Government Policy Initiatives for Developing Sustainable Medical Tourism Industry

Anita Medhekar

Abstract— **Medical tourism is a conscious decision to travel abroad for seeking affordable quality of medical treatment and surgery, with no waiting period. India and Singapore are not only popular destinations for tourism but also for medical tourism in Asia and the world. Australia is also an emerging destination for niche areas of specialised medical treatments. Key aim of this paper is to critically examine the government policy initiatives in India, Singapore and Australia, to support the sustainable development and growth of medical tourism as an export of healthcare medical services to the world. The introductory section of the paper provides a background to the medical tourism industry. Section two puts forward a brief literature review on medical tourism and identifies and develops a list of nine (9) different types/categories of wellness and medical tourist. Section three highlights and critically examines the government policy initiatives to support the sustainable development and growth of medical tourism industry in the three countries. Section four provides discussion and policy implications and lessons for India and Australia. Conclusion section includes recommendation and future research directions.**

Keywords— Government policy, sustainable medical tourism, Australia, India, Singapore, global healthcare.

INTRODUCTION

Medical tourism also known as health tourism is now one of the fastest growing multi-million dollar global healthcare service industries [1]-[8] where patients travel abroad for diagnostic tests, non-surgical treatments and complex medical surgery "in search for value"[7]. It is also a complex phenomenon influenced by interactions between "medical, economic, social and political forces" [8, p.24]. According to Ghose [9], "medical tourism industry is a product of the marriage of internationalisation and global digitisation" [9, p.117], and an example of trade between two service sectors of the economy medicine and tourism [10]. The phenomenon of medical tourism is "international economics in action" [11, p.1077], or trade in health-related services [12],[13] as patients seek cheaper, international first world quality and state of the art technology in medical care, in another country.

Key reasons why patients from developed countries (such as USA, UK, Canada, Australia and Europe) seek treatment abroad is that they are becoming more aware of having good health, high health insurance premium, increasing surgical costs, long waiting period for elective surgeries, privacy and confidentiality and non-availability of certain procedures due to government regulation in their home countries and combining it with an exotic vacation [8], [13]-[15]. Thailand, India and Singapore had a combined medical tourism market share of 90% in 2009 [20], [23] are also popular medical destinations because of low surgical cost, no or less waiting time for surgery, state-of-the-art medical technology and medical facilities, and Joint Commission International (JCI) accredited medical facilities and skilled medical surgeons and nurses [24], [12]-[17]. India and Singapore attract patients from developed countries for highly specialised treatments such as cardiac, neuro surgery, stem cell, hip and knee replacements and organ transplants [16], [23]. Whereas Australia's major competitors are India, Singapore, Thailand and South Korea and its main source of patients are coming from New Caledonia, Papua New Guinea (PNG), Japan, and New Zealand [18].

According to Deloitte Access Economics study, India and Singapore rank high in terms of government support followed by Thailand and South Korea; whereas Australia ranked very low [18]. Medical tourism is a provision of cost effective private medical care in collaboration with the government, medical and the tourism industry for foreign patients needing elective, diagnostic, cosmetic surgery and alternative therapies [13],[19],[20],[22],[23]. Therefore, this paper proposes that the supply side stake holders need to work in global public-private-partnerships (GPPP) which include hospitality and tourism industry, food and beverage industry, interpreters, airlines, local transport, marketing, hospitals, medical professionals, pharmaceutical companies, medical tourism facilitators, and other allied healthcare services which are involved in providing highly specialised medical services to international patients.

Thailand, India and Singapore are popular destinations amongst the tourists from developed as well as from neighboring developing countries of Asia, Africa and Middle East. People travel to these two countries firstly to experience different types of niche tourism segments such as British colonial heritage, spiritual, eco-tourism, national parks, adventure at Singapore integrated resort, sightseeing and shopping. Secondly they also travel for wellness and medical tourism (see Figure-1), where individuals travel long distances for hip and knee surgery, dental, cosmetic, and other medical procedures along with having a holiday [5]-[15].

This paper is structured as follows. Following this introductory section, section two puts forward a brief outline of literature review and develops a list of nine types/categories of wellness and medical tourists in Table-1. Section three examines the government initiatives to support the sustainable development and growth of medical tourism industry in India, Singapore and Australia. Section four provides managerial and policy implications and lessons for India and Australia. Conclusion section includes recommendations and future research directions.

DOI: 10.5176/2010-4804_3.3.330

LITERATURE REVIEW

Medical Tourism

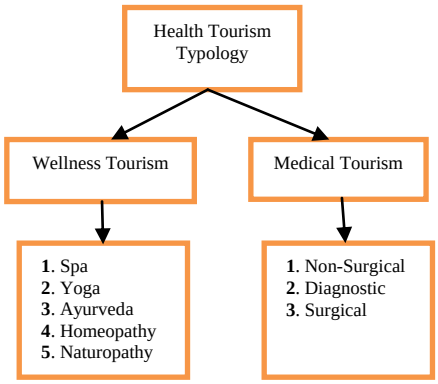
There are various definitions provided from different perspectives in the literature why people travel abroad for medical treatment and surgery. Deloitte defines medical tourism as an "act of travelling to another country to seek specialised or economical medical care, wellbeing and recuperation of acceptable quality with the help of a support system" [7, p.6]. Carrera and Bridges [27] conceptualised, distinguished and clearly defined the two terms health tourism and medical tourism. "Health tourism is defined as an organised travel outside one's local environment for the maintenance, enhancement or restoration of the individual wellbeing in mind and body". Medical tourism is a subset of health tourism… it is defined as…"the organised travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention" [27, p.449]. Bookman and Bookman [10], defined medical tourism from the demand side where a person travels away from home for medical treatment (invasive, diagnostic and lifestyle), along with the intension of having a leisurely vacation. Goodrich and Goodrich, define health care tourism from supply side as an "attempt on the part of a tourist facility or destination to attract tourist by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities" [26, p. 217].

Bookman and Bookman [10] have also suggested that like other tourism products, medical tourism potential should be recognised by the developing countries to promote economic growth and development that can be used as an export of health care services. Given the global phenomenon of the medical tourism industry, governments of many countries such as Thailand, India, Singapore, Malaysia and South Korea have recognised the potential economic benefits in terms of improved health of local population, foreign direct investment, prevent out-migration of specialist [19]-[22], by providing supportive government initiatives for the sustainable development and growth of this highly lucrative health care services industry in terms of export.

According to [22], "medical tourism is a phenomenon where a patient travels with or without a companion outside his /her country of residence, to another country for medical treatment. This could be risky, invasive, and involves complex surgical procedures with the use of highly specialised medical equipment, technology and experienced surgeons, for the improvement of overall physical health and quality of life, combined with a vacation at an exotic destination"[22, p.6]. This process is being facilitated by public-private partnership approach where medical care is provided by private hospitals in the corporate sector in partnership with the government and the tourism industry. Key hospitals in India and Singapore are Apollo group of Hotels, Fortis, Wockhardt, Max-Healthcare and Parkway Health Group and Raffles Hospital [23]-[25]. Choice of medical facility is impacted by costs, quality of care, physicians training and accreditation and economic, political and regulatory policies influencing the patient's choice of specific destination country [12], [28]. Medical Tourism Decision Model developed by Smith and Forgione [28] considered demand and supply side definitions along with based on patient choice of destination (economics, political and regulatory conditions) and healthcare facility (cost, quality of care, hospital accreditation and physicians training).

According to Burkett [70] the growth in this niche segment in recent times occurred because 'it is only recently that travel across the globe has been safe, fast, and affordable due to rise in disposable income, to support the resort type hospitals that comprise the backbone of the medical tourism service industry'[70, p.226]. Ghose has [9] offered a different explanation for the growth of this niche global healthcare industry by attributing the segment's expansion to the commoditisation and commercialisation of health travel'. Figure-1 shows that health tourism typology [22] has two macro niche branches wellness tourism and medical tourism. Wellness tourism includes five micro niche categories: spa, yoga, Ayurveda, homeopathy and naturopathy.

Figure-1: Health Tourism Typology



Source: [22]

Many different models of medical tourism since have been proposed from different perspectives such as distribution channel model developed by Caballero-Danell and Mugomba [29], identifying the key stakeholders and factors that influence the global market of medical tourism such as social issues, communication, product, target market, infrastructure, legal framework, branding and customer benefits; analytical framework model for Hong Kong medical tourist motivations was proposed by Ye, Yuen, Qiu and Zhang [30]; Heung, Kucukusta and Song [31]-[32], have proposed an integrated demand and supply model of medical tourism, and since they have empirically tested the supply side and identified key barriers to developing medical tourism market in Hong Kong. A study by [71], examined the supply side factors of overseas travel motivations of potential US medical tourists to different countries. Push-pull model of International Hospital Outshopping, was developed by [72], to explain the process by which prospective international medical tourists learn about medical travel overseas and accordingly adjust their attitudes towards overseas healthcare services consisting of an initial phase which pushes them to make a decision to travel overseas, intermediary phase of information search and trail and the final phase in which the patient desires to travel abroad again for medical treatment/surgery, mainly for quality

of health care, even though affordable treatment was available in their home country.

A Muslim typology to market Indian medical tourism to Muslim patient in an Islamic way, in other words Halal medical tourism was proposed [33] to target the Muslim patients by providing halal certified healthcare facilities by International Halal Integrity Alliance in Malaysia and Islamic Chamber of Commerce and Industry, Kingdom of Saudi Arabia. Further, according to Lunt et al., internet has become the key platform for potential medical tourists to search for internal information (personal experience) and external information (internet, print, media, family, friend) [34], [36]-[37] in order to make comparisons on hospital websites regarding cost, accreditation, medical facility and technology, surgeries and medical treatments available in different countries before they make the decision to travel abroad for medical surgery.

Who can be a medical tourist? Nine different types of wellness and medical tourists can be identified and differentiated (see Table 1).

Table 1: Types of Wellness and Medical Tourists

Table 1: Nine Types of Wellness and Medical Tourists Read this in context to typology of health tourism (Figure-1)
Medical & Wellness Tourist- 1: The main purpose of travel is medical tourism and may engage in wellness tourism.
Medical Tourist- 2: Medical tourism is the main purpose of travel and a short vacation at an exotic destination/wellness.
Non-Resident-3: Specially travelling to country of birth for Medical or wellness treatment/ or falls sick overseas.
Foreign Worker-4: Expatriate & diplomatic workers staff fall sick while working and living in a foreign country and use medical treatment and may also use wellness treatment.
International Student-5: Falls sick while studying in a foreign country.
Business Traveller-1: Falls sick in a foreign country while on business and needs medical treatment.
Business Traveller-2: During business trip may engage in various types of wellness tourism activities as in Figure-1.
Tourist-1: Falls sick on a holiday, in a foreign country.
Tourist-2: Along with tourism, may also engage in various types of wellness tourism activities as in Figure-1.

Source: Developed for this paper

For example, **(i)** Medical Tourist-1 whose main purpose is medical treatment with diagnostic and a complex surgery and may engage in wellness type of tourism with no vacation, **(ii)** Medical Tourist-2 whose main purpose is medical treatment with diagnostic and a complex surgery along with a pre or post-surgery vacation/tourism activities, **(iii)** Non-resident Indian/Singapore nationals who travel to their country of origin for medical treatment due to low cost, privacy, no waiting period, family support and cultural affinity, **(iv)** Foreign workers who may fall sick while staying abroad on work-visa for few years, **(v)** International students may fall sick while staying abroad for few years to study, **(vi)** Business Traveller -1 falls sick in a foreign country whilst on a short visit, **(vii)** Business Traveller -2 may engage in wellness type of treatment such as spa, herbal, message, detox acupuncture, **(viii)** A tourist who falls sick while abroad, gets a stomach bug, fever, has an accident on the road or while on an adventure tour, **(ix)** A tourist who also engages in various types of wellness tourism such as spa, ayurvedic massage, and yoga along with tourism activities.

With the globalisation of healthcare provision, medical tourism service providers need to have 'health literacy which is consumer centric' [35, p.1] and be able to communicate patient needs by having four basic literacy skills. Medhekar and Ferdous [35] have proposed a culturally competent model of health literacy for medical tourism industry, medical tourism facilitators and service providers to be able to communicate patient needs by having four basic literacy skills such as: (i) visually literate (able to understand graphs or other visual information), (ii) computer literate (able to operate a computer), and (iii) information literate (able to use, evaluate and apply internet search relevant information), and (iv) numerically or computationally literate (able to calculate or reason numerically) as medical service providers are providing healthcare services to international medical tourists.

Success of this industry therefore depends largely on the central and the state government policy regarding regulation and promotion, together with social, economic and political support for this industry. Thailand Ministry of Public Health and Commerce in cooperation with the private hospitals have been successful in establishing Thailand as the leading health tourism hub of Asia and the world [38]. Likewise the government of South Korea since 2010 has developed a free economic zone island as a healthcare hub (two hour flight from Tokyo, Hong Kong, Shanghai, Beijing and Seoul and website in 5 languages) with latest medical and other infrastructure facilities in partnership with private healthcare investors and individuals with an investment of US$ 315 million. Malaysian government as well is concentrating in developing medical tourism industry and attracting Muslim patients from Indonesia [39]. In the following section this paper critically compares and examines the government policy initiatives to support the sustainable development and growth of medical tourism industry in India, Singapore and Australia.

GOVERNMENT INITIATIVES FOR DEVELOPING MEDICAL TOURISM INDUSTRY

India

Tourism sector is one of the largest foreign exchange earners. In case of India, the 'Incredible India' campaign of 2002, followed by 'India: The Global Health Destination' and the 2008 'Guests are like God', in Sanskrit 'Athithi Devo Bhava', by the Government of India has been successful all over the world by marketing famous Indian icons like the Mount Everest, The Taj Mahal, palaces, camel and desert of Rajasthan and the famous thousand years old yoga pose for eternal youth of body, mind and soul promoting India as a global health and medical tourism destination to the world [45]-[47].

The 'New Economic Policy Reforms' of the Rao government opened private sector investment [49] but also led to the acceptance of economic policy advocated by World Health Organisation's Commission of Macroeconomics and Health, that investment in health was the pathway to economic development for developing countries [50], [51]. These macroeconomic reforms in healthcare led to public-private-partnerships (PPP) in healthcare provision by opening up healthcare sector to foreigners, as an important source of foreign exchange earnings through trade in healthcare services. The Minister of Finance, Government of India in 2003 in his budget speech (10^{th} 5 year plan 2002-2007) called for India to become a world class "Global Health Destination" and took initiative to develop and promote India as a medical tourism destination with super-speciality expertise. Further, the 11th five year (2007-2012) plan clearly emphasised the importance of sustainable development and growth of medical tourism to India and to support trade in healthcare services along with promoting India as a world class quality and high-tech healing destination, providing low cost medical surgeries and treatment with less waiting time [7], [47], [52], and [53].

A joint study in 2002 [52] outlined enormous potential opportunities for this sector. By the end of 2012, the industry was predicted to grow by $US 2 billion. The number of foreign patients as medical tourists visiting India currently is growing at the rate of 30 per cent a year [52]-[55]. It was projected by the Federation of Indian Chambers of Commerce and Industry that the health-care market in India will generate around US$ 2.2 billion by year 2012, that is 5.2% of gross domestic product (GDP) by 2012, to US$ 3 billion by 2013, to between US$ 50 billion and US$ 69 billion, or 6.2% and 8.5% of GDP by 2020 [7], [23], [52]-[56]. The main sources of medical tourist to India are from Bangladesh, Middle East, UK, USA, Canada, Africa and other developing countries [19], [20], [22], and [23].

Based on the joint study report [52], the Government of India took the following measures to encourage, develop and promote India as a 'Global Healthcare Destination' [13], [23] [45]-[47] to the world. (i) Since 2003 Medical Tourism is legally an "export" and deemed eligible for all fiscal incentives extended to export earnings, (ii) 100% incentives for foreign direct investment (FDI) in medical infrastructure facilities, research and development, (iii) introduction of M-Visa in 2003, allowing multiple entries and valid for a year and Medical Escort Visa (MX) for accompanying family and friends [56], (iv) lower import duties on state-of-the-art medical technology, life-saving equipment and machinery as it is categorised as an export industry, (v) increased depreciation rates from 25% to 40% on used medical machinery and equipment, (vi) providing prime land at subsidised rates to build hospitals and health infrastructure [54], with the promise of providing free health care for certain number of poor patients. (vii) JCI accreditation and certification of 17 hospitals and 3 medical facilities such as ambulatory care [24] including certification by the National Accreditation Board for Hospitals and Healthcare Providers [57], (viii) organising medical tourism trade fairs, exhibitions, and conferences in developed and developing countries in partnership with private corporate hospitals to promote medical tourism, (ix) visas on arrival (VoA) scheme for medical tourists was introduced in 2010, to reduce bureaucratic delays. A total of 7,662 VoA's were issued during January-July 2012 as compared to 6,594 VoA during corresponding period of 2011 registering a positive growth of 16.2 per cent [58]. (x) Different state governments have taken independent measures to promote medical tourism. For example Maharashtra state government in collaboration with the Federation of Indian Chambers of Commerce and Industry (FICCI) has launched Medical Tourism Council of Maharashtra (MTCM) [17], [54], [65], to promote and develop this lucrative industry.

Government of India Ministry of Tourism [59], [44], reported that India stands out amongst the other Asian destinations for medical tourism due to low input cost (such as labour and medicines), cost of surgery (see Table-2) and less waiting time, JCI accreditation, besides state of the art medical facilities, experienced surgeons and quality of nursing care [13]. Indian Government has played a key role in investment and promotion, along with the corporate private sector hospitals by various mediums such as: internet websites, health, business, and travel, tourism and airlines magazines. Further, traditional healthcare treatments/ therapies complement the modern allopathic treatment which gives India a comparative advantage to provide a holistic healthcare package and "To Cure with Care is a Tradition" [59, p.30], over other countries, however, it faces competition from Singapore in terms of very high quality, as well as an attractive, safe, clean and a reputable destination not only for wellness and medical travel, but also as a tourist destination.

Singapore

Singapore attained famed as a leader in healthcare and medical tourism destination when a team of specialist surgeons separated conjoined twins. It has also well-established pharmaceutical and biomedical-research laboratories. Government of Singapore works in partnership with the Singapore Tourism Board, the Economic Development Board, the International Enterprise Singapore together with key private hospitals and travel agents to provide affordable and complete medical tourism packages for international patients from developed countries of US, UK, Europe and Canada, with low cost compared to US and other developed countries, no waiting period, high quality, close to Asia, JCI and Singapore Quality Class ISO 9000 accredited hospitals, providing world class medical facilities and medical and tourism service. These packages include pick up and drop off to the airport, specialist appointments, hospitals stay, pre and post-surgery care and rehab facilities at a resort, with shopping and local sightseeing arrangements [39]-[43].

The Government of Singapore and its Economic Development and Tourism Board, International Enterprise and Singapore Medicine have developed state of the art tourism infrastructure facilities, local transportation and modern tourism attractions. Government also legalised gambling in 2005, to attract more foreign tourists. In 2007, nearly 10.2 million tourists visited Singapore [40]. Singapore attracts large amount of foreign direct investment (FDI) due to being the

financial hub of Asia, corruption free country, location, skilled labour, low taxes and business friendly environment in its recent integrated resort facility at Marina Bay [41]-[43]. In 2009, Thailand was ranked first followed by India in the second position and Singapore in the third position by the global medical tourism industry [44]. It is likely that besides the low cost of treatment and surgery, no waiting period, availability of treatment and medical expertise in these countries [1], [3], [8], [10], [19], [33], [35], other common features such as; Asian food, cultural affinity, language, shopping, tourism, religious sensitivities, social, political and economic conditions also influence the consumer's decision to travel abroad for medical treatment [33].

Singapore is the second largest medical tourism market in Asia in terms of providing super speciality advanced treatments such as neurosurgery, cardiac, orthopedic, stem-cell therapy in public and private corporate hospitals. In 2000, Singapore's healthcare system was ranked 6th in the world by World Health Organisation [50]. Government of Singapore has formed partnership with the industry to promote medical tourism. In 2007, Singapore won the Travel Weekly's Best Asian medical tourism destination award. The Government of Singapore has adopted tourism and also medical tourism as an export led growth strategy for socio-economic development. Further, the investment and promotional measures with Singapore Medicine, has also redefined Singapore with not only having an integrated tourism resort with casino, shopping complex and other touristic activities, but also promoting medical and educational tourism [21], [60]-[62]. Singapore has a balanced number of public and private corporate hospitals [21], [60]-[62], and receives on average 200,000 foreign patients annually with estimated revenue of US$ 3 billion [21]. The number of medical tourists over the two years 2006-08, increased from 555,000 to 646,000. Further, Ministry of Health and Singapore Tourism Board also reported that in 2011, largest number of medical tourists visited Singapore from Indonesian (47.2%) followed by Malaysia (1.5%), Bangladesh (5%), Vietnam (4.15), and Myanmar (2.7%) [66]. Singapore attracted nearly 1 million medical tourists towards the end of 2012 [21], [41]-[43].

Most importantly, Singapore has the advantage of having all public hospitals voluntarily JCI accredited [21], "Although the objective of the effort to acquire international accreditation is mainly to make public hospitals more attractive to foreign full-fee paying patients, the benefits [extend] to the entire hospital system" [25, p. 71]. With a total of 18 hospitals which have JCI accredited standard of medical infrastructure facilities [24], and quality of healthcare service, affordable price, safety and security, availability of traditional Chinese medicines, closer to south East Asian neighbors, hygiene, cleanliness, advantage of English language, multicultural society and well-trained experienced doctors [21] makes Singapore an attractive healthcare destination to foreign patients.

According to World Health Organisation [50] report, Singapore has the best healthcare facilities and hospitals in Asia such as: Parkway Hospital Group (Mt. Elizabeth, Gleneagles, and East Shore), Raffles Hospital, Thompson Medical Centre, Alexandra Hospital, National University Hospital, Changi General Hospital and Singapore National Cancer Centre [21], [40]-[43]. The cost of surgeries in Singapore is higher than India and Thailand, but lower compared to South Korea, Australia, UK and USA [7], [17], [18], and [23]. Singapore specialises in state-of-the-art complex medical surgeries, cardiac, dental, cosmetic and tooth-in-eye surgery, which restores eyesight in blind patients. Besides allopathic treatment, alternative medicine such as acupuncture and herbal is also available. Further, health clubs and spa such as hydrotherapy, aromatherapy and hot stone message are integral part of Singapore medical hub.

Ministry of Tourism Singapore Government has taken following initiatives to promote Singapore Medical Tourism Brand**:** (i) Singapore government is directly involved in marketing and promotion of medical tourism by participating in conferences and has also sponsored publication of Patients beyond Borders: Singapore Edition, Chapel Hill: Healthy Travel Media by J. Woodman (2007), [63], (ii) all public hospitals in Singapore are JCI accredited with advanced healthcare facilities and services along with worlds best trained doctors. It has 14 JCI accredited hospitals and 7 medical facilities which include ambulatory care and clinical laboratories, and 12 hospital programs [24] which attract foreign patients from America, Canada, Europe, China, Middle East and South East Asian countries mainly Indonesia and Malaysia, (iii) Singapore specialises in high-tech intricate surgeries and medical procedures such as cardiology, ophthalmology, oncology, hip and knee replacement, organ transplants along with dentistry and cosmetic surgeries, (iv) provides qualified medical professionals, latest medical facilities and technology, clean and hygienic healthcare facilities for foreign and domestic population, (v) attracts FDI in medical facilities, technology pharmaceuticals and medical research, (vi) government investment and promotional strategies by Singapore Medicine, (vii) provides tax breaks for private corporate investment in medical tourism infrastructure facilities and latest technology and also encouraging after tax profits from medical tourism to be reinvested into the Singapore public health system [21], (viii) establishing the first Women's Heart Health Clinic in Asia and the world with all women team of medical and allied health staff [41]-[43]. Since highly specialised medical procedures are expensive compared to other competing destinations, Singapore may attract fewer medical tourists but earns more foreign exchange revenue given the super-speciality highly complex surgeries [43].

Singapore government funds 32 percent of national healthcare for its own local population which is based on 3-M framework: Medifund is for those who cannot afford medical care a government subsidy scheme, Medisave, is compulsory health saving scheme, covering 85% of the population and Medishield which is a government funded health insurance scheme [41], [42]. India on the other hand is struggling to provide equitable basic primary healthcare for its poor population. Indian middle and affluent class make provision for their own healthcare in private hospitals as the public system is over congested. Further, with the merger of the second largest Indian healthcare group Fortis-Parkway and takeover bid by Malaysian Investment Company Khazanah, means that profits earned in India and Singapore form the

medical services to foreigners could be repatriated to Malaysia [21], causing concerns regarding equal access to healthcare facilities for the local disadvantaged Indian population.

TABLE 2: Cost Comparison for Selected Surgeries

Countries	Heart By Pass	Hip Replace -ment	Knee Replac -ement	Hysterectomy
Australia	$33,340	$23,800	$20,089	$7,113
USA (US$)	$130,000	$43,000	$40,000	$20,000
India (US$)	$9,300	$9,000	$8,500	$3,000
Thailand (US$)	$11,000	$12,000	$10,000	$4,500
Singapore	$18,500	$12,000	$13,000	$6,000
Malaysia (US$)	$9000	$10,000	$8000	$3000
Korea (US$)	$34,150	$11,400	$24,100	$12,700

Source: Compiled from American Medical Association (2008) American Medical Association and Medi-bank Private (figures from 2006 / 2007 financial year prices) and Josef Woodman (2012).

Australia

Tourism Australia has also launched various advertising campaigns over the decade such as: 'Best Jobs in the World', Australia.com, and 'There's Nothing like Australia', focusing on Australia's unique outback, aboriginal culture, Kangaroo, Koalas, thus offering quality and unique experience to foreign visitors. In the year 2012, a total of 5,691,791 tourists visited Australia over the age of 15 for various reasons. For example: holiday (44%), visiting friends and relatives (25%), business (16%), education (6%), employment (4%) and other (4%) [48]. Medical tourism market in Australia is very small and it is not supported or promoted as a medical tourism destination by a government policy (commonwealth or the state), even though there is potential for Australia to be developed and promoted as a medical tourism destination in niche areas of medical treatment. However, a report by Australian Tourism and Export Council on Destinations: Health and Medical Tourism in Australia, reported that in 2010, 12,800 (0.23%) people visited Australia for medical reasons, from a total of 5.5 million [18]. The Cairns Declaration was announced in 2009, which was the first ever Health and Wellness Travel conference which discussed the potential opportunities for Australia in the health and medical tourism industry.

Australia is geographically located in the southern hemisphere approximately eight (8) hours flying time from Brisbane. Being an island continent it is a popular tourist destination in the world for its unique natural beauty and wild life. Medical tourism market is small and not fully developed and supported by the government to attract medical tourists. The medical travel destinations are similar to tourist destination in the major capital cities and territories of Australia including Gold-Coast and Cairns in Tropical North Queensland [48]. Majority of medical tourists to Australia between 2005 and 2010 came from New Caledonia (13%), Papua New Guinea (17%), and New Zealand (21%). The DIAC short-stay visa data for medical treatment showed that the nationals from New Caledonia, Fiji, Vanuatu, Indonesia and PNG were the major countries for inbound medical tourism to Australia, compared to, UK, USA China and Japan who came only for tourism purposes [18].

The total number of medical tourists to Australia increased in 2008-2009. This could be possibly due to three reasons: the report on the potential benefits from Australian health and medical tourism market reports by Australian Tourism and Export Council, the first Australian health and wellness travel conference held in 2009 which discussed the opportunities for Australia in developing health and medical travel industry, and finally in late 2008 to early 2009, the Cairns Fertility Centre was set up specially to target international patients from Japan and PNG [18]. The Government in the state of Victoria is also proposing to develop and promote medical tourism as an healthcare export strategy, given that the Australia's largest hospital group called Epworth, in the state of Victoria, treats nearly 600 international patients from 30 different countries including Singapore, Indonesia and Pacific island economies [68], and nearly over 10,000 medical patients visited Australian for medical treatment in 2010 [18]

In 2010, 12,800 people (0.23%) visited Australia for medical treatment and spent 14 nights. According to Deloitte (2011) scoping study, Australia's share by visitors in the global tourism market is 0.6% and 3.3% by visitor expenditure respectively. However, it's share in global medical tourism market is only 0.001%, compared to Singapore, India and Thailand, mainly due to the geographical distance to travel, cost of travel, lack of surgery-price competitiveness, lack of marketing, promotion, and investment support from the government in medical tourism related human resources and infrastructure facilities. The relative prices of key surgeries in Australia are comparatively lower than UK and USA, but higher than its key competitors in Asia [7], [17], 18], [23]. India having comparative advantage in terms of lower capital, labour and surgery cost. However, Australia's competitive advantage lies in providing reputable high quality of post-surgery medical care, with the potential to attract medical patients from USA, UK and NZ [18], including other Asian rich medical tourists looking for high quality of healthcare.

Thus the key reasons for attracting international medical tourists to Australia will be somewhat similar to attracting international students to study at Australian universities. Such as: (i) cost of medical treatment/surgery, (ii) availability of treatment/surgery, which is not available in other countries, (iii) exchange rate movements, which have an impact on income of the foreign patients. Which in turn effects the cost of surgery, travel, shopping and accommodation cost, (iv) Australia's reputation as a safe and clean destination providing high quality of healthcare, (v) geographical proximity to Asia, (vi) migration rules and regulation for medical treatment visa, as medical tourists may bring in risky virus, take domestic patients place and may suffer complications after surgery, making it difficult to return home and thus imposing a burden on scarce Australian medical resources [18], (vii) anonymity

and privacy, (viii) cultural affinity and food for western and Asian tourists, (ix) English language, (x) different types of tourism opportunities such as leisure, adventure, farm-stay, coral reef, beach, bush, and outback.

Australia has the world's best medical facilities and professionals meeting international standards. Quality assurance and accreditation is not mandatory for the hospitals in Australia. States and Territories in Australia have their own legislations and policies to achieve safety, quality accreditation by Quality Improvement Council and Australian Council on Healthcare Standards, which are ISQua accredited [64]. It is interesting to note that not a single hospital and medical facility in Australia is accredited by JCI and potential international patients from developed and developing countries are making an informed decision which is also based on quality, which is JCI accreditation of medical hospitals. From the literature it is clear that in case of Australia the medical tourism industry will be a very small niche offering specialised areas of treatment such as in cosmetic surgery, plastic, dental, bariatric, dermatology related to skin cancer, orthopedic surgery, and IVF-fertility treatment [18], [68], in which it has expertise and competitive advantage. In terms of expertise, quality of healthcare, access and equity is equal for local domestic patients, accepts those who are uninsured, living in remote-regional areas, including high cost, and waiting period for surgery. The public system is also stretched to full capacity utilization and there is shortage of healthcare specialists, nurses, surgeons and physicians in remote regional Australia giving rise to domestic medical tourism within Australia for example travelling from Rockhampton to Brisbane for cosmetic, cancer treatment, reproductive and neurosurgery.

MANAGERIAL AND POLICY IMPLICATIONS

Managerial implications of this study from the supply side are very significant. It should be noted that India is a developing country with a population of 1.2 billion. On the other hand Singapore (4.5 million, out of which 40% are foreign nationals living and working in Singapore) and Australia (22.5 million) are developed countries with relatively very small population [66], [67]. Thus Global Public-Private Partnerships (GPPP), between the countries health and tourism ministries including medical, educational institutions and pharmaceutical industry is essential to ensure that trade in healthcare services is sustainable and promotes equity in access to the poor population of the developed as well as developing countries such as India, Mexico and Thailand where medical tourism is a booming business.

In case of Singapore and Australia, high exchange rate of dollar against US dollar and other trading partners also makes the cost of surgery higher than in India and Thailand (Table - 2), besides the cost of travel, food, and accommodation. Singapore may need to consider having more self-contained motels/units like Australia, for medical tourists who are accompanied by family members in order to make it affordable to stay for over one week period for complex medical treatments. In case of India there are many lessons to be learnt from Singapore and Australia not only for their excellent local tourism infrastructure facilities but also a need for corruption free environment to attract foreign direct investment, including having a safe, secure, clean and green environment and world class public infrastructure facilities for the tourists.

There is a conflict in India between the policy objectives of government ministries: trade, tourism, health and social and family services. Thus the development and growth of medical tourism industry through national and GPPP between the government, medical and tourism industry and accreditation bodies should also benefit the local population. This will ensure confidence and equity in access to JCI quality of holistic health care facilities and medical service delivery (primary and tertiary), hygienic public health facilities, safe clean streets and tourist facilities not only to international medical tourists but also to the local poor and lower middle class Indian population.

Singapore on the other hand has the most integrated policy between the four sectors of tourism, trade, health and social services in terms of access to healthcare facilities, where the revenue from medical tourist is taxed and profits reinvested in the public health system [21], ensuring equity of access to healthcare services to local population in Singapore. India has many lessons to learn from Singapore government's political will, which ensures excellent local transport and infrastructure, safety, hygienic restaurant outlets, clean streets and green environment outside the hospital, and other world class tourism infrastructure facilities which also benefits the local population. India should introduce Singapore's '3-M Framework' to promote equity in access to healthcare facilities and treatment for the poor Indian population.

For Australia there are many potential benefits to be reaped in terms of earning foreign exchange from the development of niche medical tourism products in specialised treatment in which Australia has international expertise and reputation, even though it does not have cost advantage (see Table-2) along with lack of support from the government, compared to India and Singapore [18]. Various measures such as an increase in availability of highly specialised training facilities in private hospitals, foreign direct investment in medical tourism infrastructure facilities in partnership with Singapore (somewhat similar to the Australian Defense Force exercise partnership with Singapore Army in Rockhampton Queensland), increase in specialised medical surgeons domestically and from overseas countries such as India, will also benefit the local population in Australia, as the public system has a long waiting period due to lack of beds, specialists surgeons and physicians. For all this to happen, it is recommended that (i) government introduce a policy to promote and develop medical tourism as an export industry and introduce medical visas 2 weeks (short-period) to 3 months plus (long period), based on surgeons recommendation. (ii) Australia also needs to obtain international JCI accreditation of its private hospitals involved in treating foreign patients, as international patients look for international accreditation rather than just domestic accreditation. (iii) Thirdly, establishment of a section which

oversees the registration, quality, promotion of the accredited hospitals involved in the business of medical tourism as a one-stop-shop online for international patients seeking treatment in Australia. (iv) Cities such as Darwin, Cairns and Gold-Coast near Brisbane being close to South East Asia and Pacific island countries in terms of flying time, can be targeted in Australia, as possible health destinations to develop, build and promote medical tourism, mainly to attract FDI from Singapore to build "Down-Under MediTourism Hub", offering high quality state of the art medical treatment and surgery in niche areas of treatment cosmetic, dental, skin cancer, reproductive, orthopedic, heart, emergency to international medical patients and tourists, along with all other tourism infrastructure, sightseeing, holiday, self-contained unit accommodation and shopping facilities.

(v) Further, different types of medical tourists as identified in Table-1 can be referred to use medical tourism facilities specially established for foreign patients. This will not only reduce the burden and queue in public as well as the private hospitals servicing local Australian residents, but also direct local elective surgery patients with health insurance, from the public to these specially built private medical tourism facilities. (vi) As part of their corporate social responsibility private hospitals can treat a certain number of poor Aboriginal and Torres Strait Islander patients for free or at a subsidised rate, in return for the government support given to the private hospitals for developing and promoting medical tourism. (vii) health insurance providers such as BUPA and NIB should consider factoring travel, accommodation, food and treatment cost including 1-2 years guarantee on foreign surgery of Australian patients (with health care insurance cover) in accredited overseas medical tourism facilities in India and Singapore based on various costs, quality and waiting time. Australia will have to put in lot of effort to market itself and catch up to take advantage of this lucrative export sector, where international patients are willing to pay the price for quality medical treatment for their health wellbeing.

CONCLUSIONS

This paper has contributed to the medical tourism literature by critically examining the government policy initiatives for the sustainable development of medical tourism industry in India, Singapore and Australia. It has also addressed a significant gap by identifying (see Table-1) nine (9) types of wellness and medical tourists, proposed a GPPP for this global healthcare industry and provided policy and managerial recommendations. Thus the Government, medical industry, healthcare providers and facilitators, tourism industry have to move towards a more equitable and consumer-centered healthcare and medical service provision to international as well as domestic local patients, as part of an overall effort to improve the quality of health care delivery in a timely manner, at an affordable costs, short waiting period, along with providing safety, privacy with clean hygienic public facilities and world class quality of healthcare facilities treatment, country infrastructure and tourism facilities.

Singapore government has taken every step to diversify its economy by value adding and integrating healthcare and tourism industry [62], to meet nation's economic objectives of attracting FDI, generate foreign exchange revenue and create employment opportunities in the two sectors, benefitting the health of the local population in the domestic economy [6], [8], [10], [50], [62]. It has the most balanced medical industry between the public and the private sector along with equal access to local population and the different types of international medical tourists (see Table-1). Given the increasing healthcare and insurance costs, ageing population in the developed countries along with the affluent rich who are looking for high quality of healthcare from India, China and East European Economies provides a bright future in the coming decade, for medical tourism industry in Singapore.

In India, corporate hospitals are for the rich who have the ability to pay and the public system is for the poor and lower middle class population. The Indian government is of the view that by supporting the development of medical tourism, health industry will take care of equity and access to healthcare facilities and services as the benefits from medical tourism will reach the poorest of poor, due to the trickledown effect. In reality, studies have shown that private hospitals have refused basic treatment to poor patients, despite of formally agreeing with the government to provide free treatment to a certain number of the poor patients in return of lower import duties on medical equipment, purchase of prime land at subsidies rates and other FDI benefits for hospitals engaged in the business of medical tourism [12], [17], [52], [54].

Australia also has much to learn from Singapore in providing a balance in healthcare provision to local domestic as well as international patients, so that two tier healthcare systems resulting in health-divide like India do not evolve. Secondly, if medical tourism takes off in Australia, then the question of how to avoid the brain-drain of skilled specialist surgeons and physicians from the public to the private system, given the shortage of specialists in remote, rural and regional Australia, needs to be addressed. Thirdly, attracting FDI for the development of medical tourism, with the conditional provision that, 60% of the profits to be retained and earmarked to benefit the local health issues of Aboriginal population in remote and regional areas, given the funding cuts to domestic healthcare provision for local patients and long waiting period in the public system.

Fourthly, private health insurance providers such as NIB and BUPA due to long waiting period and high costs in Australia are providing health insurance for Australians travelling across borders for medical treatment especially for dental, cosmetic and orthopedic surgery. According to NIB [69] earning through overseas treatment options would include the costs of the treatment plus other costs, which would include transport, medical and accommodation services costs. NIB's shareholders (60%) are in agreement to treatment overseas, and emphasise three key factors such as trustworthiness, safety and choice as an incentive for the customers to choose the option of travelling overseas for medical treatment under NIB health insurance plan. Fifthly, even though Australia has world standard nationally accredited private hospitals, they do need to be accredited by

JCI and other international accrediting bodies to make it marketable to foreign patients from USA, Canada and Asia. Sixthly, medical tourism is already a big business in many developing countries of Asia and Latin America. Australian government needs to support promotion of medical tourism market and also provide Medical-visa and medical-escort-visa for long term stay patients and their companions. Finally, given the global nature of medical tourism industry as an export of healthcare services abroad, GPPP approach is required between all the key demand and supply side stake holders including the domestic local population for the success of this global healthcare industry, and global transferability of health insurance for medical travel related complications, and other legal and ethical issues.

There are significant future research directions as medical tourism is a global health-care industry and it is about international trade across national borders in healthcare services, with costs and benefits occurring to both the host country as well as the medical tourists. Exact data about the number of people travelling just for medical treatment and the export earnings from trade in healthcare services is not available for each country and hence there is a need at the patients country of origin and also the medical destination to have a medical visa category like India and Singapore, so that a medical tourist can be registered under M-Visa medical category and this data should be made available to the researchers from the department of immigration, tourism and trade website.

Both internal and external factors such as global financial crisis, SARS virus, war, lack of tourist's safety and security, political unrest, super-bug, European financial crisis, visa regulation, ethical and legal issues and natural disasters can reduce the flow of inbound medical tourists. Government support is essential not just for promotion but so for sustainable economic growth and development of global medical tourism industry, so that the benefits of latest medical technology, medical expertise and research that is "first world healthcare at third world prices" [6] can be reaped by all world citizens to improve their health and well-being (rich, uninsured and poor), where world is soon becoming our hospital.

REFERENCES

[1] B. Hutchinson, (2005), "Medical tourism growing worldwide," UDaily [Online]. Available: http//:www.udel.edu/PR/UDaily /2005/mar/tourism072505.html.

[2] D. M. Herrick, (2007), "Medical tourism: Global competition in healthcare", (NCPA Policy Rep. no. 304), [Online]. Available: http://www.ncpa.org/pub/st/st304.

[3] L. Hopkins, R. Labonte, V. Runnels and C. Packer, "Medical tourism today: What is the sate of existing knowledge?" *Journal of Public Health Policy*, vol. 31, no. 2, pp. 185-198, 2010.

[4] M. K. Smith and L. Puczko, (2009), "Health and wellness tourism, Butterworth," Elsevier, M .A. USA, pp. 8343-2.

[5] J. Connell, "Medical tourism: Sea, sun, sand and … surgery", *Tourism Management*," vol. 26, no. 6, pp. 1093-1100, Dec 2006.

[6] L. Turner, "First World Healthcare at Third World Prices: Globalisation, *Bioethics and Medical Toruism*", vol. 2, pp. 303-325 2007.

[7] Deloitte (2008), Medical Tourism: Consumers in Search of Value, Deloitte Centre for Health Solutions, Washington, D.C.

[8] M. D. Horowitz and J. A. Rosensweig, "Medical Tourism-Health Care in the Global Economy", *The Physician Executive*, vol. 33, no. 6, pp. 24-31, 2007.

[9] K. Ghose, Hospitality in and out of the hospitals. Creating and maintaining brand equity for medial tourism destination brands (MTD's), *Romanian Journal of Marketing*, pp. 114-131, 2010.

[10] M. Z. Bookman and K. R. Bookman, (2007), "Medical tourism in developing countries,". New York: Palgrave Macmillan.

[11] J. W. Jones and L. B. McCullough, "What to do when patient's international medical care goes south", *Journal of Vascular Surgery*, vol. 46, no. 5, pp. 1077-1079, 2007.

[12] R. Smith, R. Chanda and V.Tangcharoensathien, "Trade in health-related services," *The Lancent*, vol. 373, no. 9663, pp. 593-601.

[13] A. Medhekar and M. M. Ali, "A Cross-Border Trade in Healthcare services: Bangladesh to India'', *The Business and Management Review*, London, vol. 2, no. 1, pp. 1-13, 2012.

[14] M. Ferrer and A. Medhekar, "The Critical Factors Impacting on the Global Medical Tourism Service Supply Chain Management," Proceedings of the 1st Annual International Conference on Tourism and Hospitality Research Singapore. pp. 23-28, July 2012.

[15] W. Awadzi and D. Panda, "Medical tourism: Globalization and the marketing of medical services," *Journal of Hospitality and Tourism*, vol. 11, no. 1, pp.75-81, Feb, 2006.

[16] UNESCAP, (2008), "Medical travel in Asia and the Pacific: Challenges and Opportunities Bangkok," United Nations Economic and Social Commission for Asia and the Pacific, Report.

[17] C. Voigt and J. H. Laing, "Journey into Parenthood: Commodification of Reproduction as a New Tourism Niche Market," *Journal of Travel & Tourism Marketing*, vol. 27, no.3, pp. 252-268, 2010.

[18] Deloitte Access Economics (2011 August), Medical Tourism in Australia: A Scoping Study. Department of Resources, Energy and Tourism. [Online]. Available: http://www.deloitte.com/view/en_AU/au/.

[19] P. K. Singh, (2008), "Medical Tourism," New Delhi, India: Kanishka Publishers.

[20] A. S. Gupta, (2004), "Medical tourism and public health," People's Democracy," vol. 28, no. 19, [Online]. Available: http://pd.cpim.org/2004/0509/05092004_snd.htm.

[21] S. N. Pocock and H. K. Phua, "Medical tourism and policy implications for health systems: a conceptual framework from a comparative study of Thailand, Singapore and Malaysia," *Globalisation and Health*, no.7, pp. 12, 2011.

[22] A. Medhekar, "Growth of Medical Tourism in India and Public-Private Partnerships," Paper in the proceedings of the Seventh IIDS, International Conference on Development, pp. 1-20, Calcutta 13 to 19 December, 2010.

[23] RNCOS, (2010), "Booming Medical Tourism in India," Tourism Industry Research Solutions, RNCOS E-Services, Pvt Ltd, New Delhi.

[24] JCI (2012), Joint Commission International Accreditation Standards for Hospitals-4th Edition, [Online]. Available: http://www.jointcommissioninternational.org/.

[25] M. Ramesh, "Anatomy and control in public hopsital reforms in Singapore", *Americam Review of Public Admistration*, vol. 38, no. 1, pp. 62-79, 2008.

[26] J. Goodrich and G. Goodrich, "Health-Care Tourism. In Management Tourism," in S.Medlik, ed., Oxford: Butterworth-Heinemann, pp.108-114, 1991.

[27] P. M. Carrera and J. F. P. Bridges, "Globalisation and healthcare: understanding health and medical tourism,"Expert Review of Pharmacoeconomics and Outcomes Research, *Future Drugs*, vol. 7, no. 1, pp. 447-445, 2007.

[28] P. Smith and D. Forgione, "Global Outsourcing of Healthcare: A Medical Tourism Decision Model," *Journal of Information Technology Case and Application Research*, vol. 9, no. 3, p. 19, 2007.

[29] S. Caballero-Danell and C. Mugomba, "Medical tourism and its entrepreneurial opportunities: A conceptual framework for entry into the industry," Unpublished master's thesis, University of Gothenburg, Gothenburg, 2007.

[30] B. H. Ye, P. P. Yuen, H. Z. Qiu and V. H. Zhang, "Motivation of medical tourists: An exploratory case study of Hong Kong medical tourists," Paper presented at the Asia Pacific Tourism Association (APTA) Annual Conference, Bangkok, Thailand, 2008.

[31] V. Heung, D. Kucukusta and H. Song, "A Conceptual Model of Medical Tourism: Implications for Future Research," *Journal of Travel & Tourism Marketing*, vol. 27, no.3, pp. 236-251, 2010.

[32] V. Heung, D. Kucukusta and H. Song, "Medical tourism development in Hong Kong: An assessment of barriers," *Tourism Management*, vol. 32, pp. 995-1005, 2011.

[33] A. Medhekar and F. Haq, "Marketing Indian Medical Tourism to Muslim Patients in an Islamic Way," Proceedings of the 1st International Conference on Islamic Marketing and Branding: Exploring Issues and Challenges. University of Malaysia, pp. 1-15, 2010.

[34] N. Lunt, M. Hardey, and R. Mannion, "Nip, Tuck and Click: Medical Tourism and the Emergence of Web-Based Health Information," *The Open Medical Informatics Journal*, vol.4, no. 1, pp. 1-11. 2010.

[35] A. Medhekar and T. Ferdous, (2012), "Importance of Culturally Competent Health Literacy for Medical Tourism", Proceedings of the 1st International Conference on Tourism and Hospitality Research, Singapore, pp. 55-60, July 9-12-2012.

[36] A. Medhekar and L. Newby, "Information search to travel abroad for medical treatment", *Journal of Applied Global Research*, vol. 5, no, 13, pp. 53-72, 2012.

[37] A. Medhekar and L. Newby, "Information Search to Travel Abroad for Medical Treatment: An Empirical Study", In the proceedings of International Conference on Healthcare Systems and Global Business Issues, January 3-6, Jaipur National University, India, pp. 77-96, 2013-January.

[38] J. Rerkrujipimol and I. Assenov, (2007), Medical Tourism in Thailand and Its Marketing Strategies, [Online]. Available: =Jutamas+Rerkrujipimol1+and+Ilian+Assenov2

[39] Asian Medical Tourism Analysis and Forecast to 2015 (2012), [Online]. Available: http://www.giiresearch.com/report/ren113160-asia-medical-tourism.html.

[40] S. Dogra, (2005), "Medical Tourism Boom takes Singapore by storm," Express Healthcare Management, Mumbai .

[41] Asias Medical Tourism (2012), "Singapore: Truly A Leading Medical Tourism Hub", [Online]. Available: asiasmedicaltourism.com/medical-tourism/medical-tourism-singapore.

[42] Research and Markets (2012), Singapore Medical Tourism Industry Oulook to 2015 [Online]. Available: http://www.researchand markets.com/research/36f374/singapore_medical.

[43] Medical Tourism in Singapore (2012), [Online]. Available: www.focussingapore.com/singapore-tourism/medical-tourism.html.

[44] Indian Medical Tourism (2009), India Ranks 2nd in Med-Tourism, [Online]. Available: www.medicaltourism.org/consortium.jsp?sect=con.

[45] Ministry of Tourism (MOT) (2012), Incredible India Theme Brochures- Government of India," [Online]. Available: http://tourism.gov.in/Tourism.

[46] Government of India (GOI) (2003), Health Sector in India, Government of India (GOI), 2003 Budget Papers, New Delhi.

[47] Government of India (GOI) (2008), Eleventh Five Year plan 2007-12, Volume11: Social Sector, New Delhi Planning Commission, Government of India (GOI), New Delhi, Oxford University Press.

[48] Tourism Research Australia (2013), Quarterly Results of the International Visitor Survey, December 2012, Canberra.

[49] Government of India (GOI) (2010), Ministry of Tourism Annual Report (2010-11), Government of India, New Delhi.

[50] World Health Organisation (2001) "Macroeconomics and Health: Investing in Health for Economic Development", Report of the Commission on Macroeconomics and Health, Geneva.

[51] R. V. Basu and M. Nundy "Blurring of Boundaries: Public-Private Partnerships in Health Services in India", *Economic & Political Weekly*, vol. 43, no. 4, pp. 62-71, 2008.

[52] CII and Mckinsey (2002), „Healthcare in India: The road ahead". New Delhi: Confederation of Indian Industries & Mckinsey & Company.

[53] Ministry of Trade and Industry (MOT), (2005), Government of India, [Online]. Available: http://www.mti.gov.sg/Pages/home.aspx

[54] A. Gupta, "Medical tourism in India: winners and losers," *Indian Journal of Medical Ethics*, vol. 5, no. 1, 2008.

[55] FICCI. (2008), "Fostering Quality Healthcare for All," Federation of Indian Chamber of Commerce & Ernst and Young, New Delhi.

[56] R. Chinai and R. Goswami, "Medical visas mark growth of Indian medical tourism," *Bulletin World Health Organisation*, vol. 85, no. 3, pp. 164-165, 2007.

[57] Anon (2009), "NABH Accreditation Lauded", *Quality India*, vol. 2, no. 5, pp.4-9.

[58] The Hindu (2012), "941 foreigners avail VoA facility," in The Hindu-Business line, [Online]. Available: www.the hindubusinessline.con/news/travel/article.

[59] Government of India (GOI) (1997), Ninth Five-Year Plan 1997-2002, Volume 2 (New Delhi: Planning Commission).

[60] O. Seng,"Sate-Civil Society Realtions and Tourism: Singaporeanizing Tourists, Touristifying Singapore," Journal of Social Isues in Southeast Asia, vol. 20, no. 2, pp. 249-272, 2005.

[61] J. C. Henderson, "Pradigm Shifts: national Tourism organisationa and Education and healthcare Tourism. The case of Singapore", *Tourism and Hospitality Research*, vol. 5, no. 170, pp. 170-180, 2004.

[62] UNESCAP, (2007), Medical travel in Asia and the Pacific: challenges and opportunities. Thailand, United

Nations Economic and Social ommission for Asia and the Pacific; [Online]. Available: http://www.unescap.org/ESID/hds/lastestadd/MedicalTourismReport09.pdf.

[63] J. Woodman (2007),"Singapore: Patients Beyond Borders", Singapore Edition, Chapel Hill: Healthy Travel Media, Singapore.

[64] International Society for Qulaity in Healthcare (ISQua), (2011), Accredited Organisations, [Online]. Available: http://www.isqua.org/IAP-Awards.htm.

[65] A. Medhekar, "Maharashtra Medically Yours: A Global Player in Medical Tourism", *COSMOS Journal*, Bi-Annual, Vol, 2. No. 5, pp. 38-53, 2013-February

[66] IMJT (2013) "Singapore Medical Tourism is Recovering", International Medical Travel Journal [Online]. Available: http://www.imtj.com/news/?entryid82=413890

[67] The World Bank, (2013), Data Population Total [Online]. Available: http://data.worldbank.org/indicator/SP.POP.TOTL.

[68] West, K. (2014), Hi-tech healthcare on offer in growing australian medical toruism market, [Online]. Available: http://www.abc.net.au/news/2014-02-06/an-aust-medical-tourism-kesha-west/5243868

[69] G. Kwek, (2013), NIB ready to cash in on medical toruism [Online]. Available: http://www.smh.com.au/business/nib-ready-to-cash-in-on-medical-tourism-20131029-2wdgw.html

[70] L. Burkett, "Medical tourism: concerns, benefits, and the American legal perspective", *The Journal of Legal Medicine*, vol. 28, no. 2, pp. 223–245(2007).

[71] N. Singh, "Exploring the factors influencing the travel motivations of US medical tourists", *Current Issues in Tourism*, vol. 16, no. 5, pp. 436-454, 2012.

[72] R. Veerasoontorn and R. Beise-Zee, "International hospital outshopping: a staged model of push and pull factors", *International Journal of Pharmaceutical and Healthcare Marketing*, vol. 4, no. 3, pp. 247-264, 2010.

Dr. Anita Medhekar is with the Central Queensland University, Rockhampton, QLD, Australia and can be reached at a.medhekar@cqu.edu.au.