) “India woos Omanis with quality, cheap Medicare,” Times of Oman website, 2 September 2018,© 2018 Muscat Media Group

\(^{32}\) GCC Health care industry Report, Alpen Capital 2016

\(^{33}\) “Bangkok hospitals treat 20,708 UAE Patients,” International Medical Travel Journal website, 30 September 2018,© 2018 IMTJ

\(^{34}\) “The Thai hospital that attracts thousands of Emiratis for cut-price treatments every year,” The National website, https://www.thenational.ae/uae, 15 September 2018

\(^{35}\) GCC Health care industry Report, Alpen Capital 2016

\(^{36}\) Health Vision 2050, Ministry of Health of the Sultanate of Oman, May 2014

\(^{37}\) GCC Health care industry Report, Alpen Capital 2016
Nigeria

Nigeria serves as an important source country to India, Turkey, South Africa, the US, the UK, Saudi Arabia and Germany for neurology, orthopedic surgery, oncology and cardiology. Apart from curative treatments, many Nigerians undergo cosmetic surgery by travelling abroad. Nigerians spend about US$500 million to US$1 billion on MVT per year as estimated by the Nigerian Medical Association (NMA).

As per one of the studies, an average of 9,000 medical trips occur monthly from Nigeria to other countries. India is a major destination for Nigerians with an average of 500 visits monthly because of availability of affordable treatments.

However, data from Ministry of Tourism, Government of India indicates decline in number of medical visas issues to Nigerian people over the years 2014—17. The FTAs on medical visa from Nigeria to India from 2014—17 is as shown below:

FTA on Medical Visa from Nigeria to India 2014—2017

<table>
<thead>
<tr>
<th>Year</th>
<th>FTAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>13,156</td>
</tr>
<tr>
<td>2015</td>
<td>10,642</td>
</tr>
<tr>
<td>2016</td>
<td>9,277</td>
</tr>
<tr>
<td>2017</td>
<td>5,330</td>
</tr>
</tbody>
</table>

*Source: Ministry of Tourism India 2014—17 & EY Analysis*

The number of foreign tourist arrivals on medical visa from Nigeria to India is decreasing at an average rate of 24% from 2014 to 2017. Initially it declined at 13% and 19% respectively over the consecutive years from 2014 to 2016. However, there is a decline of 40% during 2016-17.

Disease profiling in Nigeria

The CAGR of new cases for neoplasm is the highest of 4% when considered over the period of 10 years from 2008 to 2017 and it is also one of the major diseases for which Nigerians seek medical treatments abroad. The new cases in other disease causes for which Nigerians seek treatment abroad like neurological and cardiovascular disorders are also increasing significantly with CAGR of 3% and 2%.

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38 Nigerian Health sector: Market study report March 2015, the Embassy of the Kingdom of the Netherlands in Nigeria, 2015
39 Nigerian Health sector: Market study report March 2015, the Embassy of the Kingdom of the Netherlands in Nigeria, 2015
41 "Nigeria needs N790.5bn to meet Abuja declaration," Business day online website, 3 March 2017, © BUSINESSDAYONLINE 2018
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<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Visas</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>13,156</td>
</tr>
<tr>
<td>2015</td>
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</tr>
</tbody>
</table>

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The prevalence of CMNND is more in Nigeria when compared to non-communicable diseases in 2017. The prevalence of all diseases considered individually is always increasing year over year over the period from 2008 to 2017.

Key developments

Policy:

A target of spending 15% of total annual budget towards health sector was set as per 2001 Abuja Declaration by the African Union. However, the 2017 budget proposed to spend N304.2 billion to health sector which is 4% of total budget and 8.5% in 2014. This type of underinvestment in the health sector has resulted in inadequate infrastructure in Nigeria and hence seeks services from abroad especially to get treatments for non-communicable diseases.
**Infrastructure:**

The physician to patient ratio is 19 for 1,000 population because more than 40,000 to 75,000 registered Nigerian doctors are practicing in other countries.⁴³

There are cancer care facilities in seven states– Lagos, Oyo, Kaduna, Edo, Ondo, Sokoto and Abuja. However, there are 25 consultant oncologists to about 160 million Nigerians and have only two functional linear accelerator machines which is used for cancer treatment. There are 50 neurologists and 40 neurosurgeons in the country with most of the specialists based in Lagos, Abuja, Ibadan and Sokoto.⁴⁴ These estimations indicate that specialists and medical treatment facilities available in Nigeria are inadequate.

Some new measures have been taken up by government to improve health facilities. The African Development Bank has announced a loan of US$ 20 million in 2018 to Santa Clara Medical Limited, to finance the development of a hospital and referral clinics in Lagos, Nigeria. The hospital and referral clinics upon completion in 2020, provide a full spectrum of high quality general and specialist healthcare services at competitive prices. This can significantly improve private and specialty healthcare services such as orthopedic, nephrology, urology, cardiology and neuro surgery that are largely unavailable in the country at present.⁴⁵

Recently, the Federal Government of Nigeria has partnered with Roche Pharmaceutical Industry to improve the health system of Nigeria by making the drugs available and affordable to Nigerians.⁴⁶ Though there are inadequacies, Nigeria has started improving health care facilities. These improvements in Nigeria infrastructure would impact number of Nigerians travelling to abroad for treatments.

**Kenya**

Kenyans prefer India as a destination for medical treatment because of affordable treatment cost and ease of getting visa within a week. India is preferred over two other major destinations within Africa, namely Egypt and South Africa.⁴⁷

Apart from Kenyans traveling abroad to seek healthcare, there are also approximately 3,000-5,000 foreigners each year that seek health treatment in Kenya (inbound MVT). This translates to an approximated amount of KES 3 billion annually.

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⁴³ “Government unable to solve healthcare problem, says NMA president,” The Guardian website, 20 September 2018, © Guardian Newspapers


⁴⁵ “$20 Million for new hospital and clinics in Lagos,” PMWORLD Journal, 16 April 2018, © 2018 PM World Inc.

⁴⁶ “FG, ROCHE Partner To Provide Health Services,” Federal Ministry of Health website, accessed 13 November 2018, © 2018 Federal Ministry of Health

⁴⁷ “Kenya - new rules on sending patients to India,” International Medical Travel Journal website, 03 May 2017, © 2018 IMTJ.
The number of foreign tourist arrivals on medical visa from Kenya to India are increasing almost linearly at an average of 37% from 2014 to 2016. However, there is a decline of 14% from 2016 to 2017.

Disease profiling in Kenya

The CAGR of incidence of diseases in Kenya is as shown below.
Majority of patients from Kenya travel abroad for treatments for oncology (37%), ophthalmology (21%), cardiology (19%) and general surgery (23%)⁴⁸. The CAGR of new cases for neoplasm disease is the highest of 5.3% when considered over the period of 10 years from 2008 to 2017.

Prevalence of CMNNDs is the highest in 2017. The prevalence of all diseases when considered individually is always increasing over the period of 10 years from 2008 to 2017.

**Key developments**

**Policy:**

In Kenya, a regulation has been in place since 2017 where doctors can only refer a patient abroad for treatment if there is evidence that there is inadequate expertise or medical facilities to handle the condition locally or referral is the most cost effective option for the patient. However, these regulations are not applicable for patients who do not seek public funds for treatments⁴⁹. This new measure of monitoring international referrals to protect people from fake referrals might impact the foreign patient arrivals from Kenya.

India has provided cancer therapy machine- Bhabhatron II and digital radiotherapy simulator- Imagin to Kenyatta National Hospital in Nairobi. The queue for chemotherapy at Kenyatta National Hospital is two years even after the accurate diagnosis is identified and approaching the private hospital can be up to fivetimes more expensive.

![Source: Institute for Health Metrics and Evaluation, Global Health Data, 2017& EY Analysis](image)

Injuries  CMNND  NCD

Prevalence of CMNNDs is the highest in 2017. The prevalence of all diseases when considered individually is always increasing over the period of 10 years from 2008 to 2017.

**Key developments**

**Policy:**

In Kenya, a regulation has been in place since 2017 where doctors can only refer a patient abroad for treatment if there is evidence that there is inadequate expertise or medical facilities to handle the condition locally or referral is the most cost effective option for the patient. However, these regulations are not applicable for patients who do not seek public funds for treatments⁴⁹. This new measure of monitoring international referrals to protect people from fake referrals might impact the foreign patient arrivals from Kenya.

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---

⁵ The Medical Practitioners and Dentists (Referral of Patients Abroad) Rules, 2017
⁶ "Commissioning of Bhabhatron II in Nairobi by President Uhuru Kenyatta," High Commission of India Nairobi, Kenya, 24 August 2017, © 2018 High Commission of India, Nairobi
In 2013, the Government of Kenya and Ministry of Health have the mission to keep Kenyans in Kenya and improve medical value travel by attracting Africans by provision of world class specialized healthcare facilities as per the Vision 2030 strategic agenda.

**Infrastructure:**

There are 12 level-5 hospitals in Kenya which are the referral point for the district or Level-4 hospitals. They provide specialized care, including intensive care, life support and specialist consultations.

NHIF (National Health Insurance Fund) supports patients seeking treatments abroad by covering costs up to KSh500,000 and pay for about 200 patients per month.

Kenya has focused on areas like Telemedicine, health information systems, and mHealth etc., as per Kenya e-Health strategy 2011 — 17.

**Uzbekistan**

The major destinations for Uzbek patients include India, Russia, Germany and Israel for oncology, cardiology, orthopedic and chronic disease treatments.

The FTAs on medical visa from Uzbekistan to India from 2014 to 2017 is as shown below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Visas</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>6,398</td>
</tr>
<tr>
<td>2016</td>
<td>9,564</td>
</tr>
<tr>
<td>2017</td>
<td>8,309</td>
</tr>
</tbody>
</table>

**Source:** Ministry of Tourism India, 2014—17 & EY Analysis

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49 The Medical Practitioners and Dentists (Referral of Patients Abroad) Rules, 2017
50 “Commissioning of Bhabhatron II in Nairobi by President Uhuru Kenyatta,” High Commission of India Nairobi, Kenya, 24 August 2017, © 2018 High Commission of India, Nairobi
53 “Why Kenyans opt to travel to India for treatment,” Standard digital website, 3 June 2018, © 2018 - Standard Group Limited
The number of foreign tourist arrivals on medical visa from Uzbekistan to India from 2015-16, it can be observed that it is increasing at a rate of 49% from 2015—16 and decreasing at 13% from 2016 to 2017. The CAGR of incidence of diseases in Uzbekistan is as shown below.


![Graph showing CAGR of incidence of causes for the top six countries in Uzbekistan from 2008 to 2017](image)

**Source:** Institute for Health Metrics and Evaluation, Global Health Data, 2008—2017 & EY Analysis

New cases of neoplasm are increasing at the highest CAGR of 3.3% over past 10 years.

**Uzbekistan: Prevalence of Cause (2017)**

![Pie chart showing prevalence of non-communicable diseases in Uzbekistan in 2017](image)

**Source:** Institute for Health Metrics and Evaluation, Global Health Data, 2017 & EY Analysis

The prevalence of non-communicable diseases in Uzbekistan is highest in 2017. The prevalence of all diseases when considered individually is always increasing every year from 2008 to 2017.
Key developments:

**Infrastructure:**

The state government has allocated 32.5 billion so‘ms from the budget and US$144.1 million from loans and grants of international financial institutions to realize the measures to advance a cancer treatment for the population of Uzbekistan for 2017—21. It is planned to establish Republican Specialized Scientific and Practical Medical Centre of Oncology and Radiology and the Cancer Prevention Centre, the Centre for Experimental Oncology to improve early diagnosis of malignant tumors and develop domestic import-substituting antitumor drugs. Cancer is in one of the major diseases for which Uzbeks seek MVT and provision of these facilities might impact the number of Uzbeks travelling abroad for cancer.

**Disease profile in source countries**

CAGR (%) of Incidence The CAGR of incidence of causes for the top six countries are listed in decreasing order in the below table.

<table>
<thead>
<tr>
<th>Bangladesh</th>
<th>Nigeria</th>
<th>Kenya</th>
<th>Oman</th>
<th>Iraq</th>
<th>Uzbekistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries</td>
<td>Neoplasms</td>
<td>Neoplasms</td>
<td>Diabetes and kidney diseases</td>
<td>Digestive</td>
<td>Neoplasms</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Injuries</td>
<td>Diabetes and kidney diseases</td>
<td>Musculoskeletal</td>
<td>Musculoskeletal</td>
<td>Injuries</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>Diabetes and kidney diseases</td>
<td>Musculoskeletal</td>
<td>HIV/AIDS</td>
<td>Cardiovascular</td>
<td>Digestive</td>
</tr>
<tr>
<td>Diabetes and kidney diseases</td>
<td>Digestive</td>
<td>Injuries</td>
<td>Neoplasms</td>
<td>Neurological</td>
<td>Diabetes and kidney diseases</td>
</tr>
<tr>
<td>Digestive</td>
<td>Neurological</td>
<td>Cardiovascular</td>
<td>Digestive</td>
<td>HIV/AIDS</td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td>Chronic respiratory</td>
<td>HIV/AIDS</td>
<td>Digestive</td>
<td>Cardiovascular</td>
<td>Sense organs, skin and subcutaneous</td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Sense organs, skin and subcutaneous</td>
<td>HIV/AIDS</td>
<td>Injuries</td>
<td>Chronic respiratory</td>
<td>Chronic respiratory</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>TB, Respiratory and Enteric infections</td>
<td>Neurological</td>
<td>Neurological</td>
<td>TB, Respiratory and Enteric infections</td>
<td>Sense organs, skin and subcutaneous</td>
</tr>
<tr>
<td>Neurological</td>
<td>Cardiovascular</td>
<td>Chronic respiratory</td>
<td>Sense organs, skin and subcutaneous</td>
<td>Diabetes and kidney diseases</td>
<td>TB, Respiratory and Enteric infections</td>
</tr>
<tr>
<td>Sense organs, skin and subcutaneous</td>
<td>Musculoskeletal</td>
<td>TB, Respiratory and Enteric infections</td>
<td>TB, Respiratory and Enteric infections</td>
<td>Maternal and neonatal</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

* Cancer is defeated, “Embassy of Uzbekistan website, Accessed on 15 November 2018, © 2018 uzbekembassy*
The prevalence of categories in 2017 for the top six countries are listed below:

### Prevalence of Source Countries, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Injuries</th>
<th>Communicable, maternal, neonatal, and nutritional diseases</th>
<th>Non-communicable diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td></td>
<td>29%</td>
<td>62%</td>
</tr>
<tr>
<td>Iraq</td>
<td>10%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>71%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>24%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>Oman</td>
<td>70%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>70%</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

*Majority of patients travel from Nigeria and Iraq for Cosmetic/ Reconstructive surgery.

### Source: EY Analysis
It is observed that only Nigeria and Kenya (African countries) have the highest proportion of CMNNDs while other countries have highest proportion of NCDs.

### Summary of key developments which may impact MVT inbound to India

<table>
<thead>
<tr>
<th>Country</th>
<th>Impact</th>
<th>Key Developments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Collaboration with Japan International Cooperation Agency (JICA) by Ship Aichi Medical Service Limited (SAMSL), a corporation of Bangladesh to improve the standards of medical care.</td>
<td>A rail link between Kolkata and the western city of Khulna in Bangladesh and a new bus service between Kolkata and Dhaka are inaugurated in April 2017 which would reduce transportation costs between India and Bangladesh.</td>
</tr>
<tr>
<td>Iraq</td>
<td>Significant number of patient travellers from Iraq to Iran because of proximity</td>
<td>Inadequate health care facilities and high cost of treatment</td>
</tr>
<tr>
<td></td>
<td>Inadequate health care facilities and high cost of treatment</td>
<td>Increase in burden on Government because of internally displaced Iraqis</td>
</tr>
<tr>
<td>Oman</td>
<td>Implementation of mandatory National Insurance Policy in 2017 in Oman</td>
<td>Encouraging private players into the government dominated health sector by preparing framework for PPP</td>
</tr>
<tr>
<td></td>
<td>Proposed Integrated MVT project consists of Sultan Qaboos Medical City (SQMC) in Muscat along with International Medical City (IMC) in Salalah with advanced facilities for speciality care and organ transplants</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Unable to spend the target percentage (15%) of budget spending on Health care sector as per 2001 Abuja Declaration</td>
<td>Less number of specialists like Oncologists and Neurologists &amp; Neuro surgeons and inadequate cancer treatment facilities</td>
</tr>
<tr>
<td></td>
<td>Sanction of loan of US$ 20 million by African Development Bank to develop hospitals and referral clinics in Lagos</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>The Medical Practitioners and Dentists (Referral of Patients Abroad) Rules, 2017</td>
<td>India has provided cancer therapy machine- Bhabhatron II and digital radiotherapy simulator-Imagin to Kenyatta National Hospital in Nairobi.</td>
</tr>
<tr>
<td></td>
<td>The Vision 2030 strategic agenda: To reduce Kenyans going abroad and improve inbound MVT from other African countries</td>
<td>Ethiopia has focussed on Telemedicine, health Information systems, mhealth</td>
</tr>
<tr>
<td></td>
<td>Kenya e-Health strategy 2011—17 which has focussed on Telemedicine, health Information systems, mhealth</td>
<td>NHIF (National Health Insurance Fund) supports patients seeking treatments abroad by covering costs up to KSh 500,000 and pay for about 200 patients per month</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>The state government has allocated 32.5 billion so’ms from the budget and US$144.1 million from loans and grants of international financial institutions to realize the measures to advance a cancer treatment for the population of Uzbekistan for 2017—21</td>
<td></td>
</tr>
</tbody>
</table>

Source: EY Analysis
India is one of the major destination countries for various treatments. According to the Export Services Report (2016-17), India has patients coming from various countries for seeking treatments including curative, wellness and alternative medicine. The value of export of health services by all treatments during 2015—16 in India is recorded as US$ 0.8 million. The highest values are observed in treatments related to orthopedics, cardiology, and oncology. \(^5\) The number of non-residents/foreigners availing treatment in India during 2015-16 is as shown below.

### Number of Non-Residents availing treatments in India 2015—16

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeopathy</td>
<td>8</td>
</tr>
<tr>
<td>Yoga</td>
<td>157</td>
</tr>
<tr>
<td>Paediatric surgery</td>
<td>1,113</td>
</tr>
<tr>
<td>Naturopathy</td>
<td>1,638</td>
</tr>
<tr>
<td>Plastic and reconstructive surgery</td>
<td>2,162</td>
</tr>
<tr>
<td>Haematology</td>
<td>2,251</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>3,331</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>4,751</td>
</tr>
<tr>
<td>Dentistry</td>
<td>4,874</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>7,622</td>
</tr>
<tr>
<td>Endocrinology and Diabetology</td>
<td>8,054</td>
</tr>
<tr>
<td>Nephrology</td>
<td>9,563</td>
</tr>
<tr>
<td>Dermatology</td>
<td>10,003</td>
</tr>
<tr>
<td>General and laparoscopic surgery</td>
<td>10,381</td>
</tr>
<tr>
<td>ENT</td>
<td>10,850</td>
</tr>
<tr>
<td>Urology</td>
<td>12,613</td>
</tr>
<tr>
<td>Cardiology</td>
<td>16,927</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>17,342</td>
</tr>
<tr>
<td>Neurology</td>
<td>18,077</td>
</tr>
<tr>
<td>Surgical Gastroenterology</td>
<td>20,812</td>
</tr>
<tr>
<td>Ayurveda</td>
<td>23,091</td>
</tr>
<tr>
<td>Oncology</td>
<td>26,390</td>
</tr>
<tr>
<td>General medicine</td>
<td>26,777</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>30,932</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>38,571</td>
</tr>
</tbody>
</table>

**Source:** Ministry of commerce and Industry Government of India, 2015—16

---

India is one of the major destination countries for various treatments. According to the Export Services Report (2016-17), India has patients coming from various countries for seeking treatments including curative, wellness and alternative medicine. The value of export of health services by all treatments during 2015—16 in India is recorded as US$ 0.8 million. The highest values are observed in treatments related to orthopedics, cardiology, and oncology.⁵⁷ The number of non-residents/foreigners availing treatment in India during 2015-16 is as shown below.

Source: Ministry of commerce and Industry Government of India, 2015—16

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>5,000</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>10,000</td>
</tr>
<tr>
<td>General medicine</td>
<td>15,000</td>
</tr>
<tr>
<td>Oncology</td>
<td>20,000</td>
</tr>
<tr>
<td>Ayurveda</td>
<td>25,000</td>
</tr>
<tr>
<td>Surgical Gastroenterology</td>
<td>30,000</td>
</tr>
<tr>
<td>Neurology</td>
<td>35,000</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>40,000</td>
</tr>
<tr>
<td>Cardiology</td>
<td>45,000</td>
</tr>
<tr>
<td>Urology</td>
<td>50,000</td>
</tr>
<tr>
<td>ENT</td>
<td>55,000</td>
</tr>
<tr>
<td>General and laparoscopic surgery</td>
<td>60,000</td>
</tr>
<tr>
<td>Dermatology</td>
<td>65,000</td>
</tr>
<tr>
<td>Nephrology</td>
<td>70,000</td>
</tr>
<tr>
<td>Endocrinology and Diabetology</td>
<td>75,000</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>80,000</td>
</tr>
<tr>
<td>Dentistry</td>
<td>85,000</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>90,000</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>95,000</td>
</tr>
<tr>
<td>Haematology</td>
<td>100,000</td>
</tr>
<tr>
<td>Plastic and reconstructive surgery</td>
<td>105,000</td>
</tr>
<tr>
<td>Naturopathy</td>
<td>110,000</td>
</tr>
<tr>
<td>Paediatric surgery</td>
<td>115,000</td>
</tr>
<tr>
<td>Yoga</td>
<td>120,000</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>125,000</td>
</tr>
</tbody>
</table>

The top treatments for which foreign patients avail health services in India include ophthalmology, orthopedics, general medicine, oncology, neurology, gastroenterology and cardiology in the decreasing order of number of patients.

Patients coming for curative treatments constitutes 79% percentage of arrivals and 5% arrivals are for Ayurveda, homeopathy, naturopathy and yoga while the rest is in others category.

Source country and destination mapping

Top source countries to destination city mapping in India based on stakeholder’s consultation and secondary research is as follows:

Source: Stakeholders consultation and secondary data analysis⁵⁸

---


⁵⁸ Poonam Gupta, Bhawna Pandey etc., Challenges and Strengths of MVT in Delhi NCR, DU Journal of Undergraduate Research and Innovation, Volume 1 Issue 2, Page 230-257 “88,000 foreign patients came to Bengaluru over past two years,” The Times of India website, 27 May 2016, © 2018 Bennett, Coleman & Co. Ltd

“Hyderabad emerges as MVT hub,” The Hans India, 08 October 2016, © 2018 Hyderabad Media House Limited

“As MVT rises, translators needed,” The Times of India website, 29 May 2017, © 2018 Bennett, Coleman & Co. Ltd

“India: a new reality enters Indian MVT,” International Medical Travel Journal website, 23 August 2012, © 2018 IMTJ

“New research study on MVT in Chennai, India” International Medical Travel Journal website, 03 April 2014, © 2018 IMTJ
Cities have state-of-the-art facilities in hospitals for most of the treatments. Cities like Chennai and Hyderabad are known for eye surgeries because of the location of famous hospitals Shankar Netralaya, LV Prasad Eye Institute, etc. Majority of patients from Bangladesh would prefer Kolkata and those who are from Afghanistan prefer to undergo treatments from Indian cities like Mumbai and Delhi.

**Recent developments**[^59]

- The e-Visa now covers practically all the countries of the world (166 countries)
- Decision of granting Visa within 24-48 hours by Bureau of Immigration
- No interaction with an Indian official till arrival at Immigration counter
- e-medical attendant visa introduced
- e-visa extendable up to 90 days by the local FRRO
- e-FRRO concept introduced for 27 visa related services (visa extension, conversion etc.)
- Medical treatment extended to foreigners (during stay) without converting their visa into medical visa
- FRROs - delegated powers for various visa related services like visa extension, visa conversion, registration, exit permission, etc.
- Accreditation of MVT facilitators

**Key issues in availing treatment in India**

There are several issues that foreign patients face while availing healthcare services in India. Survey was conducted to capture industry voices on MVT, highlighting key issues and suggesting way forward as well.

**MVT — unorganized sector**

MVT as a growth driver has two dimensions, i.e., core healthcare and eco-system around it providing facilities to patient and family pre, during and post their visits. India undoubtedly has quality core healthcare facility. There are 38 JCI and 561 NABH accredited hospitals in India. Core healthcare is organized as health industry. However, MVT’s eco-system is largely unorganized and often leads to unpleasant experiences.

Various stakeholders in MVT eco-system are:

- MVT facilitators

  Facilitators are service providers to the patient and family. They assist travelers in:

  - Securing appointment in hospitals for the required treatment, as per our survey 10-15% patients arriving in the hospitals were referred by facilitators

[^59]: Press Information Bureau, Govt: Liberalization of visa regime of India during the last one year, dated 14 November 2018
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    - Arranging (international and local at destination both) travel, accommodation and food
    - Assistance in communications at destination through translators
    - Information dissemination
    - Cost counselling
    - Visa assistance
    - Any other extended assistance (as per requirement)

- Regulators

Since MVT involves international travel, visa regulation plays an important role in growth. Recently, visa regulations have been smoothened out as discussed in pervious chapter. Visa regulations are sensitive and nation’s security must not be jeopardized.

Tax regulations around MVT eco-system falls under tourism industry and may attract higher taxes. This issue needs attention.

- Insurance

Overseas insurance cover for foreign patients is one the key issues for undergoing treatments. Insurance companies of top source countries don’t support claims for treatment abroad. Therefore, the need to have patient centric insurance products to cover boarding and lodging, medical care, post-op care, cancellations, out-of-pocket expenses, etc. in source countries who may also enter into MoUs with Indian hospitals to foster effective co-ordination and faster settlements may be executed. This may be an industry wide facilitation.

- Accreditations

NABH is the premier institution for providing accreditations. Along with 561 hospitals, NABH has also empaneled 12 MVT facilitators till date. Accreditations help in generating trust and may be looked upon as mandatory requirement. There are only 38 JCI accredited hospitals as compared to 64 in Thailand. It is therefore required to promote NABH as an acceptable accreditation.

Information dissemination

Correct and effective information dissemination is of utmost importance. Currently, upwards of 60% patients are arriving at destination hospitals in India on word of mouth marketing. Language barrier also results in an unpleasant experience and therefore wasting time and effort. Industry voices have suggested to support the sector with “Incredible India” level campaign. We may also look into establishing virtual and physical MVT facilitation centers. Target group oriented branding and marketing plans to be strategize and implemented on mission mode with “Heal in India” campaign.
India is one of the major destinations for MVT. It is important to understand the key issues that would affect Indian market in the near future. The following are the key findings and recommendations that are drawn from this study which is based on secondary research analysis and hospital consultation.

**Developments in source countries to shrink the MVT from Africa and CIS**

The total number of foreign tourist arrivals on medical visa has increased from 2014—17. The reduction in volumes from some of the source countries is mostly attributable to either:

- **Policy level interventions** like e-Health Strategy being implemented by Kenya, the Vision 2030 strategic agenda to reduce Kenyans going abroad and improve inbound MVT from other African countries
- **Improvements in medical infrastructure facilities in source countries** like the government of Uzbekistan allocating 32.5 billion so'ms from the budget and US$144.1 million from loans and grants of international financial institutions to realize the measures to advance a cancer treatment for the population of Uzbekistan for 2017—21; sanctioning of loan of US$ 20 million by the African Development Bank to develop hospitals and referral clinics in Lagos

Some of these developments, as discussed in source country profile for selected countries in the previous sections, may have negative impact on the Indian inbound MVT in the long term. Such developments may be observed in Africa and CIS largely.

The results of such policies and developments in source country is that overall pie has shrunk over the years. However, the MVT has not reduced drastically for India.

**Increase in MVT from SAARC and GCC to compensate for the reduction from Africa and CIS**

The decrease in number of foreign patients’ arrivals to India from regions like African and CIS countries is compensated by the increase in arrivals from SAARC and GCC countries. The region wise trends are shown in the graph below:

### Region | Countries
---|---
SAARC | Afghanistan, Bangladesh Maldives, Pakistan, Sri Lanka
GCC | Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates
West Africa | Gambia, Ghana, Liberia, Niger, Nigeria, Sierra Leone
East Africa | Tanzania, Kenya, Uganda, Rwanda, Burundi, South Sudan
CIS | Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Turkmenistan, Uzbekistan, Ukraine

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60 Ministry of Tourism India, India 2014—17
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---

**Targeted outreach to emerging source countries:**

Presently, approximately 60% of the MVT landing in India is based on word of mouth. Up to 20% of MVT comes through medical facilitators who are few in numbers which are NABH accredited. There is a need to make targeted outreach “Heal in India”, such branding will help attract patients from emerging source countries and keep the threat of potential competition at bay.

**Alternate medicine and wellness to grow as MVT subsector**

Ayurveda is one of top five treatments in terms of number of non-residents availing treatment in India and contributes less than 10% of MVT along with alternative medicine and wellness. Kerala, Karnataka, Rajasthan and Uttar Pradesh are the major states with number of Ayurveda significant hospitals (mostly located near Tier 2 cities in India).

Kerala for Ayurveda and Kairali massage, Uttarakhand for yoga and meditation, Goa for holistic living and Rajasthan for spas and heritage living are some of the world-renowned places in India for alternative medicine. Presently, some of these destinations have connectivity challenges. With the key developments in source countries for medical treatments, India may focus on creating value proposition by improving AYUSH and providing better connectivity to these places including ecosystem

**MVT to be developed as an organized sector**

- MVT as organized sector:

---

60% of the stakeholders’ responses suggest that 60-80% come from word of mouth. 20% of them suggest that 30-40% while 40% did not disclose

Department of Commerce, Ministry of Commerce and Industry may support “Mission Mode” program under dedicated implementing agency for effective co-ordination and implementation. A professional agency may be engaged to support implementation.

Mission Mode Program would include:

- **MVT facilitators** –
  - Statement of Purpose for MVTFs including all eco-system support like hotel reservations, transportation, etc.
  - NABH currently empanels MVTFs but it's not mandatory
  - As per IMTJ, India has pool of 228 MVTFs and only 12 so far are empaneled with NABH
  - Formulation of MVT Facilitator’s Association. Association would encourage MVTFs to deliver quality services and standardize cost among all facilitators
  - NABH accreditation basis on experience and skills may be made mandatory after five years of successful operations in the field
  - Online/Offline start-ups, NABH may issue minimum guidelines for business
  - Registration of tour operator/MVTFs with Ministry of Tourism.
  - Transparent rank/feedback based service delivery – to be reflected on Virtual and Physical Medical Traveler Facilitation Centre

- **Regulations**
  - Visa regulations: Target Group based streamlining visa regulations without jeopardizing nation’s security
  - Visa fees: Comparing visa fees with competing MVT destinations to facilitate more MVT arrivals in India. This may be done to medical visa category
  - Insurance: MoUs may be signed with insurance companies and Indian medicare providers for smooth release and claim. Patient centric product incorporating products able to be rolled out at corporation level to all employees covering overseas medi-claim, travel, trip cancellation for supported reasons, out-of-pocket expenses, post-op care, etc.

- **Accreditations**
  - JCI accredited hospitals in India are 38, whereas, compete country Thailand has 64
  - Aim to lead quality healthcare services with highest number of accredited hospitals in India

- **Information dissemination**
  - Target group based branding and marketing strategy and action plans may be developed
  - Branding guidelines may be on the line of “Incredible India” campaign.
  - Virtual and Physical Medical Traveler Facilitation Centers may be established
  - “Heal in India” campaign focusing on emerging countries to attract MVT patients and disseminate information regarding eco-system of MVT
List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVT</td>
<td>Medical Value Travel</td>
</tr>
<tr>
<td>AHCI</td>
<td>Advantage Healthcare India</td>
</tr>
<tr>
<td>FICCI</td>
<td>Federation of Indian Chambers of Commerce &amp; Industry</td>
</tr>
<tr>
<td>SEPC</td>
<td>Service Export Promotion Council</td>
</tr>
<tr>
<td>AHPI</td>
<td>Association of Healthcare Providers India</td>
</tr>
<tr>
<td>AYUSH</td>
<td>Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy</td>
</tr>
<tr>
<td>TPA</td>
<td>Third Party Administrator</td>
</tr>
<tr>
<td>RBSM</td>
<td>Reverse Buyer Seller Meets</td>
</tr>
<tr>
<td>US/ USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UAE</td>
<td>United Arab Emirates</td>
</tr>
<tr>
<td>SAARC</td>
<td>South Asian Association for Regional Cooperation</td>
</tr>
<tr>
<td>GCC</td>
<td>Gulf Cooperation Council</td>
</tr>
<tr>
<td>CIS</td>
<td>Commonwealth of Independent States</td>
</tr>
<tr>
<td>FTA</td>
<td>Foreign Tourist Arrivals</td>
</tr>
<tr>
<td>MTA</td>
<td>Medical Tourist Arrivals</td>
</tr>
<tr>
<td>NABH</td>
<td>National Accreditation Board for Hospitals &amp; Healthcare Providers</td>
</tr>
<tr>
<td>JCI</td>
<td>Joint Commission International</td>
</tr>
<tr>
<td>NCD</td>
<td>Non Communicable Disease</td>
</tr>
<tr>
<td>CMNND</td>
<td>Communicable, Maternal, Neonatal, and Nutritional diseases</td>
</tr>
<tr>
<td>DALYs</td>
<td>Disability-Adjusted Life Years</td>
</tr>
<tr>
<td>YLL</td>
<td>Years of Life Lost</td>
</tr>
<tr>
<td>YLD</td>
<td>Years Lost due to Disability</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>CAGR</td>
<td>Compound Annual Growth Rate</td>
</tr>
<tr>
<td>HIV/ AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>YoY</td>
<td>Year over Year</td>
</tr>
<tr>
<td>PPP</td>
<td>Public Private Partnership</td>
</tr>
<tr>
<td>NHIF</td>
<td>National Health Insurance Fund</td>
</tr>
</tbody>
</table>

Abbreviations

INDIA : INNOVATING

TRANSFORMING AND DEFINING

MEDICAL VALUE TRAVEL
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRRO</td>
<td>Foreigner Regional Registration Offices</td>
</tr>
<tr>
<td>MVTF</td>
<td>Medical Value Travel Facilitator</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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