

Health Tourism: A New Driver for Development

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Abstract—This paper is to conceptualize the meaning of health tourism, motivating factors to a health tourist and importance of health tourism industry for Indian economy. The 21st century is the era marked by rapid growth in cheap transportation and advancement of technology which influence people's lifestyle. Work Load, stress, techno-stress, hyper competition and lifestyle diseases are some of the major issues of this century. Travelling has been considered one of the most effective tool to encounter most of these outcomes since ancient times. In 21st century, it became an enormous industry worldwide known as Tourism. Health tourism is a niche market within this industry which mainly came into existence in the end of 20th century, although it came into limelight in the 21st century worldwide. Health industry along with tourism became a major contributor to and growth driver of, many countries such as Singapore, Thailand, and India, etc. which shows the importance of both the industry in an economy. Health tourism industry offers an alternative to many people who are unable to obtain health treatment in their home country due to various reasons. Destination countries want to promote their health tourism services in the international market and they keep records of every health tourist to publish the annual tourism statistics, but every country has different parameters to classify a tourist as health tourist which halt the comparison among countries. There is lot of conflict on who should be considered as health tourist.

Keywords: *Health Tourism, Medical Tourism, Wellness Tourism, Tourism*

Introduction

The World Health Organization (1998), there are four dimensions of health which are physical, social, mental and spiritual. This shows that a person is considered healthy if he/she is healthy in all four dimensions. Changing lifestyle, changing working environment, hyper competition, techno-stress and other factors are putting people into unhealthy conditions as they are not able to cope up with these new facets of work and lifestyle. United Nation World Tourism Organization defines Tourism as comprising "the activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes". Tourism is the one of the largest service industry providing employment and contributing to GDP in many countries. From ancient times, people have been traveling from one place to another place for various reasons including improvement in health (Bhatia, 1978). People have been considering that changing the usual environment and visiting sea and beaches have healing powers as well as Hot water spring bath is still recognized to be one of the most popular treatments for treating many disease in many traditional medicinal system because people still have faith that water have natural elements to cure ailments (Smith & Puczkó, 2009). Thus, traveling and health have strong ties with each other from ancient period. However, in this period sight-seeing is used to be incidental to health journey or vice-versa was also true. This phenomenon has changed now and these two become the part of a single product in which one is not the by-product of other. Now a days, people plan health treatment and sight-seeing together because companies are offering both in a single product at one place without much hassle and in the last few decades, this resulted in the creation of a new industry, named Health Tourism. This industry is the combination of two industries which are healthcare and tourism. Healthcare is an industry which is generally regulated by the government because health is a basic need of people but government opened the door for private investment in healthcare due to inefficiency and inability to meet the demand of all the people. Tourism is an industry which provide opportunity to explore and understand the new things, new places, new cultures and better version oneself. This article is based on the data collected through online resources such as research paper, research article, reports and different books to comprehend the topic of Health Tourism.

Research Methodology

This is a review paper based on secondary sources databases which are Springer, Elsevier, Jstor, Science direct, Google Scholar and some journals. The method of analysis, synthesis, deduction and descriptive are used.

Literature Review

(a) Health Tourism

Jonathan N. Goodrich and Grace E. Goodrich (1987) in their paper tried to define the term healthcare tourism. They define healthcare tourism as “the attempt on the part of a tourist facility (e.g. hotels) or destination (e.g. Baden, Switzerland) to attract tourists by deliberately promoting its healthcare services and facilities in addition to its regular tourist amenities. These healthcare services may include medical examinations by qualified doctors and nurses at the resort or hotel, special diets, acupuncture, transvitamin injections, vitamin-complex intakes, special medical treatments for various diseases such as arthritis, and herbal remedies”.

E. Laws (1996) described health tourism as “leisure taken away from home where one of the objectives is to improve one’s state of health”.

Anna Pollock and Peter Williams (2000) investigated the trend of health tourism in North America, management response to it and recommended the policy and planning to establish congenial relationships among stakeholders to gain synergy benefits. They illustrated health tourism as “leisure, recreational and educational activities removed from the distractions of work and home that uses tourism products and services that are designed to promote and enable customers to improve and maintain health and well-being”.

Joan C. Henderson (2004) in her article explored the healthcare tourism, drivers of it, and its initiative in Thailand, Malaysia and Singapore as well as development of market and marketing in some selected countries. In this article, she defined Healthcare Tourism as a “travel where the primary purpose is treatment in pursuit of better health”. She also made clarification about Medical Tourism and Health Tourism nomenclature and illustrated the Medical Tourism “as a specific type that incorporates health screening, hospitalization, and surgical operations, in contrast to nonessential cosmetic surgery and the often more hedonistic indulgences of spas and alternative therapies”.

Michelle Bennett, Brian King and Laura Milner (2004) in their article examined the health resort sector in Australia. They provided the profiling of health resorts after analysing the promotional materials provided to them. For this purpose, they defined Health Tourism as “any pleasure oriented tourism which involves an element of stress relief”.

John Connell (2006) discussed the medical tourism in Asian countries, drivers of it and its benefits to travel industry. He linked the tourism with relaxation, pleasure, well-being and health.

Percivil M Carrera and John FP Bridges (2006) examined the existing literature and tried to conceptualize Health Tourism and Medical Tourism. They defined the health tourism as “the organized travel outside one’s local environment for the maintenance, enhancement or restoration of an individual well-being in mind and body”. They said that medical tourism is a part of health tourism and defined/elucidated medical tourism, which is “the organized travel outside one’s natural healthcare jurisdiction for the enhancement or restoration of the individual’s health through medical intervention”.

Ognjen Blazevic (2016) outlined health tourism as a tool for attaining development in Europe by emphasizing on increasing innovation capacity in this sector which ultimately bring national competitiveness. He also attempted to define health tourism and said that health tourism can be looked through “elements of the tourist offer that reflect adequate combination of wellness and spa services with medical tourism services. It is important to note that no wellness services are ever realised in clinics and hospitals as medical facilities, while medical tourism with its services takes place only in specialist hospitals (where wellness services are also provided with health tourism) as well as in hospitals and clinics providing only medical services”.

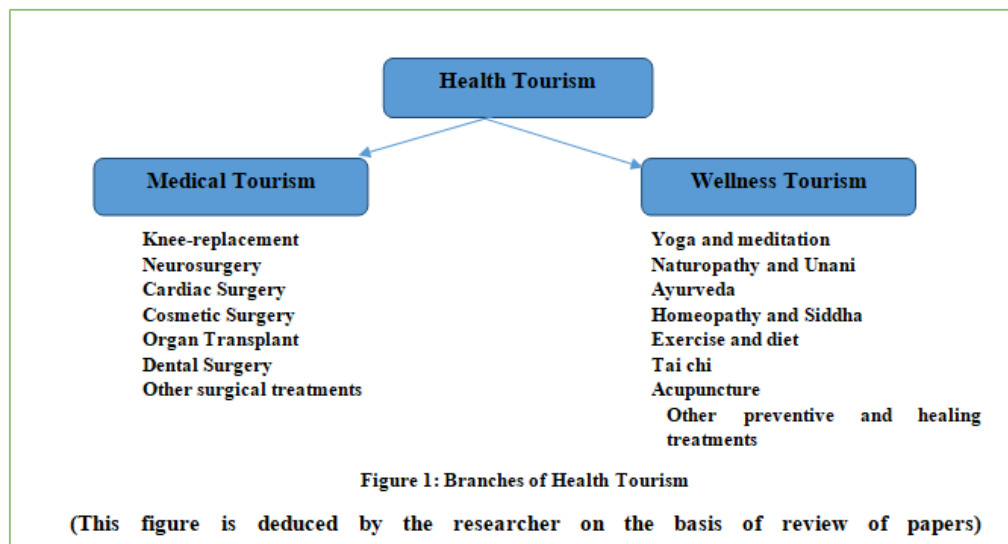
Bill Hettler defined “Wellness is an active process in which people consciously make decisions for more successful existence”, and National Wellness Institute has been using this definition since its establishment.

A Report by UNWTO and ETC (Exploring Health Tourism, 2018) conceptualized the Health tourism, Medical Tourism and Wellness Tourism. It defined health tourism which “covers those types of tourism which have as a primary motivation, the contribution to physical, mental and/or spiritual health through medical and wellness-based activities which increase the capacity of individuals to satisfy their own needs and function better as individuals in their environment and society”, while “Medical tourism is a type of tourism activity which involves the use of evidence-based medical healing resources and services (both invasive and non-invasive). This may include diagnosis, treatment, cure, prevention and rehabilitation”. UNWTO and ETC in the Exploring Health Tourism, 2018 also defined Wellness tourism is a “type of tourism activity which aims to improve and balance all of the main domains of human life including physical, mental, emotional, occupational, intellectual and spiritual. The primary motivation for the wellness tourist is to engage in preventive, proactive, lifestyle enhancing activities such as fitness, healthy eating, and relaxation, pampering and healing treatments”.

Table 1: Health Tourism Terminology

Source	As Synonym of Medical Tourism	As Health tourism is a wider concepts
Bookman and Bookman (2007)	Selling of high- tech medical care to foreigners in developing countries is known as medical or health tourism.	
E. Laws (1996)		Aim is to improve one’s health with leisure taken away from home.
Suman Kumar Dawn and Swati Pal (2011)	Medical tourism or health care tourism is an economic activity that requires buying and selling of services.	
Joan. C Henderson (2004)		Primary purpose of travel is to get better health in any form.
IBEF (2019)	The primary purpose of tourist is attaining good health and feeling of wellbeing and it includes specialised medical treatments mainly Ayurvedic, spa and other therapies.	
Percivil M Carrera and John FP Bridges (2006)		Health tourism is a well prepared ravel outside the local environment of a person for keeping, ameliorating or restoring well-being in mind and body of an individual and medical tourism is a branch of health tourism.
Anna Pollock and Peter Williams (2000)		Tourism products and services which use relaxing, fun-filled and learning activities to maintain and improve health and well-being and help in escaping from stress of work, home and daily routine.

The number of health tourists has been continuously increasing but it is only in last few decades that this phenomenon emerged as a multi-billion dollar industry. Many papers, magazines, reports tried to conceptualize health tourism and how it is different from medical tourism. Some authors used both as synonyms in their works such as Bookman and Bookman in Medical Tourism in developing countries, Suman Kumar Dawn and Swati Pal in Medical Tourism in India: Issues, opportunities and Designing strategies for growth and development, Indian Brand Equity Foundation in his report. Some authors Joan. C Henderson, Carrera and Bridges, etc. said that health tourism is a wider phenomenon and includes medical tourism.



All the above mentioned definitions highlighted that health tourism is a broader term which consists all forms of travelling for the purpose of maintaining, enhancing or restoring health through medical intervention or without medical intervention which might involve educational, fun-filled and pleasurable activities. Furthermore, medical tourism and wellness tourism are branches of health tourism. Medical tourism is taking a curative, cosmetic and rehabilitative treatment in foreign country involving evidence based medical intervention and it consists knee replacement, Neurosurgery, cosmetic surgery, organ transplant, cardiac surgery, dental surgery and other surgical treatments. On the other hand, wellness tourism is taking a preventive, cosmetic and healing treatment in foreign country and it consists yoga and meditation, naturopathy, homeopathy, exercise and diet, Ayurveda and other preventive and healing treatments.

(b) Reasons to travel abroad for Health Tourism

Joan C. Henderson (2004) in her article explored the healthcare tourism, drivers of it, and its initiative in Thailand, Malaysia and Singapore as well as development of market and marketing in some selected countries. She said that “heavy charges, the absence of certain procedures or those using advanced technologies, and very long waiting lists at home and a feeling that standards are superior elsewhere”, are reasons to go abroad for treatment.

John Connell (2006) discussed the medical tourism in Asian countries, drivers of it and its benefits to travel industry. He mentioned that “high cost of treatment in rich world countries, long waiting lists (for what is not always seen institutionally as priority surgery), the relative affordability of international air travel and favourable economic exchange rates, and the ageing of the often affluent post-war baby-boom generation” are drivers of health tourism in developing countries.

Percivil M Carrera and John FP Bridges (2006) examined the existing literature and tried to conceptualize Health Tourism and Medical Tourism and outlined their drivers. They said that increase in health awareness and healthcare expectations along with facilitation provided by globalisation for easy travel are driving health tourism and medical tourism.

Arnold Milstein and Mark Smith (2006) explained the flourishing phenomenon of health and medical tourism practices adopted in America and why American’s are choosing this practice frequently. They spoke with two people who went to India for improvement in health and found out that increasing out-of-pocket expenses for health and insurance premium, massive price advantage of developing countries, and bonuses and cash incentives by employers are forcing American patients to travel to Foreign countries.

Leigh Turner (2007) discussed the healthcare services in the globalized world, its outsourcing to developing world, marketing to international patients, role of medical brokerage, international health travel, quality signals in developing countries, its growth and areas to pay attention. He mentioned that lower labour cost and lower training cost in developing countries are driving medical tourism to third world countries as it reduces the total cost (including treatment cost).

K. A. Bramstedt and Jun Xu (2007) discussed the proposed US medical insurance programs to tackle some issues in US healthcare system like long waiting lists, organ availability etc. and on the other hand, transplant tourism practices in USA as a result of these problems. They mentioned that these proposed plans (favourable regulations in US) encourage insurance policy holders to take organ transplant in a foreign country.

Rory Johnston, Valorie A Crooks, Krystyna Adams, Jeremy Snyder and Paul Kingsbury (2011) discussed about the local patients’ involvement in Canada’s medical tourism and its influence on public health after having discussion with medical tourism facilitators. After discussion with facilitators, there are factors which motivates Canada’s patients’ to travel abroad. These motivating factors are as follows:

1. Service not available in Canada
2. Avoiding waitlists
3. Cost Savings
4. Seeking better quality of care
5. Anonymity
6. Faster Care
7. Appeal of Tourism

Jonathan Crush and Abel Chikanda (2014) explored the perception about South-Africa as a medical tourism destination for patients from Global North. They said that South-South travel to South-Africa for health purpose is more important than movement from Global North to South-Africa. They said that people go to South-Africa from neighbouring countries due to lack of access of basic healthcare at home.

J. Hanefeld, N. Lunt, R. Smith and D. Horsfall (2015) tried to find out why and where patients travel (from NHS, UK) as well as the role of networks in the decision of patients. They divided the factors into two categories. First category is treatment motivation which include availability (with many variance) and distrust or dissatisfaction with NHS and factors for travel motivations which include cost, expertise, availability and cultural/familial.

Sarika Thoke and Shivaji Madan (2017) explored the medical tourism industry influence, its opportunities and challenges in India with special reference to Marathwada region of Maharashtra. They pointed out factors driving medical tourism to India, which are high cost at home, long wait times for certain procedures, unaffordability of private physician, unavailability of treatment in home country, illegality of treatment in home country, ease and affordability of international travel, improvements in both technology and standard of care.

Table 2: Motivational factors to travel abroad for treatment

Source	Factors
Joan C. Henderson (2004)	High cost in home country, absence of certain procedures or procedure using advanced technologies, and long waiting lists at home and feeling of superior standards elsewhere
John Connell (2006)	high cost of treatment in developed countries, long waiting lists at home, affordability of international air travel and ageing of post-war generation
Percivil M Carrera and John FP Bridges (2006)	Increased health awareness, increased healthcare expectations, ease of travel due to globalisation
Arnold Milstein and Mark Smith (2006)	increasing out-of-pocket expenditure for health including insurance premium, enormous price advantage, and bonuses and cash incentives to employees
Leigh Turner (2007)	lower labour cost and lower training cost in developing countries
K. A. Bramstedt and Jun Xu (2007)	proposed US medical insurance programs to handle long waiting list, availability of organ
Rory Johnston, Valorie A Crooks, Krystyna Adams, Jeremy Snyder and Paul Kingsbury (2011)	Service not available in Canada, Avoiding waitlists, Cost Savings, Seeking better quality of care, Anonymity, Faster Care, Appeal of Tourism
Jonathan Crush and Abel Chikanda (2014)	Lack of access of basic healthcare at home.
J. Hanefeld, N. Lunt, R. Smith and D. Horsfall (2015)	Treatment factors: Unavailability (with many variance) and distrust or dissatisfaction with NHS and travel factors: cost, expertise, availability and cultural familial
Sarika Thoke and Shivaji Madan (2017)	high cost at home, long wait times for certain procedures, unaffordability of private physician, unavailability of treatment in home country, treatment is illegal in home country, ease and affordability of international travel, improvements in both technology and standard of care

Importance of Health Tourism Industry for Indian Economy

Service sector is the largest contributor to GDP in India. It is projected that GVA of service sector is worth at 92.26 lakh crore INR in 2018-19 at current price which accounts 54.40% of total GVA of 169.61 lakh crore INR. Tourism industry comes under service sector and it alone contributes to 10% of country's GDP or approximately \$250 billion in 2018 (Ministry of Statistics & Programme Implementation, 2019). India secured the third position among 185 countries in 2018 in terms of Travel and Tourism contribution to GDP (World Travel and Tourism Council, 2019). According to a Report by Indian Brand Equity Foundation (September, 2019), Foreign Exchange Earnings (FEEs) was \$28.59 billion during 2018 and 81.1 million people engaged in tourism which was approximately 12% of total employment in India. It is also projected that Indian Medical Tourism industry (used as a synonym of Health Tourism) will be worth \$US 9 billion by 2020. According to National skill development Corporation (NSDC) and KPMG (2017), the global beauty and wellness industry is flourishing at a CAGR of 15% per annum over last five years and in India, CAGR is 18.6%. India is among top five beauty and wellness market in terms of growth. Thus, travel and tourism industry along with its sub-segments are providing employment, generating foreign exchange earnings, improving access to healthcare services to poor, contributing in rural development as well as in country's development and for future, it has more potential to contribute in all around development of the country.

Conclusion

Traveling for health is old concept but it has changed its shape in last few decades and it has become an important industry, which also plays effective role in economic development for many countries. Therefore, it needs a clear definition of concepts.

This Paper examined the existing work to conceptualize the term health tourism, medical tourism and wellness tourism and try to provide better understanding of the terms.

There are many factors which influence the decision of health tourists while choosing the destination for healthcare services.

Factors which influence health tourists are:

- High cost in home country (cost saving)
- Unavailability of treatment in home country
- Long waiting times in home country (shorter waiting list in destination country)
- Unaffordability of healthcare services at home
- Change in consumers' notion of quality care abroad
- Affordability of international air travel
- Treatment is illegal in home country
- Cultural/familial of destination country
- Credentials of medical professionals
- More attention care by nurses in destination country
- State-of-the-art equipment and technology in developing countries
- Low cost communication technology
- Bonuses and incentives by employers and insurance companies
- Internet, Anonymity, And Appeal of tourism.

Health tourism is old but still at infancy stage as there are few empirical studies on health tourists' choice of India as a health tourism destination and factors influencing their choice. Therefore, this demands extensive work on the part of academicians as well as on the side of industry players because this could provide industry with better understanding of tourists' behaviour so that they may be benefitted.

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