

Health Care Services in India-An overview

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Abstract

The healthcare system in India is as old as Indian civilization. During the British colonial rule Indian Indigenous system of medicine was neglected. However the state of neglect did not continue for a long time. They undertook systemization of health services. After independence Indian government took the path of mixed economy in which both private and public sector could excel. The major step for satisfactory health care in India was the appointment of the Bhore committee (1943-48). This was a landmark in the evolution of healthcare services in India. The committee chalks out a plan for the development of a nation-wide healthcare system and outlined a comprehensive action programme. After independence we inherited a shattered economy. In the beginning government imposed high custom duties on imported medical equipment making it difficult for private individuals to set up hospitals that provided specialized treatment. There were very few privately run large hospitals. The World Bank led economic reforms (1991 onwards) set in a trend where the private sector has taken control of the health sector in India. The private sector investment in the healthcare industry really took off in the 1990's after the liberalization of the economy. About 20 years back, it was difficult to save patient from heart disease as then those days there was no specialty hospital. The healthcare system today is significant business activities as healthcare organization make their decision about service line expansion on anticipated market growth and revenues. Since a long time there is a constant debate about the viability of specialized hospitals because setting up such hospital involves large fiscal outlay. The cost of providing hi-tech, diagnostic involve the purchase of modern technology, further high end surgical procedures, transplants have lead to the advent of corporate hospital single/ multispecialty hospital. India is predicted to become a major health destination for the foreign patient in few years. Government and private hospitals are working hand in hand to attract the increasing number of patients from abroad, promoting tie up with foreign doctors, insurance providers and even foreign governments. India enjoys a unique position. Today most healthcare organizations are working on bringing down costs. Indian government classifying medical tourism as an industry and making it parts of the tourism plan. The major advantage of healthcare services in India is its cost effectiveness and competency along with the attraction of patients from abroad. India must leverage its competitive edge, especially its cost effectiveness and competency along with the attraction of patients from abroad. India's healthcare services Industry is prepared to become a major driver of economic growth.

Introduction

Health care is fundamental to the quality of life. Health is that condition of the individual that makes possible the ravishment of the highest enjoyment of life. The world health organization (WHO) defines health as “A state of complete physical, mental and social well-being and not merely absence of disease or infirmity”. This definition of health draws attention to three different dimensions of health – physical, mental and social – all closely related.

The health of an individual is a dynamic phenomenon. It fluctuates within a range varying from optimum well being to extreme illness. The WHO definition is regarded as idealistic rather than realistic. Some feel health is not a state but must be seen as a process – a process of continuous adjustment to the changing demands of living. Therefore, to assure positive health to every citizen, conscious and concerted effort of the individual, the community, and the whole society in that direction becomes necessary.

The world health organization defines health but not disease, the Oxford English Dictionary defines disease as “a condition of the body or some part or organ of the body in which its functions are disturbed or deranged.” India’s cultural heritage spanning over more than 5000 years has given a strong emphasis on sound mind and good physical health. The ancient Greeks too, believed that a sound body was the prerequisite for sound mind. The paramount importance of health can never be over-emphasized. Health is man’s precious possession and lays the foundation of his happiness. In a very profound sense health is indeed wealth. The value of health is not realized until it is impaired or irrevocably lost.

1. Health Care in Ancient India

The health care system in India is as old as Indian civilization. Traditional Indian systems have already served the mankind over several hundred years to provide healthcare even much before the allopathic system came into existence. Infact before the advent of the western system of medicine each nation had its own indigenous medicine system, which provided medical care to the people. These systems developed independent of one another. Each system developed its own rationale of treatment. The existence of Ayurveda in India probably dates back to the period of the Indus Valley Civilization. Jivaka, Charka, Susrata, Vagbhata, Dhanvantri were some of the medical experts of ancient time in India. It was also India that gave the world the first hospital service around 320 B.C., when the great emperor Ashoka built the first hospital. It was specially intended to treat diseases.

2. Health Care in British Era

It took some time for the western system of medicine to make its impact on the people of India as a whole, even after the advent of the Britishers in India. In inception, the vast area which was belonging to the Mughal empire large section of people who remained untouched

by the British rule were served by the indigenous system of medicine. But these systems had begun to stagnate. Even after nation came under the British rule, because of the deliberate policy of the Britishers to keep the native economically and socially backward, the health care system they introduced remained incomplete. As a result not only the Indian indigenous system of medicine was neglected, people in need of health care had to depend upon the limited competence of the practitioners of these systems. Fortunately this state of neglect did not continue for long time in spite of Britishers political policy of exploitation. They undertook systemization of health services. Some of the unique events during the British period in this regard are as under:

- Appointment of commissioners of public health in the major provinces of Bombay, Madras, and Bengal, in 1864.
- Transfer of Health Administration to provincial governments in 1919 as a first step towards decentralization health administration.
- Appointment by Government of India in 1943, of the health survey and development committee called “Bhore Committee.” (Park et al 1977, Bhoopati Rao 1985, Government of India 1946, and 1962, Borkar 1961, Patnaik, 1956).

During the British regime health services were built up primarily for looking after the British and remained confined to urban areas. A vast multitude of poor and rural people did not get sufficient relief from the system.

During the pre-independence era the health status of Indian people was miserable which is shown in Table-1

Table-1
Health Indicators

A. * IMR- 16.2 (1937)	B. * HRD (1941-42)
Life expectancy (1920-30)	1 doctor / 6,300 people
At birth: 26.0-M	1 nurse / 43,000 people
: 26.5-F	1 lady health visitors / 40,000
people	
Fertility rate: (1930-40) - 45	1 pharmacist / 40,000
people	
Sex ratio: (1941) - M: F	1 dentist / 300,000 people
1000: 945	

* Infant Mortality Rate (IMR)

*Human Resource Development (HRD)

Source: YOJANA (August, 1998).

Malnutrition was very common phenomenon and 50 percent of children died before the age of 5 years. There was no PHC and there were only 14 medical colleges. In terms of accessibility of drinkable water not more than 4.5 percent of the total population had, less than 2 percent of people had sewerage disposal facilities.

3. Health Care in Post – Independence Era

After independence in 1947, popular parliamentary democracy with a written constitution was established. The Central Government took the path of mixed economy in which both private and public sectors could excel. According to the Indian constitution health was to be mainly a state subject. However, while state Government administered health, the central government would also be involved in that it would formulate national policies regarding health and coordinate all the state government in implementing them. Since the system of planning was introduced in India there have been several five-year plans that guided the health care programme of the different state governments from time to time. The first major step for satisfactory health care in India was the appointment of the Bhore Committee (1943-48), during the last days of the British rule. Sir Joshep Bhore submitted his elaborate report on Health Survey and Development in 1946. This was a landmark in the evolution of health care services in India. The Committee chalks out a plan for the development of a nation-wide health care system and also outlined a comprehensive action programme to implement this plan. Due to comprehensive nature of its recommendations, this report has had a powerful impact on evolution of health care policy in Independent India. The major principals underlying the committee's proposals for healthcare development are as under:

- Expansion of medical services is an important element of the strategy to improve the health status of people and it should be ensured that no individual fails to secure adequate medical care because of his inability to pay for it.
- Health service should be placed as close as possible to the people in order to ensure the maximum benefits to the communities to be served.
- It is essential to secure the active cooperation of the people in the development of health programme. Health consciousness should be stimulated in them by providing education on a wide basis and by giving opportunities to the individual to participate in the local health programmes.

On the basis of these principles the Bhore Committee elaborated both medium term and long term perspectives for the development of the health care system and proposed a comprehensive three-tire system of healthcare. It emphasized integrated healthcare, social and preventive aspects of medicine, people's participation, and strong cooperation between all sectors of healthcare for the realization of healthcare goals. With the beginning of five-year plan, considerable progress has been made in the development of healthcare facilities.

4. Health spending in India

During the eighties public financing picked up substantially and did show the potential for taking the public health sector to new heights. But at the turn of the nineties the World Bank led economic reforms (1991 onwards) set in a trend where the private sector has taken control of the health sector in India at the cost of the public health sector. The private sector in health post nineties is indeed very different. Until 1991 public health budgets moved in a gradual upward trajectory gradually expanding access to public healthcare. But budgets after 1991 have set in a liner downward trend and this has drastically impacted the public healthcare system, has affected adversely the vast majority of the poor who are the main users of the public health system and have forced them to migrate to the private health sector which often pushes them into the vicious trap of indebtedness. The government funds allocated to healthcare sector have always been low in relation to the population of the country, and in 2003 were as low as 0.9 percent of the GDP.

Table 2: Growth of Private Health Expenditures in India in comparison to Public Health Expenditure 1951-2006

		1951	1961	1971	1981	1986	1991	1995	1998	2000	2003	2004	2006 BE
Health Expenditure (Rs.Billion)	Public	0.22	1.08	3.35	12.86	29.66	53.50	85.65	126.35	172.16	201.21	216.19	301.21
	Private	-	3.65	10.99	52.84	90.54	146.98	278.59	459.00	835.17	1282.8	1450.0	1850.0
Health Expenditure (percent of GDP)	Public	0.25	0.71	0.842.60	1.054.06	1.193.61	1.042.88	0.933.04	0.913.30	0.884.76	0.895.69	0.855.75	0.915.61
	Private	-	2.25										
Private: Public ratio (times)	-	-	3.4	3.3	4.1	3.1	2.8	3.3	3.6	5.4	6.4	6.7	6.2

Source: Public expenditures from finance accounts of State and Central Govt. which is from CMIE-Public Finance 2005, Private expenditures from National Accounts Statistics of CSO, GOI and The Indian Economy Review (February, 2007), BE = Budget Estimate.

Table-2 shows that health expenditure incurred by private sector in comparison to public sector is increasing from 1961 onward, it is 6.7 times high in 2004. It also shows that health expenditure (percent of GDP) is also increasing from 1961; it is more than double in 1991 and 5 times high in 2004.

In India public health expenditure has always been less than one-fourth as a proportion of total health spending, presently estimated at an all time low of 16 percent.

Table 3: Countries spending lowest on Public Health: India at Rock Bottom

Serial No.	Bottom of the Public Health Expenditure	Public Expenditure on Health % of Total 2002
1.	Guinea	15.5
2.	Iraq	16.9
3.	Cambodia	17.1
4.	Myanmar	18.5
5.	Sudan	20.7
6.	India	21.3

Source: World Development Indicators, The World Bank. (2005)

Table- 3 depicts that India occupies a dismal sixth position from the bottom in terms of public health spending amongst all countries in the world.

5. Evolution of the Healthcare Services as an Industry in India

In India, healthcare is delivered through both the public and the private sector. The public healthcare system consists of health care facilities run by the central and state government, which provide services free of cost or at subsidized rates which is a boon to low-income families in rural and urban areas. The private healthcare system consists of health care facilities owned and run for-profit and non-profit for charitable organizations as well. Healthcare facilities run by charitable organizations also provide services at subsidized rates or free of cost depending on the income of the patient or the patient's family. In the beginning government imposed high custom duties on imported medical equipment making it difficult for private individuals to set up hospitals that provided specialized care using sophisticated equipment, as a result, there were very few privately run large hospitals but there were many small private practitioners who provided primary and secondary care. Another, limitation faced by the private sector was low penetration of medical insurance, which meant that almost everyone paid out of his or her pocket. Therefore, many could not afford to go to private hospital, as the fees were much higher than the government hospitals.

Gradually, with the rising population and number of people suffering from diseases that require specialized care, together with the government's limited spending on health care, the quality of services at government hospitals suffered. The existing government facilities were simply not enough to cater to the rapidly increasing population, whether it was primary, secondary or tertiary care. With the advancement of technology and simultaneous change in the social structure and values has to a great extent influences the growth and development of hospitals. Healthcare was recognized as an industry in the mid 80's. It is being treated as a 'business of sicknesses'.

6. Entry of private sector in Health care services

The private sector investment in the healthcare industry really took off in the 1990's after the liberalization of the Indian economy. The number of privately run large hospitals begins to increase. The insurance industry was opened up to private sector in 2000, the penetration of medical insurance still remained very low. In 2003, it was estimated that only 10 to 15 percent of the Indian population were covered whether it was private health insurance or government schemes. As per CII (Confederation of Indian industry) reports, the Indian healthcare sector has transformed in to a US\$17 billion industry and is surging ahead with an annual growth rate of 13percent. Indian healthcare still has to go a long way before it can match global standards. Although Indian hospitals have 80 to 90 percent occupancy, there scope for new entrants and more domestic competitions in the future. The contribution of health care sector to economy has increasing trend. It contributed 5 percent to the GDP and employed approximately 4 million people during 2002. Health care industry is projected to contribute 8.5 percent to GDP by 2012. Spending in health care sector is expected to be double over the next decade and private sector players in the industry will have major spending rising from US\$ 14.8 billion (in year 2002) to US\$ 33.6 billion by 2012.

7. Specialty Hospitals: Need of hours

India has a population of 1.10 billion where the healthcare sector is organized and managed by the Government sector, Charitable Missionaries and the Non-Government Sector. We are now witnessing a new dimension that is emerging of the private or corporate sector established and managed by specialized healthcare centers. About 20 years back, it was very difficult to save a patient from heart diseases as then those days there was no specialized healthcare service centers. Angiograms and Angioplasty, which were not accessible or affordable by the middle class for treatment, people have to travel abroad and it was not in the reach of many. The progress of science and technology has brought about tremendous changes in the understanding of evidence based medicine and delivery of care. The healthcare system today is a significant business activity, as healthcare organizations now make their decision about service line expansion on anticipated market growth and revenues that contribute to the profitability of the organization.

8. Viability of Specialty Hospitals

Since a long time there is a constant debate about the viability of specialized hospitals because setting up of such hospital involves large fiscal outlay. The cost of providing hi-tech, diagnostic, or evidence based medicine involve the purchase of modern technology like CT, PET, and MRI Scans, molecular and genetic diagnostics, Further high end surgical procedures, transplants have lead to the advent of Corporate health care and single/multi specialty healthcare centers. The final results of these 'specialized hospitals' which promised healthcare is based on

per case cost and quality relationship between supply and demand in the market, the price at which the services value, the patient mix that the hospital can attract and access to affordable backup services wherever necessary.

Major characteristics of these single/multi specialty hospitals are:

- Availability of super specialist doctor to impact their practices of medicine more effectively. A classic example is one of the eye care Specialty Hospital where LV Prasad Eye Institute, Hyderabad, Sankara Netralaya, Chennai, Arvinda Hospital, Madurai, have changed the process of delivery of eye care in this country and in the neighboring countries.
- Providing a higher level of patient care to those suffering from uncommon disease. Growing number of Heart hospitals seem to be the most preferred business for entrepreneurs and corporate hospitals in recent times. Smaller cities have exclusive Cardiac Hospitals. It is not significant where such hospitals are located, the holistic approach to cardiac care as part of multispeciality hospitals is best demonstrated by Wockhardt Hospital, Mumbai, Asian Heart Institute, Mumbai, Bathra Hospitals, Delhi, Apollo Hospitals, Delhi, Care Hospital, Hyderabad, Mullapudi hospitals, Hyderabad.
- Hospitals are managed professionally and thus patients have to stay for shorter period in the hospital whenever necessary. Super specialty hospitals are upgrading their infrastructure by professional management. Specialty healthcare center have decreases the cost of care per patient and have provided greater access to quality / specialized care.

It will not be an exaggeration to say that specialty hospitals are need of the hour and market impact has already been experienced in the last two decades.

9. Indian Healthcare Sector in Expansion Mode

India is predicted to become a major health destination for the foreign patient in few years. Private hospitals and the government are working hand in hand to attract the increasing number of patients from abroad, promoting tie- up with foreign doctors, insurance providers and even foreign governments.

The Ranbaxy-controlled Fortis Healthcare, which recently bought a 90 percent stake in Escorts Hospital for Rs.585 crore, is acquiring a 250-bed hospital in Bangalore city. Sagar Group, the Bangalore based healthcare and education major, is setting up a \$100-million medical school and multi-specialty healthcare facility in Rasal Khaimah in joint venture with the local government. In Bangalore, Wockhardt is setting up a 200 – 250 bed hospital on Bannerghatta road while the Manipal Healthcare group is considering a 350-bed hospital in Devanhalli And the icing on the

cake is a plan by St.Johns Hospital to set up a large super-specialty corporate hospital with estimated 400-500 beds in the same campus where it runs a 1,000- bed missionary facility.

As per FICCI (Federation of Indian Chambers of Commerce and Industry) reports the Indian Health Services sector is worth around Rs.750 billion with hospitals accounting for more than half of this. This sector has grown approximately 12 percent per annum in the past four years, and is estimated to grow by 170 percent by 2012. Private healthcare providers were initially mainly concentrated in metros and big cities but now they are setting up health care facilities in small and medium towns as well. For example Apollo has facilities not only in the key metros but also in Maudrai, Vishakapatnam and Bilaspur. Wockhardt recently set up an institute in Nagpur. “Specialized healthcare is becoming thus accessible to more patients”, says Vishal Bali, Vice-President, Wockhardt Hospital.

10. Indian healthcare services at unique position

India offers holistic medicinal services, with yoga, meditation, ayurveda, allopathy, and other systems of medicines. It offers a unique basket of services to an individual that is difficult to match by other countries. Healthcare organizations in India are working on bringing down costs to have competitive advantage. South East Asia is a hot destination for most of international medical tourists. With the Indian government classifying medical tourism as an industry and making it a part of the tourism plan, there is going to be an increased focus on this front”, says Manish Gupta,CEO, Fortis Healthcare. President, Indian Healthcare Federation Mr.Harpal Singh said that India must leverage its competitive edge, especially its cost advantage. It is only one-fifth of the costs in the west. For instance, a heart surgery in the US costs \$30,000, while it costs \$6,000 here, similarly, a bone marrow transplant in the US Costs \$ 2,50,000, while it is \$26,000 in India.

Table 4: Comparative Cost of Treatment

Procedure	US Cost	India	Thailand	Singapore
Heart Bypass	130,000+	10,000	11,000	18,500
Heart Valve Replacement	160,000+	9,000	10,000	12,500
Angioplasty	-	-	-	-
Hip Replacement	43,000+	9,000	12,000	12,000
Hysterectomy	20,000+	3,000	4,500	6,000
Knee Replacement	40,000+	8,500	10,000	13,000
Spinal Fusion	62,000+	5,500	7,000	9,000

Source: Medical Tourism

Table 5: Cost Comparison between India, USA and UK

Nature of Treatment	Approximate cost in India (\$)*	Cost in other major healthcare destinations (\$)*	Approximate waiting periods in USA/UK (In months)
Open heart surgery	4,500	>18,000	9-11
Cranio-facial surgery and skullbasee	4,300	>13,000	6-8
Neuro-surgery with hypothermia	6,500	>21,000	12-14
Complex spine surgery with implants	4,300	>13,000	9-11
Simple spine surgery	2,100	>6,500	9-11
Simple brain tumor			
Biopsy	1,000	>4,300	6-8
Surgery	4,300	>10,000	6-8
Parkinson's			
Lesion	2,100	>6,500	9-11
DBS	17,000	>26,000	9-11
Hip replacement	4,300	>13,000	9-11

* These costs are an average and may not be the actual cost to be incurred.

Source: The Guardian News, Feb.1, 2005.

Table 4 and 5 shows that the cost advantage, the cost of treatment is substantially less in India When it is compared with US, UK, Thailand and Singapore and patient need not to wait for longer period of time as it is in US and UK. Thailand is still in competitive position.

11. Healthcare Marketing in India

The health care services in these days have acquired a marketing orientation. Intense competition among healthcare organizations has now turned healthcare industry into a vital area of activity. Healthcare organizations all over the world have been inducting modern technology to help physicians and surgeons in the treatment of patients as customer service and patient satisfaction have taken a center stage. As a result, telemedicine, medical tourism and Internet marketing are fast gaining momentum. There has been a spectacular improvement in healthcare delivery all over the world. Due to several developments in the field of technology, as applied to medicine, Healthcare organizations have been inducting new and innovative electronic gadgets to help physicians and surgeons in treating patients. And a significant increase in the number of Healthcare organization has in turn led to intense competition among them. Not surprisingly, healthcare marketing assumes a vital place in the scheme of things. Several measures are being taken by the Healthcare organization to reach out to the needy and to make the available facilities

known. Advertising as an integral part of marketing has come to stay in healthcare sector. It is done not only through the print media but also through the electronic media. Brochures and pamphlets highlighting the infrastructure and manpower are all too common nowadays in many corporate hospitals. With the advances in medical technology, the World Wide Web is nowadays coming to the aid of Healthcare providers.

Online healthcare marketing efforts by healthcare organizations are gaining attention mostly in the developed countries. Healthcare marketers in the recent past have started citing telemedicine as a strong appendage to their organizations. In essence, telemedicine delivers healthcare services and exchange of healthcare information across globe using computer network technologies. Through computer network all relevant information about patient such as radiographs, C.T scans, Magnetic Resonance Imaging (MRI), Ultrasound studies, Pathology images, video images of endoscopes or other procedures etc. can easily be transferred for further necessary action.

Healthcare organizations are seeking accreditation from the Joint Commission International (JCI) of the USA, recognized as Gold seal of the quality in the medical field. This is much desirable by the large private hospitals in India. The Wockhardt hospital in Mumbai, Apollo Group of Hospitals, Manipal Hospital in Bangalore and Sri Ramachandra Medical Centre in Chennai are in the process of getting JCI accreditation. Seventeen hospitals across Asia have already got the JCI seal which ensures that hospitals in Asia are also better as in US.

The major players of Indian Healthcare industry are entering into international markets as well, e.g. Apollo Group has a presence in Sri Lanka, Bangladesh, UAE, Nepal, Ghana, Nigeria, UK and the Kingdom of Saudi Arabia. Ranbaxy-promoted Fortis Healthcare has chosen a different path. Instead of getting into the Hospitals business directly, it has tied up with hospitals in the UK, whereby teams of doctors and nurses would work for a short time there. For the first time premium hospitals are busy forging tie-ups with travel industry partners- tour operators, hotel and airlines to give the segment a shot in the arm. Apollo Hospital group, Wockhardt, Fortis, Hinduja Hospital and Breach Candy are some of the name in healthcare that have come forward to tie up with tourism industry players like Hyatt, Kuoni, Indian Airlines and Bangladesh carrier GMG to offer discount-laced, customized packages to international medical tourist to India. Particularly Kolkata's Apollo Gleneagles is inking a deal with Bangladesh's only private carrier, GMG, to offer passengers from the neighboring country almost 50 percent discount on cardiac procedures and preventive healthcare packages. Recently Apollo Hospitals and Kuoni Travel joined hands to float a joint venture Sita Care, to take care of medical and travel logistics of patients seeking treatment in India.

The Medical Tourism Council of Maharashtra had taken the first initiative in such strategic tie-ups in 2003 when the body was formed with participation from hospitals, travel agents

and hotels. Hospitals of Mumbai regions are using this platform and experiencing a spurt in business. They are targeting UK, West Asia and African market. According to Travel Agents Association of India (TAAI) reports, the government should help in marketing India as a Medical tourism destination by its incredible India campaign overseas. According to CII reports India has capacity of one million medical tourists amounting to US\$ 5 billion contribution to Indian economy.

12. Medical tourism- next destination of Indian Healthcare Industry

In the last few years, healthcare marketing has taken to a new and sound route, quite exciting and full of possibilities. Indeed, this is popularly known as Medical Tourism. Essentially it involves a combination of vacation and treatment for the client. The most significant features here is that these health travelers usually find the cost of treatment in their own countries prohibitively high and so opt for treatment in countries where good cost-effective medical services are offered. According to a study by the Confederation of Indian Industry and MCKinsey, health tourism in India will become a US\$ 2.3 billion business by 2012. With most of the health care major starting to invest in medical tourism ventures, the trend of overseas patients coming to India is on the rise. This may shift the focus from South East Asian countries like Thailand, which lead on this front. After Singapore and Thailand, India may be the next port of call in the multi-million-dollar Asian medical tourism industry. Medical tourism is considered the next driver for Indian healthcare growth.

A medical tourist from Britain who underwent a heart surgery in specialist hospital in Mumbai recently expressed his satisfaction in these words, “The hospital was fantastic, like five star hotel with service to match, second to none.” Once the operation was over, the hospital and medical tourist company arranged a holiday to Goa for the patient and his partner. His total bill was about a quarter of the projected cost in England. It is interesting to note that McKinsey has estimated that the opportunity for India in medical tourism is very bright and here the corporate hospitals can take a large slice of the cake. Indian corporate hospitals are on par, if not better than the best hospital in Thailand and Singapore, and our country is fast emerging as a preferred medical destination. Indian corporate hospitals are excellent in many areas like cardiology and cardio thoracic surgery, joint replacement, orthopedic surgery, gastroenterology, transplants, urology etc.

Table 6: India- A preferred Destination

Factors	Reason
Hospitals	State-of-the-art hospitals.
Medical care	Top class medical care.
Cost factor	Cost effective medical care.
Equipment	Technologically advanced diagnostic equipment.
Type of treatment	Excel in cardiology and cardio thoracic surgery, orthopedic surgery, joint replacement, urology and

transplant to name a few.

Source: MBA Review, The Icfai University Press. August, 2007.

Table -6 justifies that in this scenario, India can be the preferred destination for health travelers today, apart from Thailand and Singapore.

Table7: Snapshot of Global Medical Tourism

Group	Description	Countries	Demand Factor
A	Non-Resident Indians (NRIs).	More than 30 million across the world.	Trip back home and affordable treatment in Indian currency.
B	Medical tourist from underdeveloped countries.	Pakistan, Tanzania, Sri Lanka and the Middle East.	Specialized treatment at an affordable price.
C	Medical tourists from developed countries.	The US, The UK and Canada.	No waiting lists, Significant cost savings and accredited medical facilities.

Source: MBA Review, The Icfai University Press. August, 2007.

Table-7 categorise medical tourist in three groups. In first, more than 30 million Non-Resident Indians would like to have treatment in India because of affordable specialty treatment. In second, medical tourists from underdeveloped countries like Pakistan, Bangladesh, Sri Lanka, Nepal and the Middle East. In third, Medical tourists from developed countries like the US, the UK and the Canada prefer because need not to wait for treatment and accredited medical facilities at significant cost saving. Again India can be the preferred health care destination.

Conclusion

In the recent past, there have been several innovations in the healthcare services industry in India, giving patients a new experience of healthcare. There is global recognition that Indian healthcare providers are highly skilled, competent and committed. The high quality healthcare services available in India at a fraction of the international cost has made India the world's new destination for healthcare. India is already a preferred healthcare destination for neighboring countries due to the low cost and high quality treatment available here.

References:

1. Parsad, Balaji.P,(1992) " Marketing of Health Services in Maternity Care- A managerial approach", Doctoral Thesis, Venkateshwara University, Tirupati, September, 1992, pp.1,3-5, 12,13.
2. Mukherjee,A.K,(1998) "Health care : A Basic Input in Development", Yojana, Ministry of Information and Broadcasting, N.Delhi. Vol.No.42, No.8, August, 1998. p.65.

3. Verma,K.K,(1987) "Health and family welfare for all- a study on alternative model for the delivery of Health and family welfare services in tribal area of Bihar" A.N. Sinha Institute of Social studies Patna, 1987. pp.7, 8.
4. Duggal, Ravi,(2007) "Changing Health Budgets", The Indian Economic Review, Roller act Press services, N.Delhi, Vol.No.4, 15th February, 2007. p.36.
5. Jayachandran,S,(2004) "Satyam Hospital – Marketing Research in Health Care services" (Case study), Marketing Management text and cases, Excell Book, N.Delhi, 2004. p.483.
6. Kaptan Sanjayand and Pimpale Vinita,(2007) "Medical Tourism-Destination India", MBA Review, August, 2007,The Icfai University Press.pp.52-53.
7. Venkatesh R,(2007) "Recent Developments in Healthcare Marketing" Healthcare Marketing, February 2007, The Icfai University Press. pp.9-13.
8. Jampani Suchitra,(2006) "Innovation in the Healthcare Services Industry in India"-Case Study, Journal of Services Marketing, June 2006, Vol.No.4, No.2. pp.60-61.
9. Kubendran V,(2006) "Medical Tourism: Advantage India" Facts for You, Published by EFYGroup, January 2006. Vol.26, No.4. pp.11-14.
10. Nath Uma,(2005) "Specialty Hospitals: Need Market Impact and Its Implications" Southern Economist, 15th July 2005, Vol: 44, No.6. pp.21-22.
11. Rao, Girish,(2005) "Healthcare sector in expansion mode", The Economic Times, 8th, Oct., 2005.p.13.
12. D'Silva Jeetha and Bisserbe Noemie,(2005) "Indian Hospital see growing biz from Europe, US" The Economic Times, 31st Oct 2005. p.21.
13. Iyer Arun and Rao Girish,(2004) "Medical tourism, health insurance set to drive healthcare investment",The Economic Times, 10th September,2004.p.4.
14. Baxi Amitabh,(2004) "Its advantage India in Medical tourism, says CII", The Economic Times, 31st October, 2004.p.3.
15. Seth Diya and James Mathew,(2005) "Healthcare chains going global to keep in shape", The Economic Times, 7th December 2005. p.7.
16. Mukherjee Writankar and Mookerji Madhumita,(2004) "Hospitals busy tying up with Hospitality Inc", The EconomicTimes, 22December, 2004. p.6.
17. Bisserbe Noemie,(2005) "Health no longer just for wealthy", The Economic Times, 22nd September 2005. p.20.
18. Mukherji Writankar,(2004) "Apollo Hospitals scouting for partner in West Asia & Africa" The Economic Times, 21st February 2004. p.18.
19. Downs Harry,(2004) "For that healthy mix", The Economic Times, 2nd September 2004. p.5.
20. Sen Chiranjoy,(2005) "Thai health tourism gives India a headache", The Economic Times, 28th July 2005. p.24.
21. Subramanian Nithya,(2005) "Healthcare cos look overseas" The Hindu Business Line, 17 the June 2005. p.2.
22. Pillai Sivathanu.A,(2005) "Integrated Healthcare Management" University News, December 26, 2005. Vol.43, No: 52, pp.15-18.
23. Corporate Bureau,(2005) "Apollo Hospitals in expansion mode" The Business Line, Nov 22, 2005. p.2.
24. Raman N and Prasad Balaji M,(2005) "Creating and Sustaining Superior Performance Of Hospitals in Coimbatore" Indian Journal of Marketing, June 2005. p.35.
25. Venkatasubramanian K,(2004) "Health system Reforms-Key to improvement in Health Services", Yojana, Ministry of Information and Broadcasting, N.Delhi. 14January, 2004.Vol:48.p14.