Working Paper No. 333

India-Pakistan Trade: Opportunities for Medical Value Travel

Nisha Taneja
Samridhi Bimal
Isha Dayal
Taher Nadeem

March 2017

INDIAN COUNCIL FOR RESEARCH ON INTERNATIONAL ECONOMIC RELATIONS

Table of Contents

List of Tables

List of Figure

Abstract

Despite an uncertain political relationship, and tensions between India and Pakistan, healthcare is a sector for trade that has the potential to grow. It is a soft sector, offering a win-win situation for both countries as producers will get a larger market for their products while consumers will have more options and superior quality products to choose from.

Given India's growth in the area of providing medical value travel facilities in South Asia, the objective of the study is to explore the potential of enhancing trade in the health sector, between India and Pakistan. Based on a survey of hospitals, intermediaries and patients, the study examines the key characteristics and constraints of India-Pakistan trade in health services. The study also documents lessons that India can learn from its South-East Asian competitors in the medical tourism industry and finally recommends policies that will improve trade in health services between India and Pakistan.

Keywords: *Services, Trade, Health, Medical Tourism*

JEL Classification: *F10, F68, I11*

Author's Email: *ntaneja@icrier.res.in; sbimal@icrier.res.in; tnadeem@icrier.res.in; dayal.isha@gmail.com*

India-Pakistan Trade: Opportunities for Medical Value Travel[1]

Nisha Taneja, Samridhi Bimal, Isha Dayal and Taher Nadeem

1. Introduction

The trade normalization process between India and Pakistan, set into motion in April 2011, lost momentum after September 2012 owing to political tensions between the two countries. However, one sector that still has the potential to grow despite prevailing conditions is the healthcare sector as it has a compelling humanitarian angle associated with it. Driven by a strong people-to-people connect and common public health and development challenges for the two counties, the role of a social sector like healthcare cannot be overstated.

The healthcare sector brings together producers and consumers from all segments of society and thus offers the possibility of improving bilateral ties between India and Pakistan. It is a soft sector, which can offer a win-win situation for both countries as producers will get a larger market for their products while consumers will have more options and superior quality products to choose from. Most importantly, this is a sector in which the government and stakeholders can initiate reforms at a low political risk; despite strained relations between India and Pakistan, healthcare is a sector that has always been portrayed in a good light by the press , striking a chord with the masses in both countries.

Scope of the healthcare sector

Healthcare is defined as the sector that provides goods and services to treat patients with curative, preventive, rehabilitative or palliative care. The goods sector comprises pharmaceuticals, biotechnology and medical devices. The services sector comprises hospitals, clinical trials, outsourcing, telemedicine, medical tourism, and health insurance. The focus of our study is only the services sector. The General Agreement on Trade in Services (GATS) is an international legal framework to regulate trade in services; trade in services can be studied within this framework. The GATS distinguishes between four modes of supply of service across borders[2] Mode 1 refers to the cross-border supply of services that does not require physical movement of either supplier or customer. Mode 2 entails the movement of the customer to the location where the supply is in order for consumption to occur, often referred to as medical value travel or medical tourism. Mode 3 refers to supply of services in one country by legal entities from another country. Finally, Mode 4 is the provision of service by providers who have temporarily moved in order to provide the service.

Existing literature suggests that majority of the trade in health sector between India and Pakistan is taking place in Mode 2, with India acting as a healthcare service provider and

[1] The authors are grateful to The Asia Foundation for supporting this study and Prof. Rupa Chanda (IIM Bangalore) for her valuable inputs. We would also like to thank our two anonymous referees for their comments.

[2] https://www.wto.org/english/docs_e/legal_e/26-gats.pdf

Pakistan as a consumer of these services. A large number of patients from Pakistan travel to India for treatment and surgeries (Chanda, R., 2015; The Tribune, 2015; Dawn, 2015; John, A. 2015; The Express Tribune 2015). While Pakistan has been receiving patients from other South Asian countries such as Bangladesh and Afghanistan and patients of Pakistani origin from other countries, it does not receive any patients from India. There is some evidence of trade in Mode 4 also (Chanda, R. 2015). This includes movement of Indian medical professionals organizing camps, performing surgeries and treating patients by going to Pakistan (Chanda, R., 2015; Majid and Mukhtar, 2015; The Express Tribune, 2014). Trade in Modes 1 and 3 is negligible. Even while technological exist in both countries; trade possibilities in Mode 1 remain unexplored. Moreover, until 2012 there were restrictions by India on both investing and receiving investment from Pakistan, thereby preventing trade in Mode 3 between the two countries (Jain and Bimal, 2014).

There is much scope for enhancing trade in health services in all four modes of supply due to the inter-country differences in cost, quality, availability of treatment, and alternative medicines/procedures, as well as similar cultural, linguistic, social, and demographic factors. This is especially in the context of India's growth as a provider of medical value travel facilities in South Asia, and particularly for Pakistan.

Objective of the study

The objective of the study is to explore the potential of enhancing trade in the health sector between India and Pakistan, with special emphasis on Medical Value Travel.

For the purpose of the study, medical value travel is defined as the practice of travelling to another country with the purpose of obtaining healthcare. The term "value" is used here since a patient seeks value when they choose to travel to another country for healthcare. The terms medical value travel and medical tourism are used interchangeably in this paper. The practice of medical tourism adds and generates value for the destination country.

The study examines the importance of India as a destination for medical tourism (Section 2), examines key characteristics and constraints of India-Pakistan trade in health services (Section 3), draws lessons that India can learn from its South-East Asian competitors in the medical tourism industry (Section 4) and finally recommends policies for improving trade in health services between India and Pakistan (Section 5).

Approach to the Study

The study uses mixed methods and is based on secondary sources and primary information collected through field surveys. Secondary sources include published papers and literature on medical tourism and trade in health services, data and government policies, agreements, and regulations. Primary surveys conducted in hospitals, on patients and intermediaries, were conducted between December 2015 and July 2016. Face-to-face interviews, focus group discussions, and key-informant interviews were held using semi-structured open-ended questionnaires.

2. Medical Value Travel and Growing Importance of India as a Destination Country

A significant element of a growing trade in healthcare has involved the movement of patients across borders in the pursuit of medical treatment and healthcare (Mode 2). Inter-modal complementarities between all four modes of service supply support the growth of medical tourism. In Mode 1, electronic systems of data exchange – such as exchange of medical reports prior to travel - helps the patients identify hospitals and doctors. E-consultations have also improved systems of continued care and treatment after the patient returns home.

In Mode 4, hospital professionals conduct free medical camps in other countries to screen patients and refer those who may need more intensive treatment at the hospital. Establishment of direct contact between the hospital/doctor and patient is an important way to identify potential medical tourists.

International inter-hospital connections, formed through Mode 4 investment in a foreign medical entity, also aids medical tourism. Patients can be referred by a sister institute in the home country to the one abroad, thereby supporting growth in the number of medical tourists. Thus, Modes 1, 3 and 4 of health service trade play an integral role in facilitating and supporting trade under Mode 2.

2.1 India-An Emerging Hub of Medical Tourism

In recent years, increasing numbers of patients from the richer, more developed nations have been travelling to less developed countries to access health services. This has been driven largely by the low cost of treatment available in the less developed countries and has been helped by cheap flights and the Internet as a source of information[3]. In Asia, India is a growing destination for medical tourism: about US$1.3 million medical tourists every year visits India for their treatment (Paliwal, 2015).

India's potential as a hub for medical tourism was formally recognized by the Indian Government over a decade ago. The National Health Policy of 2002, specifically mentioned government policy support for promoting medical tourism in India. It stated, "To capitalize on the comparative cost advantage enjoyed by domestic health facilities in the secondary and tertiary sector, the policy will encourage the supply of services to patients of foreign origin on payment. The rendering of such services on payment in foreign exchange will be treated as 'deemed exports' and will be made eligible for all fiscal incentives extended to export earnings" (NHP 2002). Reiterating the government's intent, the Union Budget of 2003 stated that India must come up as a "global health destination."

This was followed up by the introduction of a new category of visa, the Medical (M) Visa, by the Ministry of External Affairs, to facilitate the arrival of international patients seeking treatment in India. The primary objective was to reduce the problems faced by the patient in

[3] https://www.oecd.org/els/health-systems/48723982.pdf

getting an Indian visa and to hasten processing. Introducing this special category helped portray India as a hub for medical tourism.

A Medical (M) Visa is granted to the patient while a Medical Attendant (Mx) Visa is granted to the companion(s) of the patient. However, international patients arriving in India on a long term visa (more than 180 days) such as the Medical (M) Visa have to register with the concerned Foreigner Regional Registration Office soon after they enter the country[4].

Recently, India has been emphasizing wellness tourism as part of medical tourism. AYUSH is the acronym for the following systems of medicine practiced in India: ayurveda, yoga and naturopathy, unani, siddha and homeopathy. The Indian Government formed a separate AYUSH ministry in 2014 to ensure the development and propagation of AYUSH systems of health care.

To promote India as a global destination for international patients, the Ministry of Commerce recently launched a web portal to provide a one point source for all information that medical tourists need in order to come to India for treatment. The portal contains comprehensive information about hospitals, medical treatment and costs and also information related to travel and visas, last-mile connectivity, tariff options for accommodation, benefits of treatment in India, advance information on preparatory aspects in seeking medical care etc. It is possible to search medical facilities on the healthcare portal by location, medical specialty, procedure, languages available in hospitals and their certifications. Important medical and wellness procedures offered by these institutions are also available on the portal (Press Information Bureau, 2015).

At present, details of 99 medical centers, 28 ayurveda and alternative medical centers and 16 rejuvenation and wellness centers are available.[5] Details of the requirements for the Indian Medical (M) Visa have also been uploaded country-wise for the countries from which Indian hospitals receive the majority of their patients. The portal also furnishes information regarding the documents required while applying for visa, processing fee, time taken to process the visa and Foreigner's Regional Registration Offices (FRRO) registration requirement for each of these countries.

The Ministry of Tourism has launched there are also 24x7 help lines[6] to guide medical tourists during their stay in India. The helpline is available in twelve foreign languages which include Arabic, French, German, Italian, Japanese, Korean, Chinese, Portuguese, Russian and Spanish besides Hindi and English[7].

4 Registration of Foreign Nationals visiting India (http://boi.gov.in/sites/default/files/RegForeigners-11.pdf)
5 http://www.indiahealthcaretourism.com/
6 1363 or 1800-111-363
7 http://www.safariplus.co.in/NewsDetails.aspx?SId=2460

2.2 Reasons for the Growth of Medical Tourism in India

Over the past few years India has emerged as one of the preferred destinations for international patients. This has been because it scores highly on a range of factors determining overall quality of care:

i. Cost Effectiveness: A key competitive advantage India has, in comparison to other countries, is cost effectiveness. The cost of medical procedures is significantly lower in India than that in the US or the UK. Even when compared to other important medical tourism destinations in Asia, such as Singapore, Taiwan and Thailand, the costs are comparatively lower in India. (Table 1).

Table 1: Comparison of Medical Procedure Costs (in US$)

Procedure Cost	USA	Singapore	Thailand	Malaysia	India
Heart Bypass	130,000	18,500	11,000	9,000	7,000
Heart valve Replacement	160,000	12,500	10,000	9,000	9,500
Hip Replacement	43,000	12,000	12,000	10,000	7,000
Knee Replacement	40,000	13,000	10,000	8,000	9,000

Source: KPMG-FICCI Report on Medical Value Travel in India (2014) In addition to the low cost of medical procedures are relatively low costs of travel (ticket) and accommodation, making the entire package quite competitively priced.

ii. Quality Healthcare and Other Facilities: India offers good quality healthcare at reasonably low costs.

- Healthcare delivery in India is largely driven by the private sector with the private hospitals taking initiatives to develop internationally competent hospitals which have global recognition. In India, 394 hospitals have received accreditation from NABH and 24 hospitals have received accreditation from the Joint Commission International (JCI)[8].

iii. Domestic accreditation recognized by international bodies, and international accreditations have played an important role in raising the confidence of medical tourists in the quality of Indian healthcare. The National Accreditation Board for Hospitals and Health care providers (NABH)[9] is an institutional member of the International Society for Quality in Health Care (ISQUA)[10] and thus NABH accreditations are in compliance with international standards.

- Availability of skilled and well-qualified doctors/specialists and a good paramedical staff are other supporting factors that put India ahead of its competitors in attracting international

[8] Joint Commission International (JCI) is the international arm of the Joint Commission, which accredits US hospitals. This accreditation is considered the gold standard in health care. Indian hospitals accredited by JCI:http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/?c=India&a= Hospital%20Program; accessed on 10 August 2016

[9] http://nabh.co/frmViewAccreditedHosp.aspx; accessed on 10 August 2016

[10] ISQUA is an international apex body which grants approval to Accreditation Bodies in the area of healthcare as mark of equivalence of accreditation program of member countries.

patients. In fact, healthcare was the first sector to witness a reversal in brain drain. Favourable growth prospects in the sector attracted non-resident Indian doctors from USA and UK back to the country.

iv. **Beyond Allopathy**: India offers traditional healthcare therapies such as ayurveda, yoga and naturopathy, unani, siddha and homeopathy, which, when combined with allopathic treatment provide a package of holistic wellness for patients. International patients travelling to India for treatment have the option of choosing from alternative forms of medicine, which are quite well developed. There are 15 AYUSH hospitals in India accredited by the NABH.

v. **Cultural and Linguistic Similarity:** Cultural, ethnic, religious, and linguistic similarities, especially with the SAARC (South Asian Association for Regional Cooperation) nations, are an important factor in drawing consumers of medical services [11].

vi. **Air Connectivity:** Air connectivity is also important parameter: India's major cities, Delhi, Kolkata and Chennai, which have the best medical facilities in India, also have international airports allowing facilitating transport from almost all parts of the world.

vii. **Other miscellaneous factors:**

- The prohibitively high cost of medical treatment in the West, mainly in USA, makes it nearly impossible for people without a health insurance to be treated in their own countries at their own expense. These uninsured patients form the bulk of medical tourists to Asian countries such as Thailand, Malaysia, Singapore and particularly India.

- The recent depreciation of the Indian Rupee (INR) against the US Dollar (USD) has also boosted the export of healthcare services by India.

3. Trade in Health Services between India and Pakistan: Characteristics and Impediments

The main characteristics of trade in health services between India and Pakistan were examined by studying the existing literature and carrying out a survey. ICRIER surveyed hospitals, intermediaries and patients between December 2015 and July 2016, to get information on the modalities, procedural and regulatory bottlenecks with the aim of suggesting reforms that would enhance trade in health services, particularly from Pakistan.

3.1 Sample Design

A total of 85 respondents were covered across five Indian cities: Bangalore, Chennai, Delhi NCR, Kolkata and Mumbai. The number of respondents in each city and in each category is shown in Table 2.

[11] SAARC comprises 7 countries from South Asia namely; Bhutan, Bangladesh, Nepal, Maldives, Sri Lanka, India, and Pakistan.

Table 2: City-wise Break-up of Respondents

City	Hospitals	Patients	Intermediaries	Total Respondents
Bangalore	11	0	0	**11**
Chennai	8	0	0	**8**
Delhi NCR	27	11	6	**44**
Kolkata	10	5	0	**15**
Mumbai	7	0	0	**7**
Total	**63**	**16**	**6**	**85**

Source: ICRIER Survey December 2015-July 2016

The sample for the survey was selected using multiple sources including information available on the website of the Indian High Commission in Pakistan, information provided on the health portal set up by the Government of India, media articles, consultations with hospitals and referrals from practitioners.

Of the total number of respondents, 74% were marketing/international business representatives from hospitals, 19% were patients, and the remaining 7% constituted the intermediaries. It is important to note that not all hospitals that were surveyed received patients from Pakistan. Only 26 hospitals that were surveyed had information about patients from Pakistan, 38% of which were in the Delhi-NCR region. The survey revealed that intermediaries play an important role in bringing consumers and hospitals together especially in the case of India and Pakistan where there are weak and inadequate channels of information. Their role is described in greater detail in Section 3.3.

The selection of cities was based on ease of access by air from Pakistan. Most patients from Pakistan come to Delhi-NCR because of a weekly Lahore-Delhi and Karachi-Delhi flight, but a small proportion also go to Bangalore, Chennai, Mumbai and Kolkata. Even within Delhi-NCR, Pakistani patients visit only a limited number of hospitals. The patients come primarily for liver and kidney transplants, cardiac and infertility consultations.

This study has some limitations. Firstly, most hospitals were reluctant to share data. Moreover, the data compiled in the study are based purely upon knowledge of the respondents. Secondly, hospitals did not allow the research team to interact with their patients. Thirdly, given that only hospitals known to be frequented by patients from Pakistan were selected, the sample selected in the study may be biased.

3.2 Regional Distribution of Patients

Even though India receives medical tourists from across the world, the largest portion comes from the developing and underdeveloped countries. Since data on medical tourism is not available, the survey instrument was used to generate a regional distribution profile of international patients. It was reported that India received most of its medical tourists from Africa, the Middle East and SAARC countries: in fact, 50% of the international patients are from SAARC countries. Within the SAARC region, it was reported that maximum number of

patients (50%) are from Afghanistan, followed by Bangladesh (30%) while 20% of patients are from the remaining SAARC countries (Table 3).

Table 3: South Asian Medical Tourists in India

Afghanistan	Bangladesh	Other SAARC nations
50%	30%	20%

Source: ICRIER Survey December 2015-July 2016

An important finding in the survey was that there is a regional division of patients within India too - with Afghanis, Pakistanis, and Nepalese preferring Delhi NCR or Mumbai; Bangladeshis selecting Kolkata, and Maldivians and Sri Lankans choosing the southern cities of Bangalore or Chennai, due to linguistic and cultural similarities, availability of direct flights and shorter travel times.

3.3 Source of Information for Patients

There are numerous sources through which Pakistani patients can receive information about Indian medical facilities and hospitals. These include direct marketing and promotion activities by hospitals, medical tourism companies and facilitators. The survey instrument was designed to understand where, that is, what source Pakistani patients used to get information about Indian medical and healthcare treatment and facilities. Based on their responses, a frequency distribution for each source of information was prepared and their relative importance was determined. The following table shows the major sources of information for medical tourists from Pakistan, arranged in increasing order of significance (percentages in brackets indicate the proportion of respondents):

Table 4: Rank-wise Source of Information for Patients from Pakistan

Source of Information	Percent of Respondents (%)	Rank
Direct Marketing and Promotion Activities	76	1
Medical Tourism Companies/Facilitators	58	2
Word-of-mouth	34	3
Hospital Websites	21	4
Health Portals	5	5
Private Hospital to Government / NGO tie-ups	0	6

Source: ICRIER Survey December 2015-July 2016

(i) Direct Marketing and Promotion Activities

This is the most important source of information for Pakistani patients coming to India for medical treatment (Table 4). Most large private hospitals have a designated international marketing division whose responsibility is to connect with patients from across the globe and attract them to India for treatment. One of the most common forms of such direct hospital

marketing is medical camps and primary screening camps at medical hospitals in importing countries. It also includes personal visits by doctors, specialists and marketing representatives and liaison with High Commissions in the importing country to establish contacts and develop networks. Medical camps and joint surgeries have become an effective marketing tool to bring in patients from Pakistan.

Some Indian hospitals have established links with hospitals which serve as information centers in Pakistan. An important case to point here is the programme, called the Peace Clinic, which is a collaboration between Apollo Hospitals in India and the Dr. Ziauddin Hospital in Karachi. The two medical facilities have jointly set up a combined liver ward for pre- and post-transplant care at Dr. Ziauddin Hospital. At this facility, patients are assessed for their transplant needs and then referred to India for the procedure. Apollo Hospitals have one more information center in Lahore and are keen on expanding this to other cities, too. Information centers in Pakistan have been instrumental in generating awareness among patients about health care facilities that Apollo hospitals in India have to offer. Such flagship programmes can serve as a precedent, showing how collaborations can bridge geographical and historical barriers and provide better health facilities to the people of Pakistan.

(ii) Medical Tourism Companies / Facilitators

Companies/agencies/facilitators are private players in the healthcare industry who connect patients with healthcare providers. They have arrangements with different hospitals in India and refer international patients seeking medical treatment to such hospitals. They look after the patients' needs – including documentation, visa, travel and lodging – from the point of initial contact until the patients return to their home country after treatment. The market for medical tourism facilitators in India is segmented and may be classified into organized and unorganized sectors.

The organized intermediaries operate as medical assistance companies who have a physical presence in many Indian cities, as well as a virtual presence. In the unorganized sector, facilitators are able to provide healthcare services because of the knowledge that they have gained due to their long association with the healthcare sector and the links that they have been able to establish with hospitals, doctors, travel agents, hotels and other entities that are part of the medical tourism sector.

This was found to be the second most important source of information about healthcare in India (reputation of doctor, cost, travel, visa, etc.) to patients from Pakistan. The reliance on organized facilitators with formal arrangements with hospitals in India was higher. It appeared that very few patients from Pakistan were served by unorganized and informal medical assistance companies or facilitators.

(iii) Hospital Websites

Hospitals use their websites to reach out to prospective medical tourists. Hospital websites were also considered an important source of information for medical tourists from Pakistan.

Testimonials of satisfied patients and facilities for online consultations available on websites attract patients, too, as consumer awareness increases.

(iv) Word-of-mouth

Any account of positive experiences to the friends and relatives of patients spreads the word about patient care and treatment at Indian hospitals. Such testimonies are the third most important source of information for patients from Pakistan.

(v) Health Portal

A healthcare tourism portal was launched by the Indian Government in April 2015 with the aim of providing information at one point for patients. However, the healthcare portal is new and the survey found that not many international patients, including those from Pakistan, were aware of it.

(vi) Private Hospital to Government / NGO tie-ups

Several private Indian hospitals have tie-ups with governments and NGOs (non-government organizations) in foreign countries. Such linkages allow for a continuous flow of medical tourists from a particular region as well as some assurance that the patients are genuine, which is significant from the perspective of India's security. This channel is the least important one for Pakistani patients.

3.4 Modes of Payment

The survey showed that hospitals received payments from international patients in four ways: (i) cash (usually in USD currency); (ii) transfers through the High Commission; (iii) advance payments by credit/debit card, via online banking, or wire transfer based on estimates provided by the hospital; and, (iv) payments by insurance companies, where patients have a medical insurance.

Our survey indicates that 95% of international patients make payments in cash, 3% transfer money through the High Commission, and the remaining 2% transfer through advance payment and insurance cover (Table 5).

While most people in developed countries have health insurance, this is not true for the developing world. The smaller proportion of patients using it for medical tourism in India is therefore not surprising. The use of advance modes of payment, via online banking, credit/debit card or wire-transfer is, similarly, uncommon in developing countries.

Table 5: Modes of Payments for Healthcare by International Patients (Percent of Patients)

Mode of Payment	Percent of Patients
Cash	95
Transfer through High Commission	3
Advance (online banking, credit/debit card, wire-transfer)	1
Insurance	1

Source: ICRIER Survey December 2015-July 2016

In the case of India and Pakistan, payments using direct bank transfers are a huge problem. Both countries cannot establish branches of their domestic banks in each other's territory. Patients must then rely on third country banks for online payments, which lead to delays in transfer.

As a result of this, patients make payments over the counter in cash, which gives rise to the question of how the cash is carried from Pakistan. The survey revealed that informal means are used: officially, there are no restrictions on carrying cash in foreign exchange up to a limit of USD 10,000 (approximately INR 6.5 lacs) by medical tourists coming to India for treatment, if on arrival a declaration is made to the Customs in a Currency Declaration Form. [12] However, patients from Pakistan usually come to India for liver transplants, the average cost of which is USD 54,000 (approximately INR 30 lacs). Patients are hesitant to declare the cash because they are then likely to be questioned or harassed so they use informal channels or *hawala*[13] for transferring cash; many patients rely on friends and relatives for money because they do not have large sums in bank accounts.

The survey also reported instances of government hospitals in Pakistan sending patients to India and bearing the expense on treatment. This happens when there are formal arrangements between government hospitals in Pakistan and private hospitals in India. The money is transferred through the High Commission which guarantees payment to the hospital removing the need to carry cash or transfer money through third-country banks. While only 3% of patients surveyed availed of this provision, it can serve as an effective means of enhancing medical tourism between the two countries. One such arrangement is between the Children's Hospital in Lahore and two leading Indian private hospitals, Apollo and Medanta -The Medicity. Each year the Children's Hospital sends equal number of patients to the two hospitals and the entire expenditure is borne by the Pakistan government.

3.5 Supply of Health-services through Telecommunication

In our survey of hospitals, we found that there was limited use of trade in Mode 1, that is, cross-border supply of services between India and Pakistan (where a user in Pakistan receives

[12] http://india.org.pk/pages.php?id=127

[13] Hawala by definition is a traditional system of transferring money used in Arab countries and South Asia, whereby the money is paid to an agent who then instructs an associate in the relevant country or area to pay the final recipient.

services from India through telecommunications). This primarily includes services such as diagnostics (tele-radiology and laboratory testing) and treatment (remote surgery, tele-consultation and tele-medicine), and indirect services, such as communication (teleconferencing and tele-education) and administrative functions (claims processing and medical transcriptions).

The survey elicited responses on whether telecommunication facilities were used for diagnosis, tele-consultation, remote surgery and post-operative care. It emerged that telemedicine is in limited use between India and Pakistan. The first telemedicine link between India and Pakistan was initiated by Indraprastha Apollo Hospital, New Delhi in 2004. It connects Apollo Hospitals at Hyderabad, Chennai and Delhi to Lahore Medical Imaging Centre in Lahore, Pakistan. This facility allows patients in Pakistan to consult specialists and super specialists in India without having to travel to India. It further provides a platform for exchange of reports between Apollo Hospitals and Lahore, help patients to seek a second opinion from Indian doctors and increase knowledge of the medical community on both sides of the border through Continuous Medical Education (CME) and other interaction programs. This link allows Pakistani doctors to seek advice and interpretation on complex medical cases from experts at Apollo Hospitals in India. The survey reported interest among several private hospitals to set up the required facilities for such consultations to patients in Pakistan.

3.6 Impediments to Trade between India and Pakistan

The survey identified the following impediments to developing medical tourism in India as a destination for patients from Pakistan. Despite the advantages in healthcare that India has to offer to patients from its neighbor, the flow is limited for the following reasons.

I. Medical Visas: Despite the introduction of a special category of Medical (M) Visa and efforts to reduce the processing time, visa applications for patients from Pakistan face many difficulties.

- The survey reported that the processing time for Medical (M) Visas for Pakistani patients varied from 1 week to 2 months. This is higher than the average visa processing time for other international patients, which ranges from 3 to 7 days.

- Pakistani patients are allowed to bring only one attendant with them to India whereas patients from other countries are allowed up to two attendants.

- Visa provisions are restrictive for Pakistani patients. Usually international patients are granted a Medical (M) Visa that is valid for a year with multiple entries permitted. However, the Medical (M) Visa granted to Pakistani patients is a single entry visa for visiting only one Indian city. This means that they cannot visit any other hospital in another city for a second opinion or consultation. There is no city-specific visa requirement for patients from any other country. Also, while it is a common practise for hospitals to offer a sight-seeing package for medical tourists, it is naturally not possible to extend the same service to patients from Pakistan because of their restrictive visa.

- The documentation for applying for an M-visa also varies across countries (Table 6). Bangladesh citizens need the largest number of documents when applying for an M-visa, 7, while citizens of Pakistan and Sri Lanka need 6 each. In addition to the usual documents needed to apply for an M-visa, patients from certain countries such as Bangladesh and Pakistan have to submit a recommendation from a doctor/recognized hospital in the home country recommending treatment abroad. Patients from Afghanistan require only three documents. (Information on documentation required was obtained from the Indian High Commission's websites in the country mentioned). The newly set up health portal also provides information on documents required for an M-visa. However, the two source differed as to number and type of documents required; the healthcare portal lists fewer required documents than the Indian High Commission's websites. Confusion results from such differences, but, most importantly, the healthcare portal do not provide any information for patients from Pakistan (Table 6).

Table 6: Country-wise Comparison of Documents Required for Medical Visa

Document	Afghanistan	Bangladesh	Maldives	Pakistan	Sri Lanka
Medical certificate indicating the medical condition of the patient	√	√√	-	√	√√
Recommendation from the attending doctor for availing treatment abroad	-	√√	-	√	-
Letter from Indian doctor/hospital	√	√√	√√	√	√√
Bank statement for 6 months	√	√√	√	-	√√
Solvency Certificate from bank		√√	-	-	√√
Copy of NIC Card or birth certificate	-	-	-	√	√
NOC from parents in case of minor	-	-	-	-	√
Proof of Residence	-	√	-	√	-
Proof of Profession	-	√	-		-
Polio Vaccination Certificate	-	-	-	√	-
Total	**3**	**7**	**2**	**6**	**6**

Source: Authors' compilation of information from the healthcare portal and the Indian High Commission's website for that country.

Note: A single tick √ indicates mention of a particular requirement according to the Indian High Commission's website for that country, but not on the healthcare portal

A double tick √√ indicates that that requirement is mentioned on the healthcare portal and also the Indian High Commission's website for that country.

II. **Foreigner's Regional Registration Office Registration:** An Indian visa that is that is valid for more than 180 days is categorized as a long term visa. However, the maximum duration of stay in a single trip is usually much less than the number of days for which the visa is valid. International patients arriving in India on a long term visa such as an M-visa must register themselves with the Foreigner's Regional Registration Office (FRRO), Bureau of Indian Immigration, Ministry of Home Affairs. The time granted to all foreigners to complete this registration is fourteen days from the day of arrival in India. However, the survey has reported that Pakistani nationals are required to complete this registration within 24 hours of their arrival. Such stringent and discriminatory rules are seen as a major hurdle for Pakistani patients seeking treatment at an Indian hospital. It might be pointed out that the Indian High Commission in Pakistan's website mentions that patient and his/her attendant would be allowed 7 days to complete FRRO registration[14]. Apart from this, nationals of Pakistan are also required to report at the local police station in person for police verification.

III. **Lack of Information:** Due to limited channels of communication, consumers/patients from Pakistan do not have information on hospitals, doctors, treatment and places to stay in India. The health portal launched by Government of India is new and awareness of it limited. While the portal provides country-wise information on application requirements in the M-visa category for patients coming from several countries, Pakistan is not mentioned on the list. This gives more reason for patients from Pakistan to rely on informal intermediaries for information and facilitation.

IV. **Limited Air Connectivity:** There is limited air connectivity between India and Pakistan. There are direct flights from Pakistan to only two major Indian cities, Delhi and Mumbai, thus limiting the options of travelling to some other city for treatment. The direct flight is operated by Pakistan International Airlines (PIA). There is no Indian carrier flying to Pakistan. Travelling by road is also arduous and time-consuming especially for patients who are already ill. This leaves patients no option but to rely on connecting flights which makes the travel costlier and longer.

V. **Lack of Banking Channels:** Because direct bank transfer between India and Pakistan is not possible owing to the absence of branches of each others' banks, there is greater reliance on informal channels.

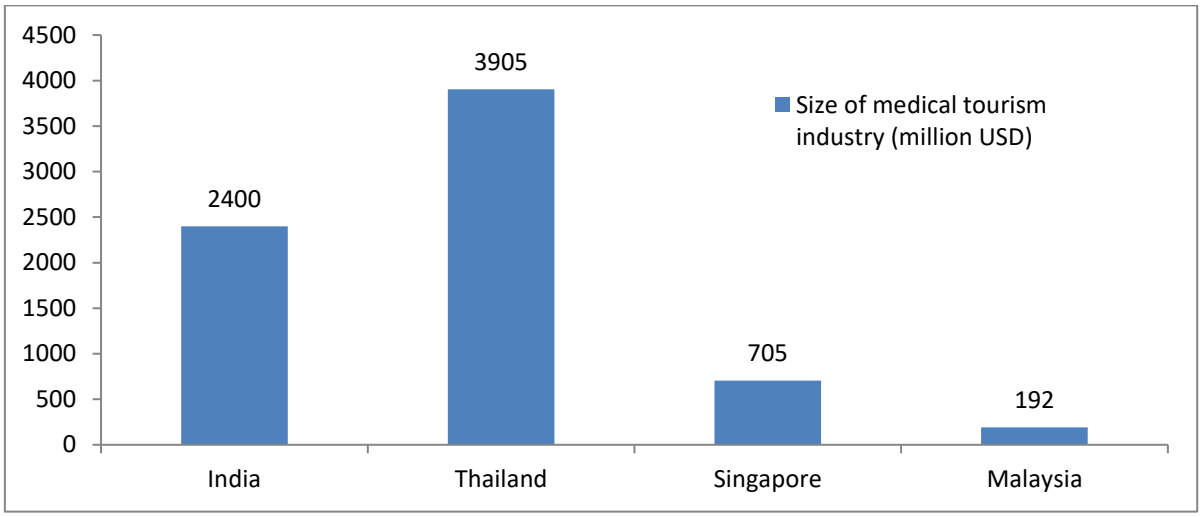
4. Lessons from South East Asian Countries

Countries of the Association of Southeast Asian Nations (ASEAN) are a leading regional destination for medical tourism. Malaysia, Singapore and Thailand consistently rank in the top medical tourism destinations in Asia due to their affordability, quality of healthcare services, internationally accredited hospitals, well-developed infrastructure and highly-skilled manpower. A comparison of the size of India's medical tourism industry with the top three medical tourism destination countries in South East Asia shows Thailand at first position and

[14] http://www.india.org.pk/pages.php?id=127

India at second. Medical tourism in Singapore is relatively smaller than that in India or Thailand, and the Malaysian industry is just 5% and 8% of the Thai and Indian industries, respectively (Figure 1).

Figure 1: Comparison of Size of Medical Tourism Industries



Source: KPMG-FICCI Report on Medical Value Travel in India (2014)

There are lessons for India to be learnt from these countries which can help step up the medical tourism industry. We compared India with these 3 countries on the following parameters: number of internationally (JCI) accredited hospitals, number of internationally accredited programs, domestic accreditation systems which follow international guidelines such as the ISQua, type of visa issued by countries for medical purposes and foreigner's registration (FRRO).

Table 7: Country-wise Comparison of Key Aspects of Medical Tourism Industry

	India	Thailand	Malaysia	Singapore
Number of JCI accredited hospitals[15]	24	41	10	10
Other JCI affiliated programs	2	16	3	6
ISQua membership of Domestic Accreditation	NABH (National Accreditation Board for Hospitals & Healthcare Providers)	HAI (The Healthcare Accreditation Institute)	MSQH (Malaysian Society for Quality in Health)	-
Visa Category	Medical (M)	Non Immigrant ('O type')	No exclusive medical tourist visa*	No exclusive medical tourist visa**
FRRO registration	√	-	-	-

[15] http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/

Note:

* A regular tourist visa is needed to travel to Malaysia for treatment. For many countries a visa is not required or is available on arrival. However, the duration of stay in these cases is limited but could be extended if required by medical tourists. Overall, obtaining a Malaysian tourist visa, even if required, is not very difficult.

** Most Westerners (from USA, UK, Canada, and EU) are allowed to enter Singapore without a visa for a stay not exceeding 30 days. For others a social visit pass may be needed whose validity could be extended if the need arises. (https://www.health-tourism.com/medical-tourism-singapore/)

India can draw the following lessons from South East Asian competitors:

(1) Thailand has the maximum number of JCI accredited hospitals (41). India has the least number of accredited programs while Thailand has 16. It is important to note here that except for Singapore, all countries have a domestic accreditation program for health care services by the ISQua making them comparable by global standards.

(2) Where visas are concerned, only India has a special category. Thailand offers a tourist visa for medical treatment that permits a short term stay in the country for less than 2 months. However, medical tourists who have to stay longer for treatment are granted a long term non-immigrant visa under the 'O' category. This type of visa is also granted to tourists coming to Thailand to stay with their family, to perform duties for a state enterprise or social welfare organizations, to stay after retirement for the elderly, to be a sports coach as required by the Thai Government and to be a contestant or witness for a judicial process. Malaysia and Singapore also do not have an exclusive visa for medical tourists. These countries grant tourist visas to international patients with a suitable duration of stay and allowing multiple entries as may be required by someone applying for a visa on the grounds of medical treatment.

(3) The requirement to register at the FRRO is unique to India. None of India's South East Asian competitors have such a requirement and this is an aspect which the Indian Government needs to look into.

5. Conclusion and Recommendations

Given the inter-country differences between India and Pakistan in terms of cost, quality, availability of treatment, and alternative medicines/procedures, and similarities in cultural, linguistic, social, and demographic factors, there is much scope for enhancing trade in health services. The largest potential lies in medical tourism. With the cost-effective and quality healthcare India has to offer to its patients, there is great potential for attracting patients from Pakistan. To tap this potential, both countries can adopt some procedural and regulatory measures. Based on the secondary research and primary survey, the study recommends the following to enhance trade in health services between India and Pakistan:

i. Coordination between ministries associated with medical tourism

Multiple government ministries have a role to play in promoting medical tourism in India and enhancing trade in this sector between India and Pakistan. However, they have been functioning individually with little inter-governmental interaction towards improving the relevant regulatory systems. Intergovernmental coordination and cooperation is required among the different ministries involved in medical tourism, that is, the Ministries of Tourism, Home Affairs, Commerce, External Affairs and Health.

As recent as October 2015, the government constituted a Medical and Wellness Tourism Board to provide dedicated institutional framework to promote medical and wellness tourism. The board includes representatives of hospitals, other stakeholders and representatives of related government departments, tourism and hospitality sectors. The board is expected to function in an effective, and time bound manner to find solutions for immediate concerns in the area of health and tourism sector. It was also decided to have a single responsible body which is visible, accessible and through which the various medical systems which are interconnected can be reached by all (Press Information Bureau, 2016). The multiple government bodies should continue to coordinate to undertake similar measures that can streamline processes involved in international patients travel to India.

ii. Greater awareness on health delivery in India and supporting regulations

There is need to promote awareness of the new healthcare portal launched by the government. This can be done by providing links on the websites of the Indian High Commission in different countries and also other means.

iii. Removing discrepancies in information related to medical visas

Information dealing with documents required for visas should be consistent across all sources to reduce confusion. Corrective measures need to be taken to remove discrepancies.

iv. Setting up a Medical Services Attaché

The government could also set up a Medical Services Attaché at the Indian High Commissions to function as a single window desk for all queries regarding medical tourism in India and for redressal of grievances. This would help increase the confidence of patients in India as a medical value travel destination.

v. Alliances between governments

Both governments can entering into formal engagements/partnerships to enable exchange of leading industry practices, technology, skilled manpower (doctors, nurses, etc.) and increase medical tourism. Many private Indian hospitals have tie-ups with government and non-government organizations in other foreign countries. Such linkages not only allow for a continuous flow of medical tourists from those regions but also provide assurance of the genuineness of medical tourists, significant from a security perspective. A case in example is

the tie-up that many hospitals have with the Ministry of Health in Basra, Iraq. It is worth noting that that despite the volatile security situation, hospitals reported receiving a large number of medical tourists (largely soldiers) referred by the Iraqi government for reconstructive surgeries. Indian hospitals have tie-ups with the governments and NGOs in SAARC countries too, such as those with the Red Cross NGO in Afghanistan; Government of Bhutan; Nepal Kidney Samaj; and Government of Maldives.

Such linkages can be put into place between private hospitals in India and government organizations in Pakistan. The advantages of such an arrangement are: i) guarantee of payment (significant from the hospital's viewpoint) and, ii) affordability of treatment (significant from the patient's viewpoint).

vi. Simplifying and streamlining procedures for Medical (M) Visa

While the government's initiative to put in place a special category for Medical (M) visa is commendable, its purpose will not be achieved unless the procedures for applying and obtaining M-visa are reduced, simplified, synchronized, harmonized and streamlined. These steps would also be in line with India's initiative to improve the environment for doing business.

India has recently introduced e-visas and visa-on-arrival schemes, but there is no such scheme for medical tourism. India could consider medical visa on arrival to ease patient travel.

Efforts need to be made to fast-track the procedure for obtaining a medical visa specifically for patients from Pakistan as it is currently a time-consuming process. The additional visa restrictions on patients from Pakistan with respect to number of cities it covered, duration of validity, number of permitted entries, number of attendants, should be relaxed.

vii. Abolition of Foreigner's Regional Registration Office (FRRO) registration

The government should consider doing away with the requirement of FRRO registration for international patients considering that none of the top three medical tourist destinations of ASEAN (Singapore, Malaysia and Thailand) have such a requirement. This measure will further support the facilitative aspects of Medical (M) Visa.

viii. Using Medical (M)-Visa for generation of data on medical tourism

Data on trade in health services and medical tourism is very poor. Information on M-visas from the Ministry of External Affairs and the Ministry of Home Affairs could be used to collect data. Such data will be useful in estimating the inflow of medical tourists to India, their duration of stay, the disease burden of international patients, hospitals that are receiving international patients and so on. Access to such information can help policy makers to take informed decisions.

ix. Collaborations in other Modes

Given their expertise in the healthcare and services sector, Indian hospitals could invest in Pakistan to jointly develop hospitals and upgrade healthcare facilities there.

Tele-medicine and diagnostics is an area where the two countries could collaborate to make consultations and post-operative care easier. Collaboration in developing accreditation programs could also help improve healthcare quality in both countries. The two countries can also collaborate and integrate in the bio-pharmaceutical sector, which is one of the leading R&D investing sectors in the world.

x. Future of medical value travel industry in Pakistan and opportunities for India

In 2010, the Government of Pakistan made medical tourism a key element of the country's new National Tourism Policy and set up a task force to develop the industry. As Pakistan strengthens its healthcare services sector, there will be opportunities for Indian patients to receive treatment in specialized areas that Pakistan will offer in the future.

xi. SAARC Medical Visa

A SAARC Medical Visa could be instituted to facilitate the movement of people among the SAARC countries without having to obtain a visa for every visit. This would particularly ease the flow of patients between India and Pakistan and be a major step towards enhancing trade in medical tourism sector between the two countries.

References

Bureau of Immigration: Ministry of Home Affairs, Government of India (2016). Registration requirement for foreign nationals. Available at http://boi.gov.in/content/registration-requirements-foreign-national

Chanda, R. (2015). Trade in Services Between India and Pakistan. India-Pakistan Trade: Strengthening Economic Relations. Eds Nisha Taneja and Sanjib Pohit. Springer.

Dawn (2015). Pakistani heart patient saved by Indian doctors: report. May 20, 2015 Available at http://www.dawn.com/news/1183138

General Agreement on Trade in Services (1995). World Trade Organization (WTO) Available at https://www.wto.org/english/docs_e/legal_e/26-gats.pdf

High Commission of India, Islamabad, Pakistan (2016). Medical Visa/Medical Attendant Visa. Available at http://india.org.pk/pages.php?id=127

Indian Healthcare Tourism Portal http://www.indiahealthcaretourism.com/

Guide to obtaining India medical visa from the respective countries. Available at http://www.indiahealthcaretourism.com/visa.php

India in Business. Ministry of External Affairs, Government of India. Investment and Technology Promotion Division (2016). http://indiainbusiness.nic.in/newdesign/index.php?param=industryservices_landing/347/1

Jain, P., & Bimal, S. (2014). Enhancing India-Pakistan Economic Cooperation: Prospects for Indian Investment in Pakistan. ICRIER Working Paper 274

Jaypee Hosppital (2016). Why Jaypee Hospital Available at http://www.jaypeehealthcare.com/international-patients/why-jaypee-hospital/

Joint Commission International (2016). JCI Accredited Organizations Available at http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/

KPMG-FICCI Report (2014). Medical value travel in India

Lunt, N., Smith, R. and Exworthy, M. (2011). Medical Tourism: Treatments, Markets and Health System Implications: A Scoping Review, Paris: Organization for Economic Co-operation and Development.

Majid, H. and Mukhtar. N. (2015). Pakistan-India Trade: An Analysis of the Health Sector. India-Pakistan Trade: Strengthening Economic Relations. Eds Nisha Taneja and Sanjib Pohit. Springer.

Ministry of Foreign Affairs of the Kingdom of Thailand (2016). Thailand Visa Information: Issuance of Visa Available at http://www.mfa.go.th/main/en/services/4908/15398-Issuance-of-Visa.html

National Accreditation Board for Hospitals and Healthcare Providers (2016). NABH Accredited Hospitals Available at http://nabh.co/frmViewAccreditedHosp.aspx

National Health Policy (2002). Ministry of Family and Health Welfare. Government of India. Available at http://mohfw.nic.in/WriteReadData/l892s/1804889291210517911 0National%20 Health%20policy-2002.pdf

Paliwal, K. (2015). Medical Tourism: Opportunity and Challenges in India. International Journal of Management and Social Sciences Research (IJMSSR). Volume 4, No. 10, October 2015). ISSN: 2319-4421

Press Information Bureau, Governemnt of India, Ministry of Tourism (2016). Dr. Mahesh Sharma Chairs First Meeting of National Medical & Wellness Tourism Promotion Board. January 13, 2016.

Press Information Bureau, Government of India, Ministry of Commerce & Industry (2015). India's Healthcare Portal Inaugurated at SAAARC Trade Mart in GES. April 24, 2015 Available at http://pib.nic.in/newsite/PrintRelease.aspx?relid=118665

Safari Plus: A Tale of Tourism (2016). MoT's Multi Lingual Tourist Helpline 1800 111 363. Available at http://www.safariplus.co.in/NewsDetails.aspx?SId=2460

The Express Tribune (2015). Ailing Pakistani girl arrives in India for treatment. October 31, 2015 Available at http://tribune.com.pk/story/982576/ailing-pakistani-girl-arrives-in-india-for-treatment/

John, A. (2015). India's healing touch brings Pakistanis in hordes. The Times of India. December 30, 2015 Available at http://timesofindia.indiatimes.com/india/Indias-healing-touch-brings-Pakistanis-in-hordes/articleshow/50374271.cms

The Tribune (2015). India is like second home for us: Pakistan nationals. November 27, 2015 Available at http://www.tribuneindia.com/news/chandigarh/community/india-is-like-second-home-for-us-pakistan-nationals/163558.html

LATEST ICRIER'S WORKING PAPERS

NO.	TITLE	AUTHOR	YEAR
332	DOMESTIC VALUE ADDITION AND FOREIGN CONTENT: AN ANALYSIS OF INDIA'S EXPORTS FROM 1995 TO 2011	BISHWANATH GOLDAR DEB KUSUM DAS SREERUPA SENGUPTA PILU CHANDRA DAS	JANUARY 2017
331	LABOUR REGULATIONS IN INDIA: IMPROVING THE SOCIAL SECURITY FRAMEWORK	ANWARUL HODA DURGESH K. RAI	JANUARY 2017
330	LAW, SKILLS AND THE CREATION OF JOBS AS 'CONTRACT' WORK IN INDIA: EXPLORING SURVEY DATA TO MAKE INFERENCES FOR LABOUR LAW REFORM	JAIVIR SINGH DEB KUSUM DAS HOMAGNI CHOUDHURY PRATEEK KUKREJA	SEPTEMBER 2016
329	HARVESTING SOLAR POWER IN INDIA!	ASHOK GULATI STUTI MANCHANDA RAKESH KACKER	AUGUST 2016
328	A MORE SUSTAINABLE ENERGY STRATEGY FOR INDIA	MONTEK AHLUWALIA HIMANSHU GUPTA NICHOLAS STERN	JULY 2016
327	INDIA'S INFORMAL TRADE WITH PAKISTAN	NISHA TANEJA SAMRIDHI BIMAL	JULY 2016
326	INDIA – PAKISTAN TRADE: TEXTILES AND CLOTHING	NISHA TANEJA SAON RAY DEVYANI PANDE	JUNE 2016
325	IMPROVING TAXATION ENVIRONMENT: ATTRACTING FOREIGN DIRECT INVESTMENT	R. R. SINGH	JUNE 2016
324	FINANCIAL SECTOR LEGISLATIVE REFORMS COMMISSION (FSLRC) & FINANCIAL SECTOR REGULATION IN INDIA	JAIMINI BHAGWATI M. SHUHEB KHAN RAMAKRISHNA REDDY BOGATHI	JUNE 2016
323	URBAN WATER SYSTEMS IN INDIA: A WAY FORWARD	MIHIR SHAH	MAY 2016
322	SURVEILLANCE OF CHRONIC DISEASES: CHALLENGES AND STRATEGIES FOR INDIA	UDAYA S MISHRA S IRUDAYA RAJAN WILLIAM JOE ALI MEHDI	MAY 2016
321	PREVENTION OF CHRONIC DISEASES: REORIENTING PRIMARY HEALTH SYSTEMS IN INDIA	ALI MEHDI DIVYA CHAUDHRY PRIYANKA TOMAR PALLAVI JOSHI	MAY 2016

About ICRIER

Established in August 1981, ICRIER is an autonomous, policy-oriented, not-for-profit, economic policy think tank. ICRIER's main focus is to enhance the knowledge content of policy making by undertaking analytical research that is targeted at informing India's policy makers and also at improving the interface with the global economy. ICRIER's office is located in the institutional complex of India Habitat Centre, New Delhi.

ICRIER's Board of Governors includes leading academicians, policymakers, and representatives from the private sector. Dr. Isher Ahluwalia is ICRIER's chairperson. Dr. Rajat Kathuria is Director and Chief Executive.

ICRIER conducts thematic research in the following eight thrust areas:

- Macro Macroeconomic Management Financial Liberalisation and Regulation
- Global Competitiveness of the Indian Economy
- Multilateral Trade Negotiations and FTAs
- Challenges and Opportunities of Urbanization
- Climate Change and Sustainable Development
- Physical Infrastructure including Telecom, Transport and Energy
- Asian Economic Integration with focus on South Asia
- Promoting Entrepreneurship and Skill Development

To effectively disseminate research findings, ICRIER organises workshops, seminars and conferences to bring together academicians, policymakers, representatives from industry and media to create a more informed understanding on issues of major policy interest. ICRIER routinely invites distinguished scholars and policymakers from around the world to deliver public lectures and give seminars on economic themes of interest to contemporary India.