

Exploring the Changing Dimensions of Indian Medical Tourism as Global Medical Hub

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Introduction

Medical tourism is a fusion of two major industries Healthcare and Tourism and is a term that has risen from the rapid growth of an industry where people from all around the world are traveling to other countries to obtain medical, dental, and surgical care while at the same time touring, vacationing, and fully experiencing the attractions of the countries that they are visiting. Asia has become a prominent destination for global medical tourists. At only 20% of the cost of treatment in the United States (US) and the United Kingdom (UK), it claims to provide “world-class” medical care. In the Asian belt, India along with Thailand, Malaysia, Singapore, Hong Kong are the popular medical travel destinations.

Medical tourism is not a new concept as this practice of traveling for seeking the best healthcare was present in ancient times also. The only difference is that earlier the wealthy patients from less developed countries used to travel to developed countries in order to avail the technologically most advanced medical facilities. Over the time the scenario has changed and now the wealthy persons from developed nations is increasingly seeking expert healthcare services at most affordable rates and quick response in the developing countries. In developed countries surgeries are done priority wise and hence the patients are required to wait from a zero waiting time if critical, to some times years for cases not considered as clinically urgent. Patients prefer to travel to places other than their home country where the costs are low, quality of care are of international standards and where there is a package of services that provides an excellent tourist vacation which fulfils their health needs as well as the time for recovery. Medical expenses in third world centers are one-fifth to one-tenth of those in the west, offering a better value for money. Medical travel in Asia is relatively new, mostly emerging in the aftermath of the Asian financial crisis in 1997. Medical tourism benefits the government (by stimulation of the economy and development of world class facilities), the hospital (high revenue from foreign patients, assured returns on investment), the doctor (high quality profile, personal income improved skills), the entrepreneur (create a new market or industry) and the patients (access to quality services, affordability, access and reduced waiting times).

MEDICAL TOURISM IN INDIA: SOME FACTS

Medical tourism in India is a multibillion dollar provider industry and attracting millions of foreigners and domestic to visit incredible heritage of country and enjoy the medicinal blessings of traditional Vedas and Upanishads along with latest medically advanced Allopathic treatment. *Atithi devo bhava* is the mantra of tourism that is even we are hungry we will treat the visitors as God and offer them all. India ranks second for medical tourism in the world. Though it spends less than 1.2% of its GDP on medical services but makes extra efforts to provide extra care and services to the foreign tourist while dealing with them. People from other countries are choosing India as their medical treatment destination because of highly skilled medical fraternity; low treatment costs, cutting edge technological advancements & rich cultural heritage. India has a ‘health tourism’ business with a line of varied treatments and therapies like Ayurvedic, Yunani, Homeopathy, Naturopathy, Yoga and Meditation etc.. It is a global product having medical tourists from the US, UK, Mauritius, south-east Asia, Mauritius, Fiji, Bangladesh, Afghanistan, Nepal, Srilanka and Pakistan

besides having more than a billion domestic customers. Medical tourism is a growing sector in India. India's medical tourism sector is expected to experience an annual growth rate of 30%, making it a \$2 billion industry by 2015. As Aarex India mentioned in their report (2009), medical tourism is expected to generate revenue of Rs. 12,000 crore by the end of year 2015 and over 3.5 lakhs patients from across the world are expected to come to India for treatment. Indian Brand Equity Foundation (IBEF) suggests that the Indian healthcare sector is expected to become a US\$ 280 billion industry by 2020, with spending on health estimated to grow 14 per cent annually. Industry estimates indicate that the medical tourism is easily the next big business in India after IT revolution. [Khullar] Already 18 Indian hospitals have been accredited by the Joint Commission International (JCI). Accreditation and compliance with quality expectations are important since they provide tourists with confidence that the services are meeting international standards. India provides international quality of medical care at the lowest rates, in comparison with any other part of Asia. Medical treatment in India is very cost effective as it provides 1/8th to 1/10th cheaper treatments than what provided in western countries yet equally par with international standards in terms of quality. Whereas a cardiac patient has to pay US\$ 40,000 - 60,000 in the United States, US\$ 30,000 in Singapore, US\$ 12,000 - 15000 in Thailand for his treatment, the same treatment can be availed in India in only US\$ 3,000 - 6,000. At London one is charged £350 for some tests which include blood tests, electro-cardiogram tests, chest X-Rays, lung tests and other tests while in India same tests cost only US\$ 84. A Magnetic Resonance Imaging (MRI) scan costs US\$ 60 at Escorts Hospital in Delhi, compared with roughly US\$ 700 in New York. Besides cheaper cost of the treatment today Indian clinical and paramedical talent is universally recognized and JCI accreditation to some hospitals of India has proven a boon to Indian medical system which is helping in gaining the faith of foreign patients in India's hospitals and professionals. In India they do not have to wait long and to pay extra money for their treatment. Further many states of India are now recognized as well known health care centre for providing particular segment of medical treatment like Kerala and Karnataka has emerged as a hub for Ayurvedic treatment, and being specialized in healing the patient with the virtue of natural herbs. Here health tourist not only gain the cure for his disease but also enjoy the benefits of scenic scenes, natural beauty, spas, and pleasant weather. Further Uttarakhand of India is gaining importance for healing the patient with yoga and meditation and natural medicines. Delhi has emerged as a prime destination for cardiac care, orthopedic care, mental trauma, and other kind of allopathic treatment, and serving millions of domestic and foreign patient at that cost which is comparatively very low than that of their own country. Chennai is known for quality eye care. Medical tourism in India has emerged as the fastest growing segment of tourism industry despite the global economic downturn. The Indian medical tourism industry is presently at a nascent stage, but has an enormous potential for future growth and development. India's medical tourism sector is expected to experience an annual growth rate of 30%, making it a Rs. 9,500-crore industry by 2015. As many as 400,000 foreigners travelled to India in 2012 for health treatments (Economic Times, 27, 2013). In the nut shell,

Medical Tourism in India = World Class Treatment + Holiday + Big Savings.

Statement of Problem

Medical tourism industry is likely to grow from an estimate of \$40 billion in 2004 to \$120 billion by the year 2015 according to McKinsey & Company and the Confederation of India. Frustrated by high costs, long waits, and red tape, a growing number of people in Europe and North America are seeking medical care in emerging nations like, India, Thailand, Singapore, Malaysia and Brazil (MacReady, 2007). Nowadays, a growing number of medical patients are in search for country destinations, where hospitals offer high quality health care at a more affordable price. Countries like, India, Thailand, Singapore, Malaysia, Costa Rica and Mexico are some of the few popular medical tourist destinations that offer inexpensive medical procedures. This study offers insights into the phenomenon of medical tourism focusing on India as the destination country. One of the major destination countries for medical tourists; India has been

experiencing a medical tourism boom since the early 2000s and is at the forefront of this growing phenomenon. Its health care sector is growing briskly and is one of the largest sectors in terms of employment and revenue generation. In the 1990s, the Indian health care sector grew at an annual compounded rate of 16%. It generated \$34 billion in 2006 and is projected to generate \$40 billion by 2015. It is estimated that a significant portion of this revenue jump will be due to medical tourism growth. Currently, India is second only to Thailand in the number of medical tourism. Health travelers who choose India for medical tourism often take advantage of arranging a vacation tour. After a medical procedure, medical travelers are more than happy to enjoy a relaxing holiday in India while exploring the country's several magnificent sandy beaches. They take pleasure in visiting historical monuments, religious places and enjoy a deep fascination in learning the richness of the India culture. JCI and NABH accredited hospitals with state-of-the-art medical facilities and technologies as well as the availability of US-trained, board certified medical doctors and surgeons overseas have added more credibility to the medical tourism trend. Previous studies have concluded several factors that motivate patients to seek health care services in foreign countries. According to Smith and Forgione (2008), both the "Product" and "Price" are the essential factors that influence the choice of international health care facility. Meanwhile, McKinsey & Company (2008) study showed that "Product" is the sole factor that drives medical travelers to seek medical treatment overseas. On the other hand, the Deloitte Development (2008) study mentioned that medical tourists are choosing to offshore their medical needs primarily because of "Price", wherein cheaper medical treatment can be found in several emerging medical tourism destinations worldwide. Based from these previous studies, this research study aims to determine whether "Product" or "Price" or some other factors are there that drive international medical tourists to choose Indian hospitals for healthcare services. This research study will focus on the important factors that affect customer's preferences in choosing to come to Indian hospitals for diverse medical-care offerings. This research on medical tourism shall also provide information on what countries medical tourists most often come from and for what types of treatments and reasons. The research study with the help of first hand information collected from respondents and their attendants shall examine the problems and challenges that international medical tourists face in India and how to overcome these challenges. Finally the researcher shall make an attempt to provide a conceptual framework providing suggestions to the health ministry and other relevant authorities so as to boost the medical tourism in India and to make India as a Medical Tourism Hub in Asia.

Objectives of the study:-

- 1.) To identify the factors that drive medical tourists to come to international destination to take healthcare services.
- 2.) To study the perceptions of Medical tourists and their attendants towards Indian Medical Tourism industry.

Research Methodology

Data collection This study is primarily based on primary data however some secondary data have also been used to make a sound foundation of this research work. The different sources from which data have been collected are:-

Primary Data

The primary data shall be collected through two structured questionnaires and interviews. Study participants include medical tourists and their attendants accompanying them and several health care management officials such as doctors, hospital directors, and support staff. The first questionnaire shall help in gathering information from medical tourists that will help in understanding why and how they chose to attain medical treatment at the study sites. The questionnaire shall be administered to collect responses on demographic profiles of these respondents, their perceptions and satisfaction on medical

tourism. Prior permission shall be taken from the requisite authorities and on getting permission they shall be personally contacted. Personal networking and contacts may be used to approach them.

Information gathered from health care management officials through interview will reveal their opinions on medical tourism and information on how they promote their facilities as medical tourist destinations. The study participants shall be chosen based on availability at the hospitals and willingness to respond to the researcher's questionnaires. There is high possibility that some of the patients might not be in condition to fill the questionnaire as they may not be so much physically fit or Doctors may not grant permission to talk to them for research purposes. Therefore researcher has decided to get the required information from their attendants accompanying them for which another structured questionnaire shall be prepared. Official permission will be taken from all the hospitals requesting permission to talk to available foreign patients or their attendants.. Several Likert-Scale questions will be asked regarding the following variables in order to determine each variable's significance: idea of medical tourism, saving money, insurance coverage, promptness of treatment, unapproved treatments, privacy, travel and vacation, competence of physicians, quality of facilities, severity of health condition, cost of procedure, family physician's approval, shopping, and travel time. Some questions shall be asked to gather specific personal and demographic responses from the patients such as age, sex, and cost of treatment, length of stay, treatment sought, health patients' insurance, and knowledge on medical tourism. Several open-ended questions will be asked regarding medical tourism and factors impacting the decision to pursue medical tourism.

Secondary data

Secondary data shall be collected with the help of a thorough examination of the available literature in medical tourism, books, magazines, newspapers, research articles, specific journals containing information regarding medical tourism, various reports published about medical tourism and various web sites.

Area under study

Areas of the study are some super specialty hospitals and healthcare providers in Delhi. Delhi has emerged as a perfect destination for medical tourism in India. Delhi is the capital of India and has rich culture and interesting history along with two world heritage sites namely humayun tomb and Red Fort, Delhi has several super specialty/hi-tech hospitals and wellness centers that actively promote medical tourism. Besides internationally known AIIMS(Public health care services provider); many private players have established high-tech hospitals and are providing health care facilities; which matches the highest standards of healthcare delivery worldwide. They also are near modern international airports, making travel conducive for international patients. English is widely spoken throughout the city, which further helps tourists.

The hospitals/wellness facilities from where the information shall be collected are: Indraprastha Apollo Hospital in Delhi, AIIMS hospital in Delhi, Asian Heart and Research centre, Fortis hospital Delhi and Max care Hospital, Delhi. The researcher has chosen these hospitals as one of my study areas because a large number of foreigners come here every year for getting medical treatments of various kinds. Several hospitals/wellness facilities the city actively promotes medical tourism, and a number of these were contacted for permission to interview foreign patients. The hospitals/wellness that were finally chosen are the ones that granted permission.

Also, four of the hospitals where the researcher shall conduct interviews and get questionnaires filled from foreign patients are Joint Commission International (JCI) accredited, which means that the hospitals meet the strict quality of care guidelines set forth by the commission. Fewer than 20 hospitals in India are JCI accredited.

Analysis of the data

Factors that drive medical tourists to come to international destination to take healthcare services.

1.Price

This is the main reason most people initially cite for their decision to go overseas for medical treatment, but the situation is actually even better than the bare numbers suggest. Figures that are normally thrown out range from one quarter to one tenth the price of US care, with dental work firmly occupying the one-tenth corner. These estimates are based on India, which is commonly the lowest priced option of sufficient quality for Westerners. While there is considerable variation, as a rule of thumb Thailand, India's major competitor, is approximately 20% more expensive while the South American and other medical tourism hubs weigh in at 50-100% more than India

Dental work is the biggest saver with medical tourism – 90% savings across the board are standard in India and Thailand with excellent facilities. As a rule of thumb, minor work on one tooth will pay for your plane ticket and a second pays for a week on the beach afterwards. Major surgery will pay for your entire family. Imaging and diagnostics are a large part of medical fees, and many US hospitals now contract with Indian laboratories to interpret X-rays and MRI images, where the physician time to analyze the image often costs as much or more than the image itself. Unfortunately, many patients aren't able to travel if they need an MRI, but if it is a component of a surgery or checkup it is widely available at most high-end hospitals that medical tourists frequent, along with more advanced diagnostic equipment in some of the best facilities.

Beyond having a lower price, however, foreign hospitals are far more willing to provide upfront prices and quotes than US hospitals, which will generally equivocate and, if pressed, give only a rough estimate. More complicated surgeries will still be estimates at foreign clinics, but they are consistently more forthcoming about the cost of past procedures and for minor procedures they will often offer set packages that cap the total cost, barring complications. These caps are excellent for planning purposes and comparing options in various countries. This openness is a product both of intense competition for foreign patients and a confidence that regardless of how high a foreign clinics' price may be, it will still be much lower than their Western competition. Medical tourism reverses the trend of many businesses and the tourism industry in general in that those looking overseas can expect more honesty up-front and fewer hidden costs than those considering a US hospital.

Table1: Comparing Medical Treatment Pricing

Procedure	USA	Singapore	Thailand	India
Hip Replacement	\$24,000	\$15,000	\$10,000	\$6,300
Breast Augmentation	\$10,000	\$8,000	\$3,150	\$2,200
Spinal Fusion	\$62,000	\$9,000	\$7,000	\$5,500
Coronary Angioplasty	\$41,000	\$11,250	\$4,150	\$3,500

One common misconception is that while foreign medical procedures are much cheaper, they must be paid out of pocket. It is telling that even with this belief, the deductible for many insured patients is so high that they still travel overseas for treatment. The reality is that most insurers are not only willing to reimburse your medical expenses overseas, they will often be thrilled to solve your problem without paying domestic medical rates. The issue then becomes getting your records and receipts to the appropriate insurance official. Many hospitals boast strong ties with insurance companies and service with regards to clearing claims as their key advantage over competitors. If insurance reimbursement is an important part of your medical tourism deliberations, it is important to learn up front if your prospective hospital offers this

service and it will be worthwhile to go to a more expensive center if they do not. This is particularly important when looking at Indian hospitals, which often are very poor in this regard. Tourists from countries with state-run medical systems like Canada and the UK can also often get their treatments reimbursed, though they will need to locate the appropriate offices and forms ahead of time.

2. Service

Beyond simple costs, many people appreciate the superior service found in foreign hospitals. Whereas in the US and EU many tasks are performed by orderlies, in the medical tourism hubs there is a plentiful supply of registered nurses. Where in the west a patient might be told where to go to collect medications or see another doctor, a medical tourist can expect to be escorted. US doctors are often harried with too many appointments and rush in and out, whereas doctors in major tourist hospitals have much easier work schedules and emphasis is placed on spending time on each patient, both as a matter of patient care and to stress a point of superiority over western hospitals. Upon checkout, medical tourists are treated courteously, sometimes reverentially to the point of embarrassment depending on the country, and billing is often performed with less hassle and bureaucracy than in the US.

If staying overnight in the hospital, the benefits of medical tourism are overwhelming. A deluxe suite at Bangkok's Bumrungrad or Bangkok International Hospital includes a large bedroom, living room, two complete bathrooms and a city view for \$200 a night, ultimately \$400 including nursing, equipment, flat panel TVs, Wifi and meals for three. This should be compared to a single room in the US, which will run upwards of \$800 for the room, not including services and other charges. When staying multiple nights with a family member, the value of having the extra room (and complimentary roll-in beds) cannot be understated. Rooms get cheaper, including singles and even shared rooms, but also get even grander. For the price of a basic single in the United States, a medical tourist could rent an Imperial or Royal Suite at these Thai hospitals, including guest bedrooms, a living room and a dining room. These are especially popular with wealthy Arabs and are often booked weeks or months in advance.

3. Quality

One of the major issues that prospective medical tourists grapple with is accepting a reduction in quality, not just in facilities but also in the physicians themselves. It is natural to assume that if something is cheaper then it must be of lower quality, but for a well-planned medical tour the situation is the opposite. When going to the average facility in the US, you will almost certainly have an average doctor – it not being possible, after all, that every doctor available be “above-average.” If you plan your trip carefully, however, it is possible to ensure that you will have eminent, very experienced physicians – effectively the best that country has to offer. Many people assume that if a doctor is any good he will immediately leave a developing country for a promising career of wealth and prestige in a western country, and many do this with considerable ease in terms of finding a job or getting a visa.

4. Availability

Medical tourists also have greater access to different treatment types than those who choose not to travel. Stem cell-based therapies are the most common treatments that are not available to Americans, often because of restrictive government regulations. Most stem cell therapies are frauds, both within the US and without, however there are several legitimate programs that offer a high-tech alternative to painful or dangerous therapies. Two major programs are the use of adult stem cells to repair damaged heart tissue

in Bangkok and the use of undifferentiated immune cells to create personalized cancer therapies in Singapore, both of which have considerable academic and government support and strong track records. Another factor is not only the availability of cutting edge treatments but also the availability of common surgeries. In state-run health programs like those in Canada or the UK, waiting lists can extend to more than a year for essential surgery and past three for non-essential surgery. With a well-planned tour, most surgeries can be conducted within days of landing and consultation in any of the medical tourism hubs. If payment for the treatment is covered by the state program, as most medically essential operations are, medical tourism is the obvious choice for Canadians and Britons.

5. Tourism

Medical tourism is often as much about the tourism as the medicine. For those undergoing major surgery, there is no better place to recover than a bungalow with a view of the beach while receiving your physical therapy (or massage). Similarly, for family accompanying a patient a week at the beach or a shopping spree can clear up a lot of stress following a surgery. South Africa offers safari medical tourist packages, where a family visits for treatment followed by a wildlife safari. Individual hospitals will often have associated travel agents that will arrange all manner of getaways following an operation.

For those not going under the knife, there is even more incentive to be a medical tourist. Given the cost of dentistry, the savings for even minor work can cover the cost of the trip. Many regular medical tourists will plan their physical exams, dental work and other minor services, like cosmetic surgery, and bundle them in with a weeklong beachside vacation in the tropics. Overall, their vacation is still cheaper than having the services in the US. Many companies are also appreciating this strategy, sending employees on vacations to save on medical costs and saving on health insurance while giving their workers care they otherwise might not have access to.

In the research study, out of a sample of 100 respondents, there were 83 attendants and 17 patients. Out of the total attendants, 72 were male and 11 were females. Out of the 17 patients, 8 were male and 9 were females. 15 respondents belonged to the category of 0-20 years of age, 23 respondents were of the category of 20-40 years and 62 respondents were of the category of 40 years and above. Out of the total sample of 100 respondents, the following table shows the frequency of respondents by country of origin.

Table 2: Foreign medical tourist by country of origin

Country	Frequency
Afghanistan	12
Bangladesh	18
Canada	4
Iraq	11
Maldives	5
Nigeria	10
Oman	8
Pakistan	14
UAE	13
UK	3
USA	2

The following table shows the various ailments for the treatment of which India was visited by the foreign medical tourists.

Table 3: Frequency of the type for ailment

Ailment	Frequency
Cosmetic Surgery	4
Joint Replacement	5
Liver Transplant	8
Bone Marrow Transplant	10
Heart Surgery	21
Hip Replacement	13
Knee Replacement	16
Kidney Transplant	11
Cataract Surgery	12

The following table shows the different hospitals contacted by the different respondents

Table 4: Frequency table for the different hospitals

Name of the hospital	Frequency
Indraprastha Apollo Hospital	24
AIIMS Hospital	23
Asian Heart & Research Centre	15
Fortis Hospital Delhi	17
Max Care Hospital	21

Independent sample t-test was applied to study the difference in perception of males and females towards Indian Medical Tourism Industry. The following null hypothesis was tested.

H₀: There is no significant difference in the perception of males and females towards Indian Medical tourism Industry

The results of the hypothesis are shown in Table-5.

Table 5: Independent Sample T-test

Variables	Country	Mean Score	Standard Deviation	T Statistic (P Value)	Remark
Quality of Medical Facility	Male	4.56	.89	13.65 (0.000)	Significant Difference
	Female	3.02	.598		
Quality of the Doctors	Male	4.46	.855	9.250 (0.000)	Significant Difference
	Female	3.29	.594		
Attitude of Other Medical Practitioners	Male	4.16	.874	11.974 (0.000)	Significant Difference
	Female	3.48	.631		
Hygiene of the Hospital	Male	4.26	.941	19.817 (0.000)	Significant Difference
	Female	2.47	.648		
Additional Facility of Games, Spa, theatre at Hospital	Male	2.14	.899	.551 (0.583)	Insignificant Difference
	Female	4.27	.763		
Availability of Desired Food in Hospital Premises	Male	3.31	1.001	.662 (0.684)	Insignificant Difference
	Female	4.46	.501		
Availability of desired Foreign Currency in the Hospital	Male	3.16	.913	10.491 (0.000)	Significant Difference
	Female	4.19	.631		
ATM Facility in the Hospital	Male	2.66	.877	13.832 (0.000)	Significant Difference
	Female	3.19	.712		
Mobile Facility in the Hospital	Male	3.19	.729	0.545 (0.741)	Insignificant Difference
	Female	3.90	.626		
Wi-Fi Facility in the Hospital	Male	3.29	1.014	0.733 (0.876)	Insignificant Difference
	Female	3.76	1.003		
Accommodation Facility in the Hospital	Male	3.56	.689	.551 (0.583)	Insignificant Difference
	Female	3.49	.779		
Cost of Medical Treatment	Male	4.43	1.099	13.302 (0.000)	Significant Difference
	Female	2.29	.689		
Cost of Medicines & Post Treatment Consumables	Male	3.98	1.102	2.193 (0.031)	Significant Difference
	Female	3.77	.721		
Cost of Food Items	India	3.80	.817	0.698 (0.000)	Insignificant Difference
	Singapore	2.89	1.060		
Cost of Other Necessities as required	India	3.27	.902	5.792 (0.589)	Insignificant Difference
	Singapore	3.87	.708		
	Singapore	1.43	.853		

Table-5 shows that for the variables “additional facility of games, spa, theatre, at hospital”, “availability of desired food in the hospital premises”, “mobile facility in the hospital”, “wi -fi facility in the hospital”, “accommodation facility in the hospital”, “cost of food items”, and “cost of other necessities as required”, the p value of t statistic was found to be greater than .05. Therefore with 95% level of confidence the null hypothesis for the aforementioned variable was accepted as no significant difference was found in the perception of males and females for these variables. But for the remaining variables i.e. “quality of medical care”, “quality of the doctors”, “attitude of other medical practitioners”, “hygiene of hospital”, “availability of desired foreign currency in the hospital”, “ATM facility in the hospital”, “cost of medical treatment and cost of medicines and post treatment consumables”. The p value of T-statistics was less than .05. Therefore with 95% level of confidence, the null hypothesis was rejected to significant difference in the perception of males and females was found for these variables. The results also highlight that for the variables ‘quality of medical facility’, ‘quality of doctors’, ‘attitude of other medical practitioner’, ‘hygiene of hospital’, ‘cost of medical treatment’, and ‘cost of medicines and post surgical consumable’s, the mean scores of males was found higher than those of females i.e. the male respondents showed higher level of satisfaction for then variables.

Whereas for the variables of ‘availability of desired foreign currency in the hospital and the facility in the hospital’, the mean scores of females was found to the higher than males i.e. for these two variable, the male respondents showed lower level of satisfaction than the females.

Conclusion

India is undoubtedly giving close competition to other destination visited by international medical tourists, both at global level as well as in the Asia-Pacific Region. This is purely because of the price competitiveness and quality of medical facilities and doctors that India enjoys over its arch-rivals. But these are certain key areas that need special attention, such as the hygiene of the hospital, the availability of facility like foreign currency, mobile network, ATM machines and Wi-fi connectivity. It is therefore the need of the hour to capitalize on our strong factors together with carefully keep a watch on the loopholes and try to fix them side by side so as to boost India as Medical Tourism Hub.

BRIEF SUMMARY OF THE SESSION

The importance of tourism and hospitality employment in both developed and developing countries is attested to by the World Travel and Tourism Council (WTTC), who suggest that travel- and tourism-related activities account for over 230 million jobs, or 8.7 per cent of jobs worldwide (WTTC, 2013).

The HRM prospects in the tourism sector are characterized by two kinds of service jobs: large numbers of low-skill, low-pay jobs and a smaller number of high-skill, high-income jobs, with few jobs being in the middle of these two extremes. Such a situation leads labour analysts to ask what kinds of jobs are being produced and who is filling them.

It is evident from the various secondary data that in some geographical and sub-sector areas, tourism and hospitality provides an attractive, high-status working environment with competitive pay and conditions, which is in high demand in the labour force and benefits from low staff turnover ... The other side of the coin is one of poor conditions, low pay, high staff turnover, problems in recruiting skills in a number of key areas, a high level of labour drawn from socially disadvantaged groups, poor status and the virtual absence of professionalism.

The tourism sector on a whole comprises of the 14 sub sectors of job opportunities which are

- hotels;
- restaurants;
- pubs, bars and night-clubs;
- contract food service providers;
- membership clubs;
- events;
- gambling;
- travel services;
- tourist services;
- visitor attractions;
- youth hostels;
- holiday parks;
- self-catering accommodation;
- hospitality services.

I would particularly draw attention on the concept of IHRM i.e International Human Resource Management as today tourism is not limited to a mere domestic service and there are vast number of international tourist travelling to international destinations with purposes such as leisure, business, visiting family and friends etc..

It is therefore a high time for the economies to divert the labor force to such key economic industry

INTERNATIONAL TOURIST ARRIVALS (ITA IN MILLION),**INTERNATIONAL TOURISM RECEIPTS (ITR IN US \$ BILLION)**

Year	1995	2000	2005	20010	2012	2013	2014
ITA	435	528	674	799	883	940	983
ITR	262	403	475	679	853	927	1030

Source: UNWTO highlights collected in June 2014

TOP 10 COUNTRIES BY INTERNATIONAL TOURIST ARRIVALS (MILLIONS)

Rank	Destination	2013	2014
1	France	77.9	79.5
2	USA	59.8	62.3
3	China	55.7	57.6
4	Spain	52.7	56.6
5	Italy	43.6	46.1
6	Turkey	29.0	29.3
7	UK	28.3	29.2
8	Germany	26.9	28.4
9	Malaysia	24.6	24.7
10	Mexico	23.3	23.4

Source: UNWTO highlights collected in June 2014

TOP 10 DESTINATIONS BY INTERNATIONAL TOURISM RECEIPTS

Rank	Destination	2013	2014
1	USA	103.5	116.3
2	Spain	55.5	59.9
3	France	46.6	53.8
4	China	45.8	48.5
5	Italy	38.8	43
6	Germany	34.7	38.8
7	UK	32.4	35.9
8	Australia	29.8	31.4
9	Macau	27.8	NA
10	Hong Kong	22.2	27.7

Source: UNWTO highlights collected in June 2012

APPRAISAL OF INDIAN FOREIGN TOURIST ARRIVALS AND FOREIGN TOURISM RECEIPTS AT GLOBAL LEVEL

India can always boast of its rich cultural heritage. Travel and Tourism in India is an integral part of Indian tradition and culture. In ancient times, travel was primarily for pilgrimage –as the holy places dotting the country attracted people from different parts of the world. People also traveled to participate in large scale feasts, fairs and festivals in different parts of the country. In such a background cultural tradition was developed where „Athithi Devo Bhava“ (the guest is god) and „Vasudhaiva Kutumbakam“ (the world is one family) became bywords of Indian social behavior. Since times immemorial, the rulers in different parts of India built luxurious palaces, enchanting gardens, marvelous temples, grand forts, tombs, and memorials . These bear testimony to the exquisite inheritance of this land, and as examples of unparalleled craftsmanship of the people of the ages gone past. The beauty of India’s cultural heritage and the richness of nature’s endowments, make India a tourists’ paradise.

Pandit Jawaharlal Nehru often remarked, “ Welcome a Tourist and send back a friend”. That was the essence of India’s approach to tourism in the post-Independence era. Tourism was seen as an important instrument for national integration and international understanding. The dimensions of tourism changed as trade and commerce developed. The spice trade brought India in contact with the world more than before. The silk route trade also opened up India’s immense cultural heritage and natural beauty to the world outside. The establishment of the Indian Railways by the British, modernization of the ports, development of hill stations- all these added to the growth of the Indian tourism industry in the 19th and the early parts of the 20th century. The growth of modern, organized tourism however was slow. Systematic information, even if inadequate, has been available

only during the post –Independence era. It was only after the 80s that tourism as an industry picked up speed.

Table showing international tourist arrivals and international tourism receipts of India as %age of the World

2000	674	2.62	0.38	475	3.46	0.75
2005	799	3.92	0.49	679	7.49	1.10
2009	883	5.11	0.57	853	11.52	1.35
2010	940	5.78	0.61	927	13.54	1.46
2011	983	6.29	0.63	1030	14.27	1.38

Source 1. UNWTO highlights collected in June 2013

2. Department of tourism annual report and tourism highlights UNWTO.
3. Bureau of Immigration, Govt. of India for 1998-2013
4. Ministry of Tourism, Govt. of India for 2012 and 2013

Year	% of world	zipts	India
Word		World	% of
India			world

Source: 1) UNWTO highlights collected in June 2012

5. Department of tourism annual report and tourism highlights UNWTO.
6. Bureau of Immigration, Govt. of India for 1997-2008
7. Ministry of Tourism, Govt. of India for 2009 and 2010.

The above table 4 highlights the fact since 2000 India's foreign tourist arrivals as percentage of that of world have been on a rise and currently in the year 2011 it is accounting to 0.63% of the world's foreign tourist arrivals. The trend of foreign tourism receipts of India is also showing the same trend with just a minimal decrease from 2010 to 2011 being 1.38% of the world's tourism receipts.

COMPETITIVENESS OF INDIAN TOURISM INDUSTRY IN GLOBAL CONTEXT

Competitiveness is related to the ability of a nation to create , produce , sell and distribute products in the international market, raising returns for its resources and prosperity of its people. It is a very general and multifaceted concept that includes facts and policies, natural resources and institutional framework and has a typical macro perspective.

The World Economic Forum publishes a significant competitiveness index annually since 2007, based on secondary data from various international organizations and a survey among leaders and executives present at the forum. The initial report of 2007 comprised of 13 pillars defining the competitiveness of a destination but since 2008 14 pillars have been mentioned viz; policy rules and regulation, environmental regulation, safety and security, health and hygiene, prioritization of travel & tourism, air transport infrastructure, ground transport infrastructure, tourism infrastructure, ICT (Information & Communication technology) Infrastructure, price competitiveness in the t&t industry, human resources, affinity for t&t , natural resources and cultural resources.