Basic Study on Health and Medical Tourism in Asian Countries

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1. Introduction

This article will introduce Health and Medical Tourism briefly. When IUOTO (International Union of Official Travel Organizations) published "Health Tourism" in 1973, the main content of the tourism article was traveling to traditional health destinations such as hot springs, spa, and thalassotherapy. However, contemporary Health Tourism contains both traditional sites and scientific medical attractions. Tourism for scientific medical care is also called "Medical Tourism". According to UNWTO (United Nations World Tourism Organization) and ETC (European Travel Commission), current Health Tourism contains both Medical Tourism and Wellness Tourism (Figure 1).

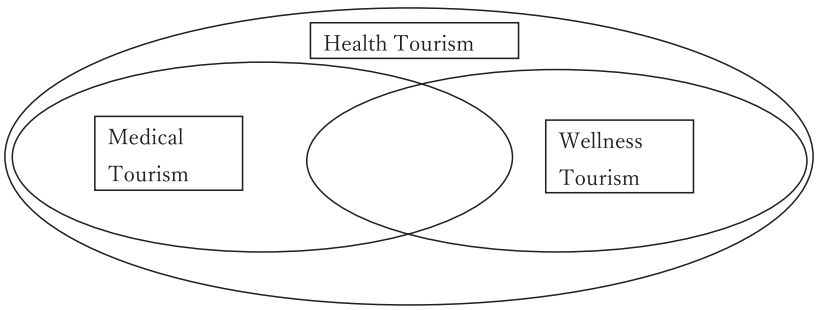

Figure 1 Health Tourism by UNWTO and ETC
Source: Made by Asamizu from UNWTO and ETC (2018), Web

In today's market, Health Tourism has begun to diversify. The Medical Tourism sector is rapidly developing and individuals are crossing borders. Following the increasing number of Medical Tourists, the international medical market has developed as well as guaranteeing the quantity of medical treatment.

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2. Literature Review on Health and Medical Tourism

As previously mentioned, IUOTO published "Health Tourism" in 1973. In the 1970s, attractions for Health Tourism relied on traditional care using hot springs and spas. Traditional activities with some scientific evidence, thalassotherapy and forest walking also developed. Travel for Yoga and Ayurveda also can be categorized as similar traditional Health Tourism.

There have been several articles on Health Tourism. Garcia-Altes (2005) summarized literature related to Health Tourism in her short article. Pesonen and Komppula (2010) selected well-being related functions in rural tourism in Finland. McCabe and Johnson (2013) focused on well-being tourism for the economically poor in the UK, and initiated questionnaire research from the point of quality of life (QOL). Smith and Diekmann (2017) approached the relationship between well-being and tourism from the point of psychology.

On the other hand, more recently, there are quite a lot of literature related to Medical Tourism. Connell (2006) summarized a history of Medical Tourism in the world from literatures. Mohamada et al (2012) analyzed facilitators of Medical Tourism from the point of desire towards Medical Tourists. Shanmugam (2012) used a data mining method to create an economic indicator and tried to compare Medical Tourism worldwide. Hanefeld et al (2015) found the steps of selection for the destination from their interview-based research on Medical Tourists. Cormany and Baloglu (2011) focused on the websites of facilitators and analyzed the differences between targets in the US, Europe, and Asia. Frederick and Gan (2015) introduced the cultural differences between the East and the West from their research on the websites of Medical Tourism facilitators.

Some of the research on Medical Tourism are targeting Asian countries. Wongkit and McKercher (2013) researched motivation by Medical Tourists in Thailand to promote adequate products for them. Noree et al (2016) tried to find the economic impact of Medical Tourism from documentation of several hospitals in Thailand. Yeoh et al (2013) researched Medical Tourists in Malaysia and found word-of-mouth marketing is important for repeat visitors from Indonesia. Aziz et al (2015) tried to create a service-based Medical Tourism indicator from questionnaire research in Malaysia. Lee and Fernando (2015) tried to select some important elements for Medical Tourism using questionnaire research towards the Medical Tourism industry in Malaysia. Ganguli and Ebrahim (2017) analyzed the strength of Medical Tourism in Singapore from research literature.

3. Social Backgrounds to Develop Medical Tourism

Development of Medical Tourism is rapidly and outstandingly expanding. According to Dalen and Alpert (2019: 9-10), the number of Medical Tourists to all countries in 2017 was estimated at 14-16 million. In 2007, it is estimated that 750,000 Americans traveled to other

countries for health care. In 2017, more than 1.4 million Americans sought health care in a variety of countries around the world. Some of the countries such as India, Thailand, Malaysia, Singapore, and South Korea are known as the major destinations for Medical Tourists.

There are some factors for the development of Medical Tourism. Differentiation of the medical costs, inflexible medical system at home, the fall in average length of stay (ALOS) in hospital, and the demographic transition towards an aging society are the examples. From the demands side, the US is known as the country with a high cost of domestic medical care and a high number of uninsured populous.

The US has some of the most advanced technology in the world and many patients go for their medical treatment (Table 1). On the other hand, the US is also the most expensive for the patient (Table 2). One of the main reasons for this outbound oriented relationship is the high price of medical treatment in the US (Table 3).

Table 1 Inbound Medical Tourism Spending

	COUNTRY	INBOUND MEDICAL TOURISM SPENDING (US$ MN)	INBOUND MEDICAL TOURISM SPENDING AS % OF TOTAL INBOUND SPENDING	DATA REFERENCE YEAR
1	United States	3,930	1.9%	2017
2	France	800	1.3%	2017
3	Turkey	763	3.4%	2017
4	Belgium	636	5.1%	2017
5	Thailand	589	1.0%	2017
6	Jordan	504	10.9%	2017
7	Costa Rica	451	12.1%	2017
8	United Kingdom	420	0.8%	2017
9	Hungary	417	6.7%	2017
10	South Korea	415	3.1%	2017

Source: World Travel and Tourism Council (2019) *Medical Tourism: A Prescription for Healthier Economy*, WTTC, p.13

Table 2 Outbound Medical Tourism Spending

	COUNTRY	OUTBOUND MEDICAL TOURISM SPENDING (US$ MN)	OUTBOUND MEDICAL TOURISM SPENDING AS % OF TOTAL OUTBOUND SPENDING	DATA REFERENCE YEAR
1	United States	2,320	1.7%	2017
2	Kuwait	1,569	12.7%	2015
3	Nigeria	783	13.5%	2017
4	Netherlands	678	3.6%	2015
5	France	600	1.4%	2017
6	Oman	492	21.0%	2017
7	Canada	444	1.5%	2015
8	Belgium	409	2.0%	2017
9	Austria	334	3.1%	2017
10	Germany	300	0.3%	2017

Source: World Travel and Tourism Council (2019) *Medical Tourism: A Prescription for Healthier Economy*, WTTC, p.14

Table 3 Medical Services in USD ($)

Procedure	US	UK	India	Singapore
Angioplasty	57000	21000-27000	11000	18500
Angiography	2500 – 3000	3000	600	1000
Hip replacement	43000	43000-46000	9000	12000
Knee replacement	40000	36000-38000	6000-9000	12000
Open Heart (CABG)	100000	43000	7500	9600
IVF	10000-15000	7000-10000	3000-6000	7000
Face lift	20000	21000	3100	6250
Heart valve Replacement	160000	150000	9000	12500
Breast Reduction	10000	11000	2200	8000
Bone Marrow Transplant	250000	215000	60000	80000-100000
Liver Transplant	250000	215000	60000	80000-100000
Kidney Transplant	250000	215000	60000	80000-100000
Dental Implants	250000	215000	60000	80000-100000

Source: Health-Tourism.com (2019) "Medical Tourism Statistics and Facts", https://www.health-tourism.com/medical-tourism/statistics/

Compared with the US, other OECD countries developed effective medical insurance systems with governmental support. However, social problems such as aging, depopulation, and economical depression are a heavy burden for their national budgets (Figure 2). One of the typical aging countries is Japan and medical expenditure for elderly people is a very important issue.

With some exceptions, the average length of stay (ALOS) is getting shorter in OECD countries (Figure 3). One of the reasons is the advancement of medical treatment so that patients do not need to stay in hospital longer. Another reason is the budget and some governments cannot offer medical support economically. Some of the elderly in developed countries move to developing countries which offer medical care with accommodations for a reasonable price. In addition, a complicated public medical system and longer waiting time for medical operations in the UK is widely known as typical examples of the problem with medical welfare in developed countries other than the US.

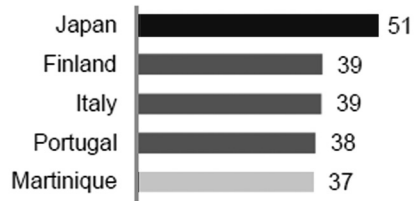

Figure 2 Ratio of Over 65/20-64 Y.O. in 2019

Source: United Nations (2019) *World Population Aging 2019*, p.12

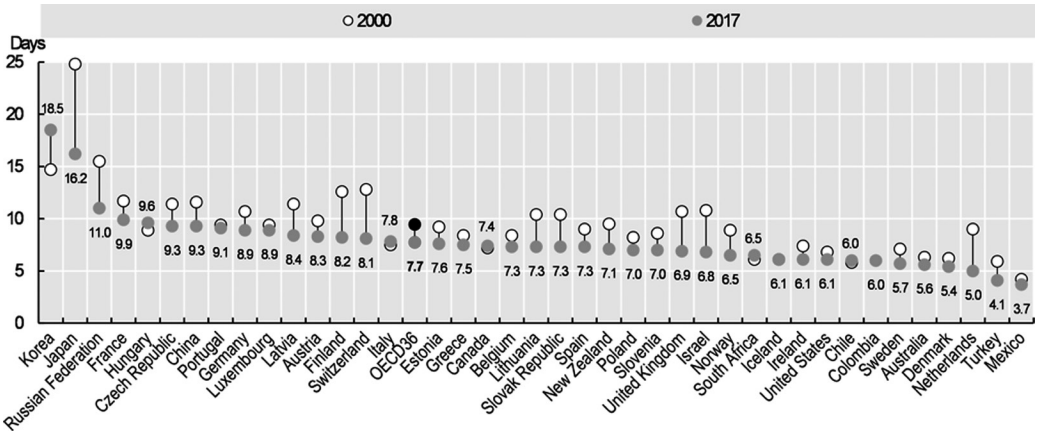

Figure 3 Average length of stay in hospital, 2000 and 2017 (or nearest year)

Source: OECD (n.d.) "Average length of stay in hospitals", https://www.oecd-ilibrary.org/sites/0d8bb30a-en/index.html?itemId=/content/component/0d8bb30a-en

Compared with OECD countries, Arabic countries have a large budget per capita. With a large enough budget, Arabic countries are known as an exporter of Medical Tourists where they aim to receive high-skilled medical care. However, more recently, Arabic countries are also developing high levels of hospitals and more importantly highly qualified medical doctors from over the world. For example, Joint Commission International (JCI) in the US began accreditation on an international scale and outside of the US in 1998 (MEDTOUR PRESS 2020: Web). Since then, the number of JCI classified hospitals are increasing (Figure 4). According to Sugiyama (2017), UAE is the largest JCI holder in the world and Saudi Arabia is the second largest as of 2017 (Figure 5).

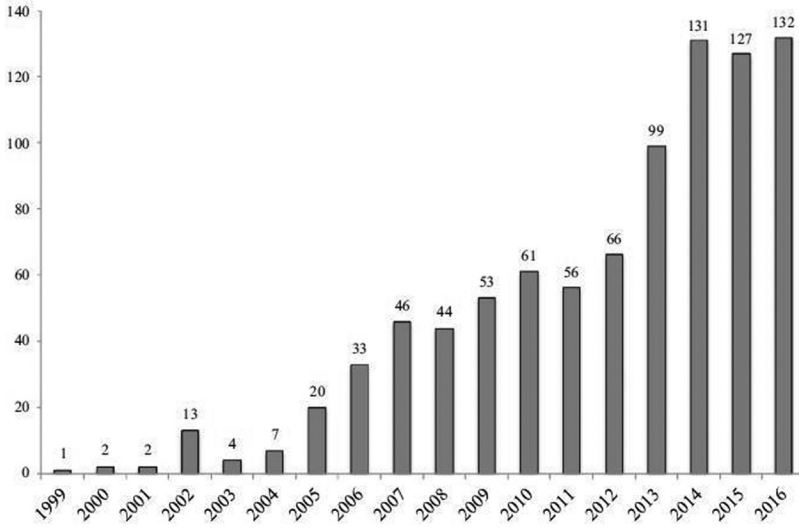

Figure 4 Number of New JCI-Accredited Institutions)

Source: Mehta et al. (2017) "Global trends in center accreditation by the Joint Commission International", *Journal of Travel Medicine*, 24(5), p.2

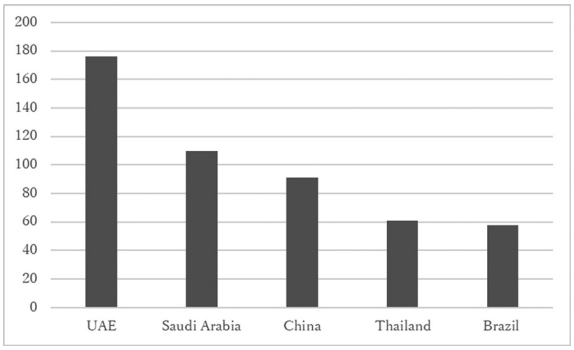

Figure 5 Number of JCI Hospitals by Countries (as of 2017)

Source: Sugiyama (2017) "Nihon ni okeru Iryo Tsurizumu no Genjyo to Kadai", *Shakai Jyohogaku Kenkyu*, 26, 118

4. Medical and Health Tourism in India

With a long history of traditional medical treatments such as Ayurveda, Yoga, Siddha, and Naturopathy, India has a strong image as a Health Tourism destination for these traditional activities. The Department of Indian System of Medicine and Homeopathy (ISM&H) was created in 1995. The ISM&H was renamed as Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November 2003. In 2014, Ministry of AYUSH was formed (Ministry of AYUSH, Web).

On the other hand, development of modern Medical Tourism with Western medical technology is outstanding in India as well (INFOBRIDGE Web). After the establishment of the Apollo Hospital in 1983, a lot of medical institutions for Medical Tourists from over the world has been developing in India. The Madras Institute of Orthopedics and Traumatology (MIOT) Hospitals (established 1992), and the Fortis Malar Hospital (Adyar in Chennai, opened in 1992) are examples. In addition to the individual hospitals, medical complexes are also developing. Global Health City acquired by Global Hospitals in 2010 has facilities such as shops, food places, markets, and spas (Suresh et al 2014, 11-18). Furthermore, the Indian government is also supporting the development of Medical Tourism. For example, the National Medical and Wellness Tourism Board was constituted by the Minister for Tourism in October 2015 (BW BUSINESSWORLD 2017, Web).

To appeal to international medical visitors, accreditation is important. By contrast, the number of internationally accredited hospitals are small in Japan, Indian hospitals are focused on accreditation (Figure 6). As of 2017, 38 hospitals accredited by the JCI and 643 accredited by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) in India (International Medical Travel Journal IMTJ 2020 Web).

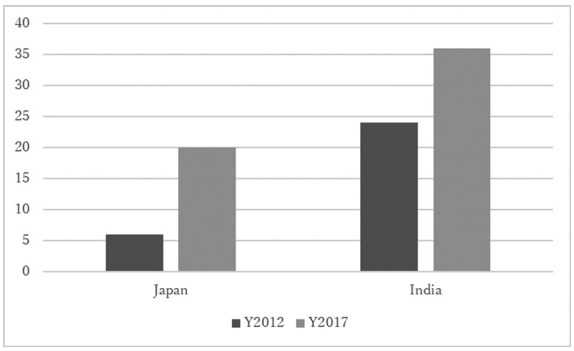

Figure 6 Number of JCI Hospitals in India and Japan

Source: 2012 is made from Chiba (2014) "Medical Turizumu toha" https://www.travelvoice.jp/20140203-15816, 2017 is from Sugiyama (2017) "Nihon ni okeru Iryo Tsurizumu no Genjyo to Kadai", *Shakai Jyohogaku Kenkyu*, 26, p.119.

In addition, the deregulation of visas is also important for international visitors. The Japanese government initiated a Medical Tourism Visa in 2011 and a supporting organization, Medical Excellence Japan, was established in the same year (Medical Excellence Japan, Web). Like the Japanese government, India has also initiated Medical Visas in the 2010s. After the initiation of Medical Visas in India, these cases have been increasing rapidly (Table 4). Contrastingly, the issued number of Medical Visas in Japan is relatively small compared with India (Figure 7).

Table 4 Foreigners Visiting India on Medical Visas

Year	Medical Visa
2014	75,688
2015	134,344
2016	201,333

Source: International Medical Travel Journal IMTJ (2017) "MEDICAL & WELLNESS TOURISM BOARD FOR INDIA", https://www.imtj.com/news/medical-wellness-tourism-board-india/

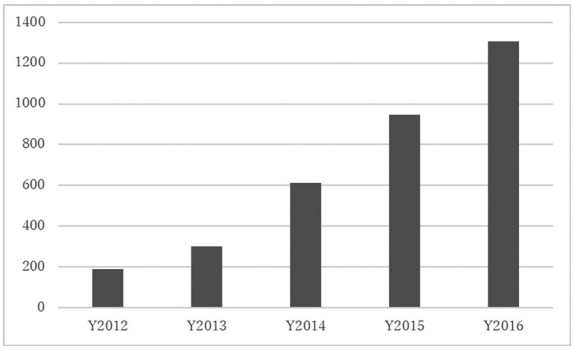

Figure 7 Issued Number of Medical Visas in Japan

Source: METI (2017) "Gaikokujin Kanjya no Iryou Tokou Sokushin ni muketa Genjyou no Torikumi to Kadai ni tsuite", https://www.meti.go.jp/committee/kenkyukai/shoujo/iryou_coordinate/pdf/001_04_00.pdf

In reality, there is a gap between the number of Medical Visas and the number of Medical Visitors in India. International patients who do not have Medical Visas have possibly inflated the statistics. In addition, Medical Tourists with Medical Visas are allowed to visit India with companions. With regarding some cases of errors, the number of Medical Tourists in India is increasing (Figure 8). The majority of Medical Visitors to India is coming from the neighboring countries (Table 5). According to INFORBRIDGE, the Market of Medical Tourism in India is increasing as Figure 9.

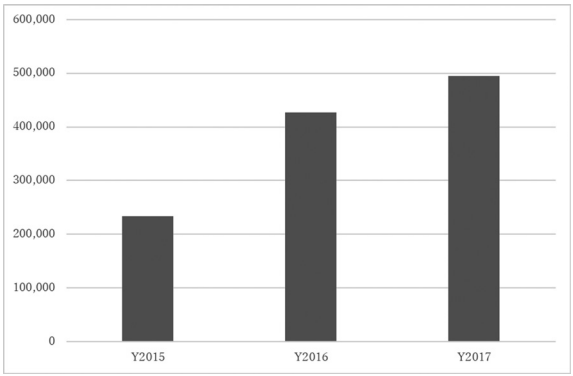

Figure 8 Medical Oriented Visitors to India (Unit: People)
Source: INFOBRIDGE "Indo Turizumu Shijyou", http://www.infobridgeasia.com/medicaltourism-nov19/

Table 5 Source Markets of Medical Travelers to India (2017)

Bangladesh	221,751
Afghanistan	55,681
Iraq	47,640
Maldives	45,355
Oman	28,157

Total medical travelers to India on Medical Visa in 2017 was approximately 480,000
Source: International Medical Travel Journal IMTJ (2020) "MEDICAL TRAVEL MARKET WILL BE WORTH US$9BN", https://www.imtj.com/news/medical-travel-market-will-be-worth-us9bn/

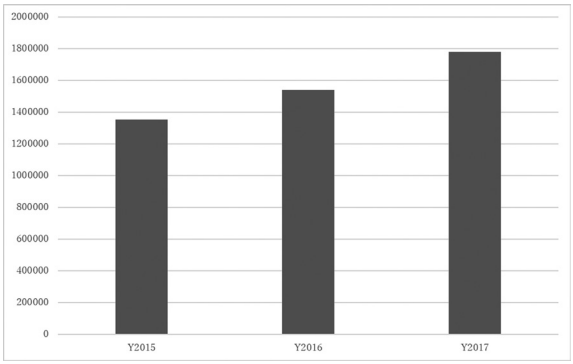

Figure 9 Medical Tourism Market in India (Unit: One Million Rupee)
Source: INFOBRIDGE (n.d.) "Indo Iryou Turizumu Shijyou", http://www.infobridgeasia.com/medicaltourism-nov19/

5. Conclusion

This short article has summarized literature and statistics related to Health and Medical Tourism around the world. Travel for health-oriented activities is diversifying and Medical Tourism supported by evidence-based modern medical evidence is getting more popular. As the market of Medical Tourism is increasing, the research is becoming a major theme.

For some Asian countries, Medical Tourism is very important to earn foreign currency. India, Thailand, Malaysia, Singapore, and South Korea are typical examples. In the case of India, the inexpensive medical price is a strong sales point, however, quality is also important to attract Medical Tourists. To attract international Medical Tourists from a point of quality, Indian hospitals especially private organizations are trying to gain JCI accreditation.

To increase the number of tourists, regulation of visas is effective. Both Japan and India introduced Medical Visitor Visas and the number of Medical Tourists has increased. However, compared with India, international Medical Tourists in Japan is still small in number. This study explained the elements of expansions of Medical Tourism in India. However, a survey of non-major Medical Tourism countries include Japan still remains.

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