

MEDICAL TOURISM IN INDIA: A SWOT ANALYSIS

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The Indian tourism industry has been deemed as the most rapidly increasing tourism industry in the world (World Travel and Tourism Council, 2012). It is therefore a fact that India has immense tourism potential. Apart from it, medical tourism is a growing phenomenon nowadays. India has one of the most lucrative medical tourism markets in the world. It has witnessed a strong growth in medical tourism with government support through policies and initiatives. So it is imperative to conduct the study on medical tourism in order to find out the reasons for its growth during last few years. The purpose of the present study is to conduct the SWOT analysis and to generate the TOWS matrix for medical tourism in India. To conduct this study, data has been collected through the secondary sources. Results showed that India is emerging as a preferred healthcare destination for patients across the globe. In fact, medical tourism has earned a prominent position in statistics related to tourist influx as well as revenue generation for the service sector in India.

Keyword: Medical, India, Tourism, SWOT, TOWS Analysis

INTRODUCTION

“It is health that is real wealth and not pieces of gold and silver” (Mahatma Gandhi).

Medical tourism is described as the practice of travel to different parts of the world to receive specialized health-care treatment. Medical tourism offers immense opportunities for development of various industries in developing economies like India (Indian Industry Tracker, 2006). Medical Tourism is an integrated and collaborative approach from both healthcare and tourism industries, where a patient seeks healthcare and recreation (Pradhan, 2006). The history of medical tourism cites that even in the early times, people have been travelling to other countries for health purposes. In the late

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1980s, Cuba started health programs to attract foreigners from countries like India, Latin America and Europe for more affordable eye surgeries, heart surgery and cosmetic procedures (Medical Tourism Report, India, 2007).

India was one of the first countries to recognize the potential of medical tourism and today it is the leading destination for global medical tourists (Chakravarthy, 2008). India's medical tourism sector is a growing source of foreign exchange as well as prestige and goodwill outside the country. The Indian medical tourism industry is growing at an annual rate of 30 percent, caters to patients chiefly from the US, Europe, West Asia and Africa. Although in its nascent stage, the medical tourism industry in India is outsmarting similar industry of other countries such as Greece, South Africa, Jordan, Malaysia, Philippines and Singapore (Goodrich and Goodrich, 2010). The factor such as high cost of treatment in the developed countries, particularly in USA and UK, has been forcing patients to look for alternative and cost-effective destinations like India. The equation for medical tourism in India is 'First Class Healthcare at Third Class Prices' (Medical tourism Report, India, 2007).

Nearly five lakh foreign patients visited India in 2008-09 seeking less expensive treatment (Press Trust of India, 2011). It is estimated that by the year 2015, India will receive over half a million annual medical tourists (Cherukara and Manalel, 2008). Presently, India has potential to attract 1 million health tourists per annum which will contribute US\$ 5 billion to the economy (www.medindia.com). Tourism statistics shows that Medical tourism industry in India is worth \$333 million (Rs 1,450 crore) while a study by CII-McKinsey estimates that India could earn Rs 5,000-10,000 crore by the end of the year 2012. This sector has witnessed a phenomenal expansion in the past four years, growing at over 12% per annum (Times of India, 2010).

Areas of Medical Tourism in India Include:

- Ayurveda
- Yoga
- Siddha
- Naturopathy
- Dental
- Allopathic-surgery

Currently, ayurvedic and naturopathy industry are valued at Rs 5,000 crores and the medical tourism sector is estimated at Rs 1,950 crores (Indian Industry Tracker, 2010).

REVIEW OF LITERATURE

Narayan, 2000 performed a SWOT analysis on Fiji tourism industry in order to provide information for framing a policy regarding the future growth of tourism industry. Ahmed et al., 2004 tried to build strategy on genuine understanding of the customers' true need. It is identified that key customer satisfaction drivers should be understood by the service providers. Ferreira et al., 2003 formulated a competitive strategy for the Beira region's interior in Portugal and they have also generated a TOWS matrix to avail the opportunities against the threats. Nagarajan, 2004 conducted a study on services related to medical tourism in India. Quality service at affordable cost and vast supply of qualified doctors were identified as strengths and customers perceptions as an unhygienic country, no proper accreditation and regulation system for hospitals were identified as weaknesses for the tourism industry. Rishi and Giridhar, 2008 conducted SWOT analysis of Himachal Pradesh tourism by using Factor and Discriminate Analysis. Results depicted that natural beauty and hospitable people were found as the biggest strengths and inadequacy of transport facilities and funds constraining the development of regions were the biggest weaknesses for the tourism industry in Himachal.

Chakravarthy, 2008 conducted a study on the medical tourism in India. It was concluded that India is emerging as an attractive and affordable destination for healthcare in India. Cherukara and Mnalel, 2008 conducted a study on the challenges faced by the Kerala medical tourism industry. Results showed that there is poor accreditation of hospitals and there is need for collective information for medical tourists. Bhangale, 2008 conducted a survey on the medical tourism in India. It was explored that internationally accredited medical facilities using the latest technologies and highly qualified physicians/surgeons and hospital support staff are the biggest strengths for medical tourism. Wickramasinghe and Takano, 2009 explained a systematic approach for tourism with a combination of SWOT matrix and Analytic Hierarchy Process (AHP). Findings indicated that proactive communication strategy and isolation strategy with effective marketing promotional strategy were the best strategies that could have been implemented for a booming tourism revival process.

Subramoniam et al., 2010 discussed the strategies for the development through SWOT analysis of tourism industry in Oman. Brainstorming was conducted on tourism experts, tour operators and officials to identify strengths, weaknesses, opportunities and threats with respect to tourism in Oman. A TOWS matrix was also generated to evolve the development strategies for medical tourism. Chern-Wern Hong and Ngai-Weng Chan, 2010 conducted the TOWS and SWOT matrix for Penang national park (PNP). SWOT analysis has shown that the gazettement and unique features of the PNP were the strengths whereas sensitive environment and absence of strict environmental management were found to be the weaknesses. Asdi, 2011, formulated suitable strategies for Iran urban tourism in a three phase framework consisting of input, matching and decision levels. Lack of seasonality in urban tourism, suitable access to new technologies, and traditional and historical environment were found as the strengths while lack of comprehensive policy, inefficient urban transportation and weak urban management were identified as the weaknesses of tourism industry in Iran.

The above studies focus on idea that technologically vibrant, internationally competitive hospitals with international standards and high quality services have better chance to succeed and survive in medical tourism in any country. India has established itself as a prominent destination of world medical tourism due to its latest technology, low comparable cost and international standards of hospitals. Medical tourism in India grew without much willful collective effort by the central government. So it is essential to conduct the SWOT analysis of Indian medical tourism. Thus the purpose of this study is to throw some light on the SWOT analysis of Indian medical tourism by exploring the strengths, weaknesses, opportunities and threats. A TOWS matrix has also been generated in order to find out how the available strengths and opportunities can be used against the weaknesses and threats respectively.

Objectives of the study: Following are the specific objectives of the study:

1. To identify strengths, weaknesses, opportunities and threats with respect to medical tourism in India through SWOT analysis.
2. To generate TOWS matrix to convert weaknesses and threats into strengths and opportunities.

DATA BASE AND RESEARCH METHODOLOGY

For the current study, data has been collected through secondary sources such as

websites of Market Research Division, Ministry of Tourism, Department of Ayush, Health and Family Welfare, Rural Health Statistics, Health Information of India, National Commission on Macroeconomics and Health, Rural Health System Bulletin and World Tourism Organization. The study explores the strengths, weaknesses, opportunities and threats through SWOT analysis of medical tourism industry and also deals with TOWS matrix, which facilitates the crossing among the strengths, weaknesses, opportunities and threats for an organization.

WHY INDIA IS PREFERRED IN MEDICAL TOURISM?

As India is full of attractions so lot of tourists visit here. Table no. 1 presents the number of Foreign Tourist Arrivals (FTAs) and Foreign Exchange Earnings (FEEs) in India during the period of 21 years i.e. 1991 through 2011 along with their growth rates. Tourism in India has registered a significant growth in recent years. In May, 1992 the National Action Plan for tourism was announced to motivate private sector for their participation in the tourism sector. Moreover, the credit for the increase in FTAs goes to the Planning Commission because it allotted funds for the development of tourism infrastructure during the eighth five year plan.

There had been a remarkable growth from the year 2002 to 2005 in FTAs and FEEs due to the various efforts made by government of India including promoting India through the 'Incredible India' campaign in overseas markets which led to increase in FTAs and FEEs during the period of three years i.e. from the level of 2.38 million to 3.92 million and from US\$3103 million to US\$7493 million in the year 2002 to the year 2005 respectively.

For the Indian tourism sector, the year 2008-09 has been a year of challenge and response with a drop seen in number of FTAs and FEEs due to impact of the global economic crisis, out broken of H1N1 influenza and terrorist attacks at Taj Hotel and other significant locations in Mumbai. Nevertheless Indian tourism sector outperformed the global growth of 2 percent in International tourist arrivals in 2008.

Table 1: FTAs and FEEs from Tourism in India (in US \$ million), 1991-2011

| Year | FTAs in India (in Million) | % Change over the Previous Year | FEEs from Tourism in India (in US\$ Million) | % Change over the Previous Year |
|-------------|-------------------------------|------------------------------------|---|------------------------------------|
| 1991 | 1.67 | - | 1861 | - |
| 1992 | 1.86 | 11.3 | 2126 | 14.2 |
| 1993 | 1.76 | -5.5 | 2124 | -0.1 |
| 1994 | 1.88 | 6.9 | 2272 | 7.0 |
| 1995 | 2.12 | 12.6 | 2583 | 13.7 |
| 1996 | 2.29 | 7.7 | 2832 | 9.6 |
| 1997 | 2.37 | 3.8 | 2889 | 2.0 |
| 1998 | 2.36 | -0.7 | 2948 | 2.0 |
| 1999 | 2.48 | 5.2 | 3009 | 2.1 |
| 2000 | 2.65 | 6.7 | 3460 | 15.0 |
| 2001 | 2.54 | -4.2 | 3198 | -7.6 |
| 2002 | 2.38 | -6.0 | 3103 | -3.0 |
| 2003 | 2.73 | 14.3 | 4463 | 43.8 |
| 2004 | 3.46 | 26.5 | 6170 | 38.2 |
| 2005 | 3.92 | 13.3 | 7493 | 21.4 |
| 2006 | 4.45 | 13.5 | 8634 | 15.2 |
| 2007 | 5.08 | 14.3 | 10729 | 24.3 |
| 2008 | 5.28 | 4.0 | 11747 | 9.5 |
| 2009 | 5.16 | -2.2 | 11394 | -3.0 |
| 2010 | 5.77 | 11.8 | 14193 | 24.6 |
| 2011 | 6.29 | 9.01 | 16564 | 16.70 |
| CAGR | | 6.85% | 11.55% | |

Source: WTO, 2011

FTAs and FEEs in India during the year 2010 were 5.77 million and US\$14193 million as compared to the FTAs and FEEs of 5.16 million and US\$11394 million during the year 2009. The 9.01 percent growth rate in FTAs for the year 2011 over the year 2009 for India is much better than World Tourism Organization's (WTO, 2011) growth rate of 7 percent for the world during the same period. The growth rate in FEEs in US\$ terms during the year 2010 was 24.6 percent as compared to a decline of 3 percent in the year 2009 over the year 2008.

Thus, growth rate observed in FEEs for the year 2010 was substantially high in comparison to the year 2011. The compound annual growth rate (CAGR) in FTAs and in FEEs in India during the period 1991 through 2011 was 6.85 and 11.55 percent respectively.

India's health care sector is on the road to global fame as the cost of treatment is very low. It is considered as the leading country promoting medical tourism and now it is moving into a new area of "Medical Outsourcing," where subcontractors provide services to the overburdened medical care systems in western countries (Bhangle, 2008). India offers treatment of various complicated diseases at a very reasonable cost. The highly proficient team of surgeons at high standard hospitals in India ensures best treatment to the patients. In spite of providing equivalent services in terms of quality of treatment, technology and efficient surgeons, the cost of the treatment in India is comparatively very low in comparison to the cost treatment with other countries. Table no. 2 presents the cost comparison of medical treatment of India with USA, Thailand and Singapore as statistics collected by American Medical Association (AMA).

Table 2: Cost Comparison of India with other Countries (In US\$)

| Particulars | USA | Thailand | Singapore | India |
|-------------------------|--------|----------|-----------|-------|
| Heart valve replacement | 160000 | 10000 | 12500 | 9000 |
| Angioplasty | 57000 | 13000 | 13000 | 11000 |
| Hip replacement | 43000 | 12000 | 12000 | 9000 |
| Hysterectomy | 20000 | 4500 | 6000 | 3000 |
| Knee replacement | 40000 | 10000 | 13000 | 8500 |
| Spinal fusion | 62000 | 7000 | 9000 | 5500 |

Source: American Medical Association, June 2010; www.healthvisit.com

According to the statistics released by AMA, a heart valve replacement surgery would cost \$1,60,000 in US, \$10,000 in Thailand and \$12500 in Singapore, while for the same surgery only \$9,000 will be charged in India from a patient. On the other hand, a knee replacement surgery would cost \$40,000 in US, \$10,000 in Thailand, \$13,000 in Singapore and \$8,500 in India.

The cost of Angioplasty surgery is \$57,000 in the US and \$13,000 in Thailand while it

would cost \$12,500 and \$11,000 in Singapore and India respectively. Whereas a hip replacement would cost \$43,000 in US, \$12,000 in Thailand and Singapore each while in India the cost would be of \$9,000 only. Doctors in US would charge \$20,000 for Hysterectomy while those in Thailand and Singapore would charge \$4,500 and \$6,000 respectively. But in India, it is less costly as compared to other countries. In fact, the data of AMA shows that India is the least expensive as compared to European as well as other Asian countries.

SWOT ANALYSIS OF INDIAN MEDICAL TOURISM INDUSTRY

SWOT analysis is a strategic planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project or in a business venture (Dutta and Taneja, 2008). It involves specifying the objective of the business venture or project and identifying the internal and external factors that are favourable and unfavourable. The technique is credited to Albert Humphrey, who led a convention at Stanford University in the 1960s and 1970s using data from Fortune 500 companies (www.wikipedia.com). Business, service firms etc. undertake SWOT analysis to understand their external and internal environments. Carrera and Bridges, 2006 observed that lack of medical infrastructure and competition from the developed countries are the biggest threats and whereas on the other hand, Impact on Forex reserves and contribution in GDP are the greatest opportunities for medical sector in India. Chakravarthy et al., 2008 explained that qualities of services and affordable cost are the strengths while lack of accreditation and lack of government support are the weaknesses of Indian medical tourism. Nagarajan, 2004 discussed that international standard of hospitals and latest technologies are the strengths for Indian medical tourism industry whereas lack of uniform pricing policies and unhygienic environment are the weaknesses for medical tourism. In this study, an attempt has been made to identify strengths, weaknesses, opportunities and threats of medical tourism in India. The SWOT analysis described in table no. 3 is based on review of literature. A brief description of SWOT analysis is given below.

Table 3: SWOT Analysis :Medical Tourism in India

| Strengths | Weaknesses |
|---|---|
| Quality service at affordable cost Vast pool of qualified doctors Strong presence in advanced healthcare e.g. cardiovascular, organ transplants high success rate in operations | No strong government support /initiative to promote medical tourism Low coordination between the various players in the industry i.e. airline operators, hotels and hospitals |

| | |
|---|---|
| <p>International reputation of hospitals and doctors</p> <p>Diversity of tourism destinations and experiences</p> <p>High confidence level in Indian doctors</p> <p>Alternative medical cures like Yoga, Homeopathy and Ayurveda</p> <p>Use of latest technology</p> <p>High success rate</p> <p>Increasing shortage of competent medical care staff and specialists in developed countries</p> | <p>Customer perception as an unhygienic country</p> <p>No proper accreditation and regulation system for hospitals</p> <p>Lack of uniform pricing policies across hospitals</p> <p>Poor infrastructure in Govt. aided hospitals</p> |
| <p>Opportunities</p> <p>Increased demand for healthcare services from countries with aging population (U.S, U.K)</p> <p>Fast-paced lifestyle increases demand for wellness tourism and alternative cures</p> <p>Shortage of supply in national health systems in countries like U.K, Canada</p> <p>Demand from countries with underdeveloped healthcare facilities</p> <p>Reduced competitive cost of international travel</p> <p>Increase in GDP and Forex</p> <p>Foreign players entering into the market</p> <p>Price difference of treatment in medical in comparison to developed countries</p> | <p>Threats</p> <p>Strong competition from countries like Thailand, Malaysia, Singapore</p> <p>Lack of international accreditation as a major inhibitor</p> <p>Under-investment in health infrastructure</p> <p>Foreign players entering into the market</p> <p>Lack of government support to promote medical tourism</p> |

Source: Compiled from Review of Literature

Strengths of Indian Medical Tourism Industry: Strength is an internal competence, valuable resource or attribute that an organization can use to exploit opportunities in the external environment.

- **Strong Health Infrastructure:** India has strong health infrastructure to attract overseas patients. Table no. 4 shows the comparison through statistics on the health infrastructure for the years 2005 and 2010. There has been an increasing trend regarding the number of health centres in India from the year 2005 to the year 2010. The Primary Health Centres (PHCs) have been increased from 23673 to 24110 from

the year 2005 to the year 2010. The number of radiographers at Community Health Centres (CHCs) has risen from 1337 to 1817 and number of pharmacists at PHCs and CHCs has been raised by government from 17708 to 21688. The community health centres have increased from 4535 in the year 2005 to 5724 in the year 2010, whereas the health workers (female) have been increased 133194 in the year 2005 to 191457 in the year 2010. Doctors in CHCs and PHCs have been increased from 3550 and 20308 in the year 2005 to 6781 and 25870 in the year 2010 respectively.

Table No. 4: Comparison of Statistics on Health infrastructure in India

| Year \ Particulars | 2005 | 2010 |
|-------------------------|--------|--------|
| Sub Centers | 146026 | 147069 |
| PHCs | 23673 | 24110 |
| CHCs | 4535 | 5724 |
| Health workers (female) | 133194 | 191457 |
| Doctors in CHCs | 3550 | 6781 |
| Doctors in PHCs | 20308 | 25870 |
| Radiographers | 1337 | 1817 |
| Pharmacists | 17708 | 21688 |
| Laboratory Technicians | 12284 | 15094 |
| Nursing Staff | 28930 | 58450 |

Source: Family Welfare Statistics, 2011; PHCs-Primary Health Centres; CHCs-Community Health Centres

Number of laboratory technicians at PHCs and CHCs has increased from 12284 in the year 2005 to 15094 in the year 2010. Number of nurses at PHCs and CHCs has increased from 28930 in the year 2005 to 58450 in the year 2010.

- Progress on Number of Hospitals and Rural Health System:** The primary health care Infrastructure has been developed as a three tier system with sub centre, PHCs and CHCs being the three pillars of primary health care system. Progress of sub centres, which is the most peripheral contact point between the primary health care system and the community so it is a prerequisite for the overall progress of the entire system. There is also an improvement regarding the number of the hospitals and

rural health statistics. Table no. 5 presents the statistics on the progress of number of hospitals. It is depicted that sub centres, PHCs and CHCs in India during the year 1980-85 to the year 2010 has increasing trend except in the year 2002-2007 for PHCs. A look at the number of sub centres functioning over the years reveal that at the end of the sixth plan (1981-85) there were 84,376 sub centres, which increased to 1,30,165 at the end of seventh plan (1985-90) and to 1,45,272 at the end of tenth plan (2002-2007). As on March, 2010, 147,069 sub centres were functioning in the country. Similar progress can be seen in the number of PHCs which was 9115 at the end of sixth plan (1981-85) and almost doubled to 18671 at the end of seventh plan (1985-90). Number of PHCs rose to 22370 at the end of tenth plan (2002-2007). The growth in CHCs is also noticeable.

Table: 5 Statistics on the Progress on Number of Hospitals from 1980-85 to 2010 in India

| Health Centres Years | Primary Health Centre (Sub Centres) | Primary Health Care Systems (PHCs) | CHCs |
|---------------------------------------|--|---|-------------|
| 1980-85 | 84376 | 9115 | 761 |
| 1985-90 | 130165 | 18671 | 1910 |
| 1992-97 | 136258 | 22149 | 2633 |
| 1997-2002 | 137311 | 22875 | 3054 |
| 2002-2007 | 145272 | 22370 | 4045 |
| Eleventh Plan (Up to March 2010) | 147069 | 23673 | 4535 |

Source: Rural Health System Bulletin, 2011

In accordance with the progress in the number of sub centres and PHCs, the number of CHCs has also increased from 761 at the end of sixth plan (1980-85) to 1910 at the end of seventh plan (1985-90) and 4045 at the end of tenth plan (2002-2007). As on March, 2010, 4535 CHCs were functioning in the country.

- **Alternative Medical Cures:** India's age old tradition provides a holistic health care by connecting mind, body and spirit with yoga, meditation, ayurvedic and other Indian systems of medicine. Such unique value proposition attracts a large number of foreign tourists which contributes 5.1% of the GDP and which is estimated to reach 8.5% of GDP by the end of year 2012 (Press Trust of India, 2012).

- **Affordable costs:** India offers good cost advantage over western countries. This cost factor becomes very important while formulating schemes to attract the Indian as they generally compare the relative cost before they go for the treatment. In India, complicated surgical procedures are being done at 1/10th of the cost as compare with the procedures in the developed countries. Moreover the developed countries have shortage of competent medical staff nowadays. The table no. 6 presents the data on the comparison of treatment of India with US and UK. According to the statistics released by Wockhardt Hospitals, a open heart surgery would cost \$1, 00,000 in US, \$43,000 in UK and \$7,500 India and total a knee replacement surgery would cost \$48,000 in US, \$52,000 in UK, and \$6,300in India.

Table: 6 Cost Comparisons of Medical Treatment of India with US and UK (US\$)

| Procedure charges | US | UK | India |
|--------------------------------------|--------|-------|-------|
| Open Heart Surgery (CABG) | 100000 | 43000 | 7500 |
| Total Knee Replacement | 48000 | 52000 | 6300 |
| Hip Resurfacing | 55000 | 48000 | 7000 |
| LA Hysterectomy | 22000 | 24000 | 4000 |
| Lap Cholecystectomy | 18000 | 20000 | 3000 |
| Spinal Decompression Fusion | 60000 | 65000 | 5500 |
| Lap Cholecystectomy (Gastric Bypass) | 65000 | 70000 | 9500 |

Source: Wockhardt Hospitals, India, 2011

Hip Resurfacing would cost the patients \$55,000 in the US and \$48,000 in UK while it would cost only \$7,000in India. A patient has to pay \$22,000 for LA Hysterectomy in US, and it would cost \$24,000 in UK while in India its cost would be of \$4,000 only. Doctors in US would charge \$18,000 for Lap Cholecystectomy while those in UK and India would charge \$20,000 and \$3,000, respectively. The cost of Obesity Surgery is also cheaper in India in comparison to US and UK.

Lap Cholecystectomy (Gastric Bypass) procedure that takes \$65,000 in the U.S. can be performed at \$70,000 in UK. Lap Cholecystectomy (Gastric Bypass) can be availed at \$9500 in Indian hospitals with the most advanced facilities.

- **Strong Presence in Advanced Healthcare:** India is offering variety of the medical services to lure the tourists such as cardiovascular, organ. It has high success rate

regarding the operation because doctors are using the latest technology to operate the patients.

- **International Standard of Hospitals:** India has vast pool of international and standardised hospitals like Escorts, Hinduja, Apollo, Breach Candy hospital, Cooper hospital, AIIMS, Fortis Hospital, Wockhardt Hospital etc.
- **Vast Pool of Services**

High range of services and the infrastructure available in India is attracting a vast pool of tourists from the Middle East, Africa etc (Medicaltourism123.com). India has good number of hospitals offering world class treatments in nearly every medical sector such as cardiology and cardiothoracic surgery, joint replacement, orthopedic surgery, gastroenterology, ophthalmology, transplants and urology (Chakravarthy, 2008).

Weakness: A weakness is an inherent limitation or constraint which creates strategic disadvantages. The weaknesses of the Indian medical tourism industry are as follows:

- Lack of strong government support /initiative to promote medical tourism
- Low coordination between the various players of tourism industry such as airline operators, hotels and hospitals
- Customer perceptions for India as an unhygienic country
- No proper accreditation and regulation system for hospitals
- Lack of uniform pricing policies across hospitals
- Poor infrastructure in Govt. aided hospitals

Opportunities: It is an external possibility that an organization can pursue or exploit to gain benefit.

- Increased demand for healthcare services from countries with aging population (U.S, U.K)
- Fast-paced lifestyle increases demand for wellness tourism and alternative cures
- Shortage of supply in National Health Systems in countries like U.K and Canada
- Demand from countries with underdeveloped healthcare facilities
- Reduced competitive cost of international travel

- Increase in GDP and forex
- Foreign players entering into the market helps to transfer technology, capital and dissemination of information. Besides it they increase the investment level and thus increase the income and employment of the host country.
- Price difference of treatment in medical in comparison to developed countries

Threats: Threat is a statement of intention to cause damage on anything through unwanted action. Threat means an obstacle which is currently faced and could lower down the chance of success of a project.

- Strong competition from countries like Thailand, Malaysia and Singapore
- Lack of international accreditation of hospitals as a major inhibitor
Under-investment in health infrastructure
- Foreign players entering into the market such as Pacific Healthcare of Singapore, Wockhardt Hospital of Howard Medical School and Columbia Asia group.
- There is lack of government support to promote medical tourism. Indian government is not investing heavily in this sector to improve infrastructure.

TOWS MATRIX

The TOWS matrix is a conceptual structure that combines the external variables with the internal variables allowing the establishment of relationships among those variables and the strategies of the firm. The four referenced factors can constitute the base of four alternative strategies to undertake for a nation or for a region (Wehrich, 1982).

- i.) The S-O Strategy S-O (or Maxi-Maxi): This strategy constitutes the most desirable situation because it is based on the exploration of the internal strengths and to remove advantages of the present opportunities.
- ii.) The Strategy S-T (or Maxi-mini): This strategy is based on the strengths of the organization to work with the present threats in the external environment, with the objective to maximize the first ones and to minimize the later ones.
- iii) The Strategy W-O (or Mini-Maxi): This strategy constitutes a development plan to convert the weaknesses in strengths, given the present opportunities in the external.
- iv) The Strategy W-T (or, Mini-mini): This strategy intends to minimize the threats as well as the weaknesses.

Table: 7 TOWS matrix for Indian Medical Tourism in India

| | | |
|---|---|--|
| <p>Internal Factors</p> | <p>Strengths</p> <p>S1 Quality service at affordable cost</p> <p>S2 Vast pool of qualified doctors</p> <p>S3 Strong presence in advanced healthcare e.g. cardiovascular, organ transplants high success rate in operations</p> <p>S4 International reputation of hospitals and doctors</p> <p>S5 Diversity of tourism destinations and experiences</p> <p>S6 High confidence level in Indian doctors</p> <p>S7 Alternative medical cures like Yoga, Homeopathy and Ayurveda</p> <p>S8 Use of latest technology</p> <p>S9 high success rate</p> <p>S10 Increasing shortage of competent medical care staff and specialists in developed countries</p> | <p>Weaknesses</p> <p>W1 No strong government support/initiative to promote medical tourism</p> <p>W2 Low coordination between the various players in the industry airline operators, hotels and hospitals</p> <p>W3 Customer Perception as an unhygienic country</p> <p>W4 No proper accreditation and regulation system for hospitals</p> <p>W5 Lack of uniform pricing policies across hospitals</p> <p>W6 Poor infrastructure in Govt. aided hospitals</p> |
| <p>External Factors</p> <p>Opportunities</p> <p>O1 Increased demand for healthcare services from countries with aging population (U.S, U.K)</p> <p>O2 Fast-paced lifestyle increases demand for wellness tourism and alternative cures</p> <p>O3 Shortage of supply in National Health Systems in countries like U.K, Canada</p> <p>O4 Demand from countries with underdeveloped healthcare facilities</p> <p>O5 Reduced competitive cost of international travel</p> | <p>SO Strategies</p> <p>SO: "Maxi-Maxi" Strategy that use strengths to maximize opportunities</p> <p>S1,O4 Affordable cost in India can maintain and increase the demand from the underdeveloped countries</p> <p>S2,O1,S10,S9,S4 International reputation, high success rate, qualified doctors and increasing shortage of competent staff in developed countries can increase demand for medical tourism from developed countries</p> | <p>WO Strategies</p> <p>WO: "Mini-Maxi" Strategy that minimize weaknesses by taking advantage of opportunities</p> <p>O6,W1,W3,W6 GDP earned from the medical tourism should be reinvested to promote medical tourism, to improve health conditions and infrastructure in health sector</p> <p>O5,O7,W2,O8 Coordination should be maintain between the players of medical tourism industry to face competition from foreign players and took the advantage of reduced competitive cost and price difference</p> |

| | | |
|--|--|---|
| <p>O6 Increase in GDP and forex O7 Foreign players entering into the market O8 Price difference of treatment in medical</p> | <p>S7,O2 Alternative cures are available in India for fast paced life style S3,O3,S6 Confidence in Indian doctors and advancement in medical field can met the shortage of supply in national health systems of developed countries S8,O7 Foreign players can take advantage of latest technology O5,S5,O6,O8 Reduced cost, price difference of medical treatment in India with developed countries and increase in GDP and forex can be a advantageous factor for diversity of tourism destination</p> | <p>O1,O3,W4 Proper accreditation should be done in order to increase demand for healthcare services and to took benefit of shortage of supply with developed countries O2,W5,O4 uniform pricing policy should be maintain in order to took the benefit from fast paced life and demand from underdeveloped countries</p> |
| <p>Threats T1 Strong competition from countries like Thailand, Malaysia, Singapore T2 Lack of international accreditation a major inhibitor T3 Under-investment in health infrastructure T4 Foreign players entering into the market T5 Lack of Government support to promote medical tourism</p> | <p>ST Strategies <i>ST: "Maxi-Mini" strategy that are use to minimize threats.</i> S1, S2, S6, T1, S7 Reduced cost, vast pool of doctors, alternative cures and confidence in Indian doctors can face competition from already developed countries in medical tourism area. S4,S3,T2 Strong presence and international reputation can face the problem of lack of accreditation S9,T4,S8 High success rate and latest technology can be beneficial for foreign players T5,S5 vast tourism destination could be developed with government support S10,T3 Government took the advantage of increasing shortage of competent staff in developed countries and alternative cures available in India</p> | <p>WT Strategies <i>WT: "Mini-Mini" Strategy that minimize weaknesses and avoid threats</i> W5,T1 Uniform pricing policy should be adopted to face strong competition from medical tourism developed countries W4,T2 Proper accreditation and regulation system should be implemented W6,T5,W1 Government should invest in infrastructure to promote medical tourism W3,T3 Government should be invest to improve unhygienic conditions of medical industry W2,T4 The players of medical tourism industry should be coordinated to face competition from the foreign players</p> |

CONCLUSION

The medical tourism industry offers variety of services because of its inherent advantages in terms of cost, quality and latest technology. The government should play an active role for the growth of tourism. It should function as a facilitator and catalyst. There has been a suggestion that medical tourism industry should be liberalized for power, import of machinery, equipments etc. As India has the most competent doctors, world class medical facilities and the most competitive charges for treatment, so it is a lucrative destination for people who wish to undergo medical treatment. Besides it, Overburdened healthcare infrastructure and high costs in the west are the key drivers for the boom in medical tourism in India. The healthcare infrastructure in Europe and the United States is under severe pressure. The Medical Tourism Industry in India is poised to be the next big success story after software. 60% of doctors in leading Indian hospitals have international qualifications, thus increasing the acceptance and comfort levels among international patients. Alternative medicinal cures are one of the factors that are largely responsible for India having edge over other neighbouring countries regarding medical tourism. Indian tourism Industry should work more in collaboration with the Government in order to implement the concept- "Atithi devo Bhavo" as major marketing mantra to enhance the medical tourism in India.

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