

MEDICAL VALUE TRAVEL PARADIGM SHIFT



REPORT

Report
on
Medical Value Travel (MVT)
Paradigm Shift



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Foreword

India is currently ranked as the fifth most attractive and favorite destination for Medical Value Tourism (MVT) as per a popular MVT tracking website. Patients from all over the world come to India for various kinds of treatment. A majority of them are from Nigeria, Iraq, Afghanistan, Bangladesh and Iran, besides other African countries. As per Invest India, a national investment promotion and facilitation agency, MVT patients increased from 1.83 lakh in 2020 to 3.04 Lakh in 2021 and the current MVT market is valued at \$5–6 billion, and expected to be \$13 billion by 2026

Presently most Indian private hospitals get patients through their respective business development and marketing strategies, which operate from satellite or solicitation centers, through agents, marketing bodies, camps, etc. Payment for medical treatment is, therefore, catered to largely on out-of-pocket basis by patients, or by certain governments with insurance companies chipping in.

However, currently Medical Value Travel business is highly unregulated and driven by an institutionalised ad-hoc approach. This approach has been detrimental to both national MVT potential and holistic universal healthcare, wherein accessibility and affordability are cherished ideals also espoused by Sustainable Development Goal No.3 - Good Health and Well-being.

It is high time that the government takes note of MVT business practices which are not foreign patient friendly and create an unpleasant perception of Brand India.

VIF, therefore, humbly recommends the need for setting up an MVT Council as an institutional course correction mechanism for issues concerning trust and transparency, foreign patient convenience, price-quality experience, insurance portability, seamless phygital logistics, creation of MVT spokes-skilled nursing facilities, treatment price band standardisation, technology acquisition, AMR stewardship, medico-legal privileges and appointment of ombudsman.

This course correction will go a long way in ensuring Responsive Epidemiological Surveillance, Demographic Dividends, MedTech Democratisation, enhanced affordability, availability and

accessibility of healthcare resources to deliver a better continuum of care for the global community not so well equipped with healthcare infrastructure.

The VIF, through its recommendations, has voluntarily endeavoured to give institutional shape to a patient-centric initiative that will bring all stakeholders, including business and government in sync with the One Health approach adopted at the G20 Summit in Indonesia 2022; towards an ancient Indian philosophy of “Vasudhaiv Kutumbakam” or Vasudhaiv Swasth Kutumbakam to be precise. This will not only streamline all related activities, but remove bottlenecks, besides creating a Value for Money environment.

Initiating this novel path will allow our country to emerge as a compassionate global healthcare leader and as a good destination for quality medical interventions.

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Executive Summary

In this section, while following the conventional format for an executive summary that entails various intended imperatives of the MVT Task Force report under the mentorship of VIF top brass, the authors have endeavored to present an interim yet institutional and scalable solution to impending health challenges in across the Global South which faced the worst pandemic disruption and devastation.

Global Infrastructural Challenges and Vulnerable Demographic Dividends

Covid 19 was a biological holocaust. It was not only an epidemiological calamity, but also an induced socio-medico-economic disruption. The whole world came to a sudden standstill and the vulnerability of even advanced global healthcare systems was exposed.

What we witnessed after Covid was a humungous loss of demographic dividend across the world, something we seemed to have missed.

Another concern that needed urgent deliberation was that the world is aging rapidly in most parts and could not afford depletion of productive populations because of a growing disease burden spread across all age groups. Hence, we need to safeguard global demographic dividends to ensure sustained economic activity and security. Moreover, out of pocket medical emergency expenditures keep pushing populations below the poverty line and this was conclusively documented by economic studies during the pandemic. The threat to health security was further compounded by the lack of Medtech democratisation- out of nearly 500 billion USD of Global MedTech procurement, only 33 percent was accounted for by the entire Global South. Developed countries accounted for more than 50 percent. This disparity of highly prized advanced MedTech has posed serious challenges to healthcare infrastructure development in Low and Medium-Income Countries (LMICs) and also emerged as potential impediment to affordable and accountable advanced healthcare.

With the world still reeling under a pandemic-induced recession and inflation, further investment in healthcare infrastructure has become challenging as it involves deployment of

billions of dollars at the expense of other economic development priorities to create, reinstate and sustain employment to prevent the poverty line from sagging further. This document is inspired from the seven recommendations of the One Health Approach known as the Bali Declaration adopted at the G20 Summit 2022 in Indonesia. These recommendations encompass a broad spectrum of the One Health approach important to Prevent, Predict, Detect, prepare and respond to global health threats. The World Bank estimates an annual investment of approximately 1.9-3.4 billion USD to build and operate effective disease prevention and control in LMICs. However, building a comprehensive healthcare and R&D infrastructure would take many more billion dollar investment in LMICs.

The Vivekananda International Foundation (VIF) started deliberating with healthcare industry experts on these impending and compounding global health concerns in October 2022 to work out a supplementary approach to the One Health Approach, that combines implementation of the seven Bali Declaration 2022 recommendations with investment-light requisite infrastructure capacity building. Hence in this task force report, the **Vivekananda International Foundation** advises the setting up of the **Vasudhaiv Swasth Kutambakam Healthcare Centre (VSKHCs)** in LMICs to initiate an endeavour aligned with the One Health approach. These VSKHCs would double up as spokes and facilitate native populations to seek critical medical treatment in India, which otherwise requires massive investment in tertiary and quaternary care.

India, being the Pharmacy and Vaccine Capital of the World, has played a major role in saving millions of precious human lives and is now well poised to institutionally and multilaterally respond to the global call for health security, besides enriching LMIC demographic dividends in economy of scale, incremental healthcare affordability through efficient R&D, a vibrant start-up ecosystem as well being an emerging MedTech powerhouse.

Seven recommendations that could be implemented through proposed VSKHCs in LMICs:

- 1. Raise awareness and advocacy for one health approach priorities**

Use a WHO initiative new pandemic agreement to build health linkages across humans, animals, plants and the environment. VSKHCs would be well equipped with high end diagnostics infrastructure to not only respond to health emergencies of the local population, but also build a strong clinical data base to facilitate further epidemiological investigation.

- 2. Identify Gaps and Opportunity**

Introduce a last mile surveillance mechanism and instruments backed by global regulatory framework to successfully implement One Health. VSKHCs would be well accredited and certified as being in sync with the global regulatory regime as well as expand their surveillance reach to far flung areas of LMICs.

3. **Develop mechanisms to support overarching One Health governance and coordination framework**

VSKHCs shall leverage their Indian experience and knowledge of the quadripartite structure and coordination framework, and internationally acclaimed pandemic management to forge strong integration and synchronisation with native whole-of-society and whole-of-government.

4. **Develop science-and evidence-based cases for funding or investment in One Health**

VSKHCs to coordinate with Indian healthcare research institutions to provide evidence-based informed investment advisories to a native government in LMICs.

5. **Be guided by the Quadripartite One Health joint plan of action**

VSKHCs to be programmed with prognostic and diagnostic infrastructure and capabilities and to adhere to Quadripartite **One Health joint plan**

6. **Implement the One Health approach in all relevant policies to better prevent, predict, detect, prepare and respond to health threats**

VSKHCs with proper documentation, timely communication and coordination with quadripartite and other key national, sub-national, regional and global healthcare stakeholders, shall strengthen the global coalition against an epidemic or a pandemic.

7. **Facilitate One Health research, knowledge sharing, capacity building and voluntary knowledge transfer**

VSKHCs be set up at multiple locations in LMICs to democratise capacity building. They would be networked with all healthcare research institutions locally and globally, and have access to health economists, researchers, experts and institutions in India.

VSKHC-Hub & Spokes

VSKCs outreach is proposed to follow the **digitally enabled best logistics model** of Hub and Spoke to make healthcare patient centric, hassle free and affordable. This model has the potential to not only reduce medical expenses by 30 to 40 percent, but also localise Continuum of Care (CoC), thus empowering the patient's right to affordable, accessible, available and accountable healthcare in sync with UHC.

While India could be the hub with tiered hospital infrastructure from Tier 1 to 3 cities, with enhanced logistical and digital connectivity, VSKHC Spokes could be set up in LMICs as part of the One Health Approach.

India's new policy of "One District-One Medical College" would cater to the global demand for more trained doctors in the future.

VIF-MVT Task Force Recommendations

1. MVT Outreach through the Hub and Spokes Model

Instead of waiting for MVT travelers to seek critical treatment in India, a more proactive and preemptive approach is recommended.

Setting up hubs (skilled nursing facilities) in MVT potential LMICs could be worked out in PPP mode encompassing local private sector partners /govt hospitals and Indian private sector partners (may be medical equipment suppliers or hospital promoters could also act as hubs in India).

These Spokes would be equipped with best of diagnostic equipment and laboratories to facilitate pre-hospitalisation investigation of MVT patients before their arrival in India. Localisation of diagnostic procedures will offer empathetic relief and convenience, besides reducing the waiting time at Indian hospital hubs considerably. These Spokes would also provide post-hospitalisation care.

2. OPEX would be taken by local partner and manpower to be supplied by Indian partners. Such a proactive approach would reduce MVT expenses and enhance patient care, convenience, and confidence through Continuum of Care post surgery at local Spokes. Post-surgical complications and expenditures have been common pain points in MVTs.
3. MVT Spokes would also house a full-fledged AYUSH (Ayurved, Yoga, Siddhi, Unani and Homeopathy) Department to cater to local patients and MVT patients post-surgery, thus promoting integrated healthcare, which is gaining more global acceptance.
4. G2G collaborative endeavours to mitigate the Global Burden of Disease (GBD).

Healthcare Infrastructure Investment is quite challenging in the post-pandemic economic scenario. An MVT patient quota could be mooted at the G2G level and complicated cases could be referred to Indian healthcare hubs instead of deploying huge investment in tertiary and quaternary care facilities. To begin with, a NCD quota could be worked out for each year for collaborative countries which would further reflect in procurement savings and help in leveraging economy of scale in delivering the best and more affordable care.

G2G initiatives would ensure much needed regular and captive MVT business at better negotiated rates. **This could be first such initiative in the world.** India ranks among top 10 countries in global qualitative and affordable healthcare.

5. Digitalisation of the MVT process is imperative to embed transparency and trust in an archaic system where middlemen/facilitators have an unsolicited dominant say sans accountability, thus creating a not so pleasant perception about the MVT experience and holistic Indian hospitality of Atithi Devo Bhava, among foreign patients.

Digitalisation of MVT Process would also help in privacy protection of MVT Patients' EHR/EMR (medical records). The patient medical case history data is necessary for communication between professionals and to maintain continuity of treatment. The sharing of medical records can be difficult while travelling overseas and currently is performed by medical tourism facilities in the destination country or facilitator agent. The digitalisation of the MVT process shall ensure direct transmission of data from Spokes to hospital hubs.

6. MVT has collateral potential for making and enriching local healthcare (countries wherein Spokes are proposed) through Make in India-enabled incentives like Start Up India, PLI Scheme etc. aimed at producing and globally democratising affordable and advanced Indian MedTech.
7. India has seen exponential growth in creating MedTech and Healthcare Demographic dividends with a steady growth of medical doctors, nurses, paramedics, biomedical engineers etc. India has a global edge in quality and affordable healthcare demographic dividends which could be leveraged for staffing and managing Spokes healthcare in MVT potential countries.
8. Indian scientific and MedTech research capability and excellence in AMR stewardship and Genomics would further value add to the MVT Hub-Spokes model. Genomics Labs could be integrated into Spokes for better epidemiological research, analytics and precision medicine.
9. Medical insurance portability among MVT Spokes and Hubs across international geographies could be a disruption waiting in the wings. A consortium of insurance companies with clarity on bilateral and multilateral MoUs on transactional revenue sharing across MVT Spoke and Hubs could be big boost to MVT insurance ecosystems. It would further add more convenience and transparency to the MVT Patients' experience curve. Like mobile phone services portability across global geographies, medical insurance portability could also be worked out. This could be win-win-win scenario and shall expand the global insurance ecosystem and further eliminate out of pocket expenditures born by foreign patients having no international medical insurance.
10. Indian Rupee internalisation could further enhance MVT accessibility to many patients and help the cause of UHC. It may further strengthen prospects for G2G collaboration on MVT Quota by making healthcare more affordable by payment in rupee instead of USD.
11. The MVT Hub-Spokes Model needs to be strictly complied with in all globally acclaimed accreditations and certifications, and also governed by medico-legal laws. This would further empower international patients' rights.

12. MVT Task Force strongly recommends appointment of an ombudsman for MVT patients to reach out to for arbitrations individually or through diplomatic missions in India.
13. Global mobility is on rise and the MVT traffic is bound to go up, This task force strongly recommends the setting up Genomics Labs at all international airports in India for better epidemiological surveillance so that no one is excluded. Alternatively, these labs could be set up at MVT VKSHC-Spokes in countries of MVT patients.
14. Voluntary adherence to ESG (Environmental, Social and Governance) and Business Responsibility and Sustainability Report (BRSR), though currently not mandatory. should be considered to differentiate Indian healthcare service providers from competition in the Global MVT space.

This recommendation of setting up hub and spokes models could be an interim and impactful solution to emerging national and intercontinental epidemiological challenges. These globally perceived, assessed and recognised health threats have become a new normal that the world has started living with. The only way forward to preempt and mitigate these challenges is resort to co-create and collaborate using best possible resource utilisation and optimisation. India has enough health-care infra capacity and an evolving healthcare ecosystem, spanning from medicines to machines to medical human resources. While tertiary and quaternary healthcare infra in LMICs need to be planned and developed, however, public healthcare programmes must be prioritised as these deliver benefits to larger populations. Medical value-based travel could prove to be an interim solution to critical medical cases. A G2G understanding and agreement on MVT quota ably supported by insurance portability could further make this proposition commercially, clinically and logistically more amicable.

SDG No.3-Good Health and Wellbeing is a great pathway towards last mile healthcare service delivery and ensures safety and quality of demographic dividends. India under its ongoing G20 Presidency with a well-articulated theme of One Earth One Family One Future instills great hope and confidence in the global community about its economic resilience and sustainable growth. Well-equipped and planned Vasudhaiv Swasth Kutambakam Healthcare centers and Indian hospital hubs could relieve LMICs of considerable investment in healthcare, thereby allowing economic resources to be committed to other industrial development priorities.

Chapter 1 : Medical Value Travel (MVT)

Collaboration-Co-Creation-Coordination

वसुधैव स्वस्थ कुटुम्बकम् -सर्वे भवन्तु सुखनिःसर्वे सन्तु नरिमया

One Earth-One Family-One Future One Health Approach

- A solution to global healthcare imperatives and emergency situations (An Indian perspective)
- Health and economic security – demographic dividends
- India, a concerned, compassionate and accountable global healthcare stakeholder
- Antibiotic abuse and resistance a silent pandemic.

A Solution to Global Healthcare Imperatives and Emergency Situations (An Indian perspective)

This document has reference to the seven recommendations adopted during G20 Indonesia presidency in 2022 to strengthen the One Health approach following intensive discussion with all stakeholders, including health ministers of G20, Quadripartite-WHO, FAO, World Organisation for Animal Health/WOAH and United Nation Environmental Programme/UNEP, Civil Society Organisations, supported by One Health High Level Expert Panel an advisory panel to the quadripartite that supports their provision of evidence-based scientific and policy advice to address the challenges of global health threats in order to improve the health of humans, animals, plants and the environment. This includes promoting health and Sustainable Development Goals (SDGs).

Health and Economic Security – Demographic Dividends

Global healthcare in constantly evolving /deteriorating geo epidemiological scenario urgently needs a sustainable bilateral and/or multilateral G2G endeavor like Vasudhaiv Swasth Kutambakam to mitigate rising global NCD loads and the ever looming epidemic and pandemic threats.

With the Covid 19 pandemic depleting government resources the world over, and elective surgeries piling up, health security has emerged as the most serious public good challenge for welfare state polity and administration.

While greater global emphasis over SDGs and UHC continues, long-term policy decision and implementation and highly fiscal outlay centric measures like expanding and upgrading public healthcare infrastructure coupled with health insurance schemes may vie with other economic priorities. The native government of the day may be fiscally constrained to invest much in local healthcare.

India: Concerned, Compassionate and Accountable Global Healthcare Stakeholder

In this scenario, India with its deep-rooted strengths and unprecedented capacity building in healthcare is well poised to take on emerging and potential global public health emergency challenges being the pharmacy of the world as well as the global vaccine capital via the MVT route. India has inherent wherewithal to leverage economies of scale in the healthcare sector to alleviate and mitigate global public healthcare concerns.

Vasudhaiv Swasth Kutambkkam Health Centers (VSKHCs) as global healthcare capacity building and financing gestures and instruments could cater to the global cause of public good of healthcare.

Antibiotic abuse and resistance: A silent pandemic. AMR Guidelines and Safeguards and its implications for MVT Potential and patients

Antimicrobial resistance (AMR) has spread globally and resembles a silent hidden killer pandemic. The irrational use of antimicrobials in community health settings, agriculture and animal husbandry is largely responsible for the increase and spread of antimicrobial resistant pathogens. This global issue is further compounded by increased international travel, lack of vaccines and novel antimicrobials against the resistant pathogens¹.

Medical value travel is gaining strategic importance as patients travel across countries for medical treatment. AMR guidelines recommend development and support in genomic surveillance for global control of AMR. The human microbial flora also plays a key role in the spread of AMR and needs to be studied in international travellers. These travellers need to be screened thoroughly using samples from stools, nasal, vagina and skin for detection of AMR genes². Stringent antimicrobial stewardship practices need to be followed by clinicians who are providing pre-travel consultation and treatment to this diverse travelling population. The rational use of antimicrobials during empirical therapy and pre-operative prophylaxis especially needs to be given specific attention.

Medical travellers need to be educated on the risk of various diseases in countries they are travelling to. Similarly, vaccinations, travel medications and precautionary measures should be arranged prior to the medical travel³.

There are several potential solutions to public health and economic implications of the increase in the spread of present and potential antimicrobial resistant pathogens. These solutions include: containment strategies implemented by the World Health Organisation (WHO) under the International Health Regulations 2005 (IHR); race-to-the-top strategies that do not require state intervention at any level, where patients select hospitals with expertise in infectious diseases; containment procedures utilised by individual countries to prevent incoming infections, similar to the classical IHR regime and information-forcing regimes at either national or international levels, which can supplement any of the other three regulatory and economic solutions by instituting reporting requirements on individual states.

Accreditations and Certifications: Accountable Care

Safe, Quality and Speedy healthcare-based clinical outcome can only be possible if accredited and certified healthcare facilities are seamlessly in sync with quality continuum to achieve accountable healthcare.

Chapter 2 : Institutional MVT Challenges and Solutions: Hub and Spoke Model

- Middlemen (Intermediate Commission Agents)
- High cost of packages
- Pre / Post logistics and administrative expenses
- Skilled nursing facility

Middlemen (Intermediate Commission Agents)

Currently trade is unstructured and unregulated. Stakeholders in the business include hospitals, doctors, marketing agents, etc.

It is a case of whoever gets a patient exploits and makes money.

High cost of Packages

Hospitals don't have a defined tariff for Medical Value Travel (MVT), hence they mark-up each procedure cost by 20 to 30 percent. Pre and post hospitalisation costs are over and above this price.

To add to this is the cost on account of logistics, transportation, accommodation for family and interpreter. So overall, the MVT cost to patient is high and unaffordable. This acts as a barrier to MVT growth in India. A price comparison data analytics of surgical procedures derived from the international MVT price tracking website <https://www.medicaltourism.com/compare-prices> shows comparative global MVT pricing and destination attractiveness in 2021. As per this website "The cost of care is one of the most important metrics for destination attractiveness. Naturally, it's a major driver of health travel".

India Global MVT Pricing and Destination Attractiveness ranks

1. Highest in heart bypass surgeries,
2. Second highest in heart valve replacement,
3. Third highest in angioplasty, knee replacement and IVF, and
4. Fourth highest in hip replacement, hip surfacing, spinal fusion and cataract surgeries.

Global MVT Prices Comparison

S. No.	Specialty	MVT Prices (in \$ value)				
		USA	L1	L2	L3	L4
1.	Angioplasty	28,200	Ukraine 4000	Mexico 5000-12000	India 5500-6200	Vietnam 8,510 - 12,290
2.	Heart Bypass	123,000	India 7000	Ukraine 12000-22000	Columbia 11200	Mexico 15,000 - 35,000
3.	Heart Valve Replacement	170000	Ukraine 6000-8000	India 8500-11500	Mexico 10,000 - 35,000	Columbia 20,000
4.	Hip Replacement	40,364	Ukraine 3500-4500	Jordan 5640-7050	Vietnam 6280-9860	India 7000-14000
5.	Hip Resurfacing	28,200	Ukraine 3500-4500	Thailand 7000	Columbia 8,000	India 8800
6.	Knee Replacement	35,000	Ukraine 3500-4500	Jordan 4230-5640	India 6000-12000	Vietnam 6900-9490
7.	Spinal Fusion	111,000	Ukraine 3000	Vietnam 6800-7160	Thailand 9500	India 12000
8.	Cataract Surgery	3500	Ukraine 600-2000	Vietnam 1000-1260	Jordan 1060-1200	India 1200
9.	IVF	15400	Ukraine 1500-3500	Jordan 2540-5640	India & Mexico 6500	South Korea 8000

So in order to reduce pre and post hospitalisation and logistics cost to patients, enhancing quality and convenience, and maximising the interactive interface with potential MVT patients, a Hub and Spoke model is a global imperative and responsibility towards UHC in the Global South where healthcare facilities are still inadequate in treatment of medical complications.

Hub and Spoke MVT model:

SNF 2.0 – Centre of Continuum of Care Excellence

In Hub and Spoke model, hospitals located in would be Skilled Nursing Facilities (SNFs) in India face healthcare infrastructure and clinical challenges. Proposed SNFs should be 50 to 100-bedded hospitals equipped with diagnostic facilities, including Genomics Labs without critical wards like

ICUs (Intensive Care Units) and OT (Operation Theatres). SNF2.0 would be structured in such way so as to also conduct diagnostic investigations and stabilise MVT patients before they are referred to Indian hubs and offered post-surgical Continuum of Care (CoC). This institutional framework would be a win-win solution for all MVT stakeholders. Such customisation of SNF would optimise MVT costs without compromising hospital margins and quality care across healthcare services.

A value addition to SNF2.0 would be the addition of well-equipped ophthalmic infrastructure to cater to cataract surgery demand locally backed by Indian MedTech supply chain. This would help enlarge the scope of emerging ophthalmic care, a major concern of demographic dividend in the Global South.

Skilled Nursing Facility (SNF) Care

Skilled nursing care can be provided in a SNF environment on a short-term basis if specific conditions are met. This includes:

- Doctor has determined that you need daily skilled care under the supervision of skilled nursing or therapy staff.
- You need these skilled services for a hospital-related medical condition that arises during your qualifying three-day inpatient hospital stay, even if it wasn't the reason you were admitted to the hospital.
- A condition that started while you were getting SNF care (for example, you develop an infection that requires IV antibiotics while getting SNF care).
- For individuals in need of skilled nursing services and, or regular invasive treatments or procedures, at an SNF, or "skilled nursing facility."
- Medical problems such as diabetes, lung and heart problems that are not well controlled
- Medicines that cannot be given safely at home
- Surgical wounds needing frequent care
- Joint replacement surgery (for knees, hips or shoulders)
- Long hospital stays Strokes or other brain injury

At the skilled nursing facility, a doctor will supervise patient care. Other trained health-care providers will help patients regain strength and ability.

- Registered nurses will take care of wounds, give a patient the right medicines and monitor other medical problems.
- Physical therapists will teach patients how to make their muscles stronger. They help you to learn how to get up from and sit down safely on a chair, toilet, or bed. They may also help patients relearn how to climb steps and keep balance.

- Occupational therapists can teach patients how to do everyday tasks at home.

Skilled nursing facility (SNF) care is both long-term residential care and short-term post-acute or rehabilitative care. Long-term care facility is a facility that provides rehabilitative, restorative and/or ongoing skilled nursing care to patients or residents in need of assistance for their daily living.

Services Include, But are Not Limited to:

- Semi-private room (a room you share with other patients)
- Meals
- Skilled nursing care
- Physical therapy (if needed to meet your health goals)
- Occupational therapy (if needed to meet your health goals)
- Speech-language pathology services (if they're needed to meet your health goals)
- Medical social services
- Medication
- Medical supplies and equipment used in the facility
- Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that aren't available at the SNF
- Dietary counseling
- Swing bed services

Most Expensive Procedure for Which You Need To Go To A Skilled Nursing Facility (Pre And Post Hospitalisation)

- Intestine Transplant
- Lung Transplant
- Lung Transplant
- Open Heart Surgery
- Cancer
- Liver Transplant
- Pancreas Transplant

- Kidney Transplant
- Tracheostomy

Such high-end Quaternary care facilities could be used for MVT Pre and Post Hospitalisation procedures

Quality of Care In Skilled Nursing Facility

- Wound Prevention & Management
- Tube Feeding Management/Restore Eating Skills
- Respiratory/Tracheotomy Care and Suctioning
- Parenteral/IV Fluids
- Prosthesis
- Pain Management
- Dialysis
- Colostomy, Urostomy, or Ileostomy Care
- Nutrition/Hydration Status Maintenance
- Treatment/Devices to Maintain Hearing/Vision
- Treatment/Services to Prevent/Heal Pressure Ulcers
- Foot Care
- Increase/Prevent Decrease in ROM/Mobility
- Free of Accident Hazards/Supervision/Devices
- Bowel/Bladder Incontinence, Catheter, UTI

Skilled Nursing Facility Data Needs

Skilled Nursing Facility data needs requires the following data from hospitals as support treatment at the point of care.

- Diagnosis and other information included in hospital data from all previous hospitals
- Timely discharge summaries
- Accurate medication list
- Medication
- Advanced directives

Quality Assurance/Risk Management Guidelines for SNF

- Complete Investigative Report
- Therapy to screen resident that falls under referred and recommended appropriate intervention.
- Care plan updation with any new interventions.
- Nursing staff to document Q shift for 72 hours.
- Abuse and Adverse Reporting Protocol to be initiated when appropriate.

Chapter 3 : Vasudhaiv Swasth Kutambakam Healthcare Centre (VSKHC)

- VSKHC-Flag Bearer of One Health Approach of G20 Bali Summit
- VSKHC-Hub and Spoke
- VSKHCs-Spokes: Continuum of Care (CoC)
- VSKHCs Capex and Opex
- HFS- Phygital Logistical Integration

Vasudhaiv Swasth Kutambakkam Health Centers (VSKHC)

The **Vivekananda International Foundation** proposes setting up **Vasudhaiv Swasth Kutambakam Healthcare Centres (VSKHCs)** in LMICs in the Global South as an endeavour towards a One Health Approach through multilateral financing mechanisms. The World Bank has suggested an investment of approximately \$1.9-3.4 billion to build and operate effective prevention and control in LMICs. These VSKHCs would double up as Spokes and facilitate native populations seeking medical treatment in India.

Following are the seven recommendations that could be implemented through the proposed VSKHCs in LMICs

1. Raise awareness and advocacy for One Health approach priorities

Introduce health linkages across humans, animals, plants and the environment with a WHO initiative new pandemic agreement. These VSKHCs would be well equipped with high end diagnostic infrastructure that would not only respond to health emergencies of the local population, but also build strong clinical data bases for further epidemiological investigation.

2. Identify Gaps and Opportunity

Last mile surveillance mechanism and instruments backed by a global regulatory framework is the key to the successful implementation of One Health. VSKHCs would be well accredited and certified in sync with the global regulatory regime and shall expand the surveillance reach to far flung areas of LMICs.

3. Develop mechanisms to support overarching One Health governance and coordination framework

VSKHCs shall leverage its Indian experience and knowledge of the Quadripartite structure and coordination framework, and internationally acclaimed pandemic management to forge strong integration and synchronisation with native whole-of-society and whole-of-government.

4. Develop science-and evidence-based cases for funding or investment in One Health

VSKHCs in coordination with Indian healthcare research institutions shall provide evidence-based informed investment advisories to the native government in LMICs.

5. Be guided by the Quadripartite one health Joint Plan of action as a blueprint for action

VSKHCs would inherently be programmed with prognostic and diagnostic infrastructure and capabilities. VSKHCs shall adhere to Quadripartite's OH JPA

6. Implement the One Health approach in all relevant policies to better prevent, predict, detect, prepare for and respond to health threats

VSKHCs, with proper documentation, timely communication and coordination with Quadripartite and other key national, sub-national, regional and global healthcare stakeholders, shall strengthen the global coalition against epidemics and pandemics.

7. Facilitate One Health research, Knowledge sharing, capacity building and voluntary knowledge transfer.

VSKHCs would be set up in multiple locations to democratise capacity building. VSKHCs would be networked with all healthcare research institutions locally and globally. VSKHCs would also have access to health economists, researchers, experts and institutions in India.

VSKHC-Hub & Spokes

VSKCs outreach is proposed to follow **digitally-enabled best logistics model** of Hub and Spoke to make healthcare patient centric, hassle free and affordable. This model has the potential to not only reduce medical expenses by 30-40 percent, but also localise Continuum of Care (CoC), thus

empowering a patient's right to affordable, accessible, available and accountable healthcare in sync with UHC.

While India could be the hub with tiered hospital infrastructure in tier 1 to 3 cities, with enhanced logistical and digital connectivity dotting specialised diagnostic and therapeutic capabilities, VSKHC-Spokes could be set up in LMICs as part of One Health Approach.

One district-one medical college policy would cater to the global demand for trained doctors in ongoing and ensuing decade(s).

VSKHCs-Spokes: Continuum of Care (CoC)

A skilled nursing facility with hi-end diagnostic infrastructure could be set up as Spokes in LMICs. SNFs are customised and miniature hospital facilities sans OT and intensive care units but adequately staffed with requisite medical and technical professionals.

These Spokes would serve multiple purposes of conducting diagnostic investigation and providing emergency care, besides stabilising critical native patients before shifting to Indian hospital hubs. These would also ensure **Continuum of Care (CoC)** locally post elective/emergency surgeries in LMICs. In the conventional MVT model, the CoC is done through telemedicine or in case of urgency, a revisit by MVT patients.

VSKHCs- Capex and Opex

Spokes could be set up under the aegis of Ministry of Health and Family Welfare (MoHFW), Ministry of Ayush and the Ministry of External Affairs (MEA) with coordinated endeavours from the Exim Bank, ECGC, SEPC etc.

Spoke could be a multilateral collaboration of the Government of India (GoI), international institutions like the World Bank (WB), private hospitals and the LMIC government under a PPP arrangement, infrastructure and CAPEX to be funded by an Indian consortium and OPEX to be managed by local partners in LMICs with Indian medical staffing support.

VSKHC- Phygital Logistical Integration

This MVT model shall leverage well acclaimed Indian digital public good prowess. It shall be driven by end-to-end Healthcare Facilities Service (HFS), a digital platform (portal) ensuring strong patient connectivity and linkages, transparency, efficiency, trust, and accountability. HFS shall connect patients located in far flung areas in LMICs with local Spokes and Indian healthcare hubs. HFS would be like a nervous system of proposed MVT model and ensure sensitivity of patient needs, anxiety, distress, and pains to be promptly addressed offshore or onshore.

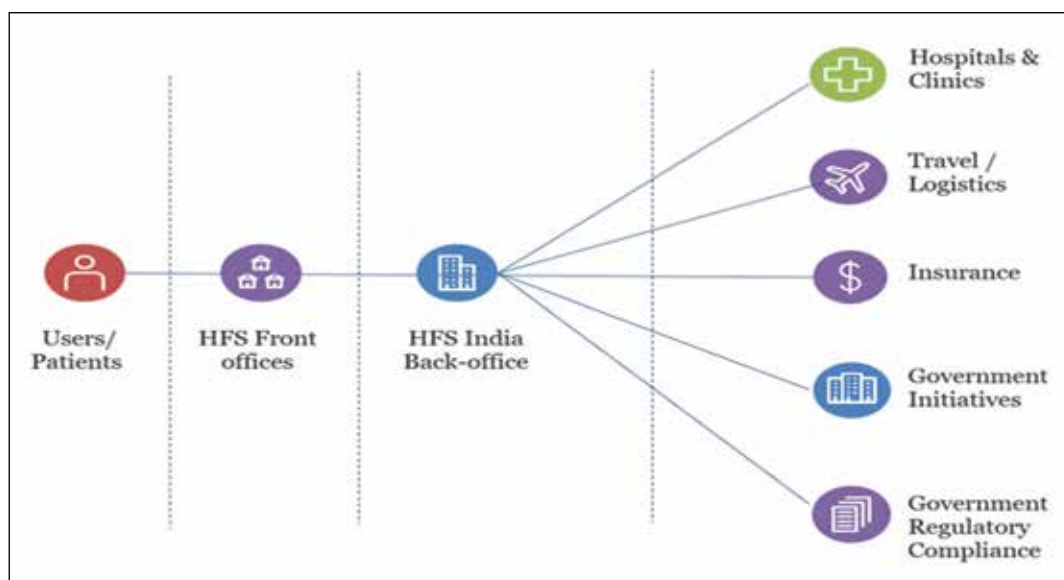
Chapter 4 : Digital Public Good: Healthcare Facility Service (HFS) Centers

Rebooting MVT Processes, Digital Adoption Prevent Systemic Aberrations

Digitalisation of the MVT Process is a much needed imperative to

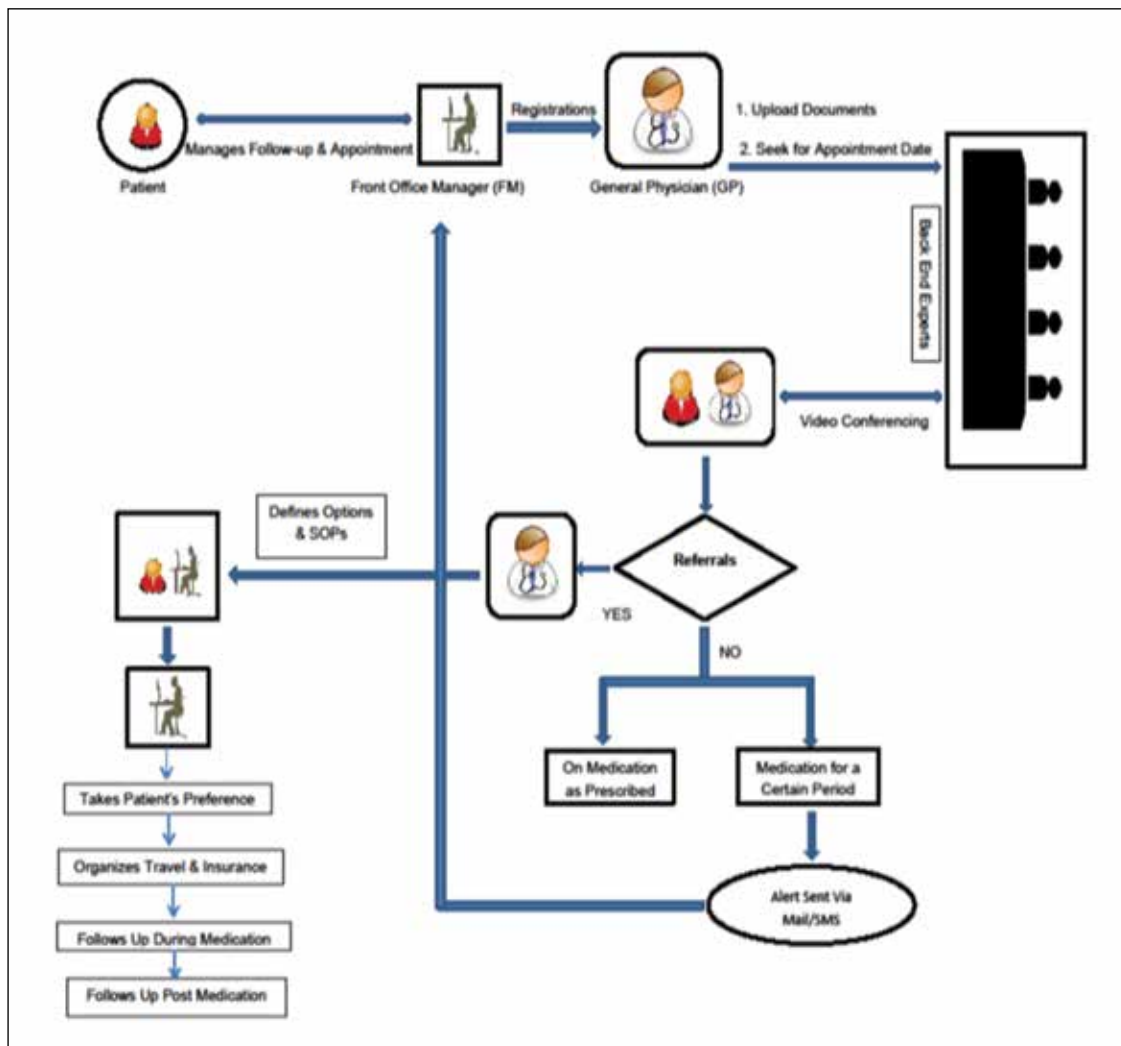
- Enhance systemic efficiency
- Infuse trust and transparency
- Enable whole process to be user friendly
- Instill greater confidence in patients
- Offer more choices for treatment hospital hubs in sync with patient affordability

HFS Operating Model



- Ensure safe transmission and sanctity of patients' medical records
- Complete documentation for continuum of care from Spoke to Hubs
- Feedback on patient experience
- Deep diving into data analytics for better business potential
- Enable insurance portability
- Enable digital transaction
- Encourage digital transaction in INR resulting into greater patient affordability
- Fix accountability transparently in case of medico-legal cases

HFS Centers -Operations flow: Representative Portal Features



Front Office Health-Care Facilitation Centres (HFCs')

Front-Office Scope of Work

- Single interactive touchpoint for clients /patients
- Quality consultation/information services for integrated health services
- Organisation of activities like consultation and information dissemination
- Personalisation of requirements
- Providing logistics arrangement – home-to-home logistics
- Follow-up and feedback

Back Office Health-Care Facilitation Centres (HFCs')

Back-end Office Scope Work

- a. Single integrated information platform
 - ✓ Hospitals, clinics and pharmaceuticals
 - ✓ Logistics
 - ✓ Insurance
 - ✓ Government initiatives (In case of G2G)
 - ✓ CSR initiatives
- b. Transactional work-flows
- c. Intelligent analytics for personalised dash-boards

HFS Model: Courtesy -I & CS, VFS GLOBAL Services Pvt Ltd.

Chapter 5 : MVT and Make in India

- VSKHC- Spoke- infrastructure cost
- Revenue and remittances
- VSKHC Spokes enabler of Indian MedTech Innovation Sustainability
- MedTech exports & democratisation driven by Make in India, PLI and SDG No3

VSKHC Spoke Infrastructure Cost

Each VSKHC Spoke with advanced diagnostic set up and genomics would cost INR 30-50 crores. However, it would be self-sustainable in the long-term given the strategic, diplomatic and commercial advantages.

This estimated cost could further come down if any native government hospital accommodates a VSKHC set up within its premises.

Another option would be to rope in an Indian consortium of Indian healthcare and MedTech stakeholders as partners /investors.

While (initial) investment in healthcare facilities would have a long-term gestation period, returns from different revenue sources like medical supplies and manpower remittances, would ease fiscal pressure and also offset the trade deficit in Indian MedTech imports.

Revenue and Remittances

This would encompass supplies of medical consumables and disposables MedTech, paramedics, biomedical engineers, digital infrastructure etc. from India and logistics of MVT patients from spokes in LMICs to hospital hubs in India. Economy of scale across deliverables and value chain could result in quality and affordable care and minimise the role of well entrenched middlemen. The

Indian healthcare ecosystem would get a much needed business sustainability owing to incremental demand for medical goods and services from these Spokes...in sync with well-established **dual pricing strategy**. This would also foster better trade relations between local (LMIC) healthcare and Indian healthcare.

Data Analytics derived from a Global Atlas of Medical Devices 2022, a WHO document, shows average biomedical /clinical engineers per country is just 20 in number, while the numbers are 5 to 10 in developing countries.

So there is great potential for the deployment of quality medtech demographic in VSKHC

VSKHC Spokes-enabler of Indian MedTech Innovation Sustainability

LMICs would be potential markets for Indian MedTech innovation underway in MedTech start-ups, scientific, and R&D institutions and MedTech parks.

Currently high MedTech imports suffocate innovation outreach in domestic market as not enough acceptance and adoption takes place because conditioned Indian hospitals have a well-entrenched preference for MNCs and more economical options from imports, including refurbished devices and equipment.

MedTech Exports & democratisation driven by Make In India & PLI and SDG No3

Besides catering to VSKHC-Spokes in LMICs, Indian MedTech companies could also cater to other local hospitals there, as VSKHCs would serve as a strong reference point for exported and affordable Indian MedTech.

Enhanced production and demand for MedTech democratisation would cater to intended objectives of Made in India for the world, export aspirations/commitments of PLI and holistic SDG No.3 “Good Health and Well Being”. Further, it takes forward the clarion call made during Covid-19, i.e. “Leaving no one left behind”.

Chapter 6 : Quality and Accreditation-Hub and Spokes Healthcare Facilities

- Structures / Process analysis
- Standardisation of healthcare practices
- Implications on patient outcomes and safety
- Cost and benefit analysis of accredited healthcare facilities and services

Structures / Process analysis

Quality in service delivery is the programme's intent. Therefore, it is envisaged that a standard (Structural and Accreditation) be created and adopted by member countries. These structural standards will vary both in size and facilities. Hence, it is imperative that size/speciality be predefined e.g., 50-bed super speciality/ 100-bed general speciality.

Standards would include space requirement, equipment, manpower and regulatory compliances. Accreditation standards shall include, safety, infection control, clinical practices, rights of consumers, besides HR practices structure/process analysis.

In order to provide a reasonable quality of services, it is envisaged that a degree of uniformity would be desirable across facilities. These include land, space and buildings along with their layout, medical and non-medical equipment, clinical and managerial manpower and regulatory compliances.

A guideline for the above-mentioned structural requirements could be developed for referral and execution. Processes may vary from country-to-country depending on the socio-cultural value system of medicinal practice. They typically would start from registration and end with discharge.

Appropriate SOPs, and required training and capacity building could be developed to achieve uniformity in practices.

Standardisation of healthcare

Typically, it would be better to map all common clinical, nursing managerial and housekeeping processes, and design a common template to achieve country-wise customisation.

Best practices, guidelines, clinical, nursing protocols published internationally or nationally could be used and adopted so as to have a common outcome.

Benchmarks for all outcomes could be monitored and established to achieve an environment of competitiveness between participating countries.

Implications on patient outcomes and safety

Several studies have revealed that eventually in good accredited hospitals the clinical outcomes are much better. This is because the outcome is not only dependent on the surgeon's skills, but mostly on the level of nursing care, infection control, practice of established antibiotic prescription policies.

Safety is another healthcare consideration that needs attention.

Safety could be clinical, and/or managerial. Most safety considerations could be dealt with in the design phase e.g. - CSSD, gas pipeline, fire safety, electrical safety, air conditioning, etc. Clinical safety mostly depends on the practice of guidelines and workforce skill.

The above could be augmented by training as capacity building interventions.

Cost and benefit analysis of accredited healthcare facilities

- Cost of healthcare services are either borne by insurance (public or private) or out of pocket.
- In order to be easily and voluntarily accessible, the cost of healthcare needs to come down.
- However, the variables of cost are cost/rental value of a facility, salaries of doctors/nurses, consumables and length of stay.
- It is observed that the cost reduces in accredited facilities providing quality clinical care services.
- Moreover, if footfalls increase and the average length of stay reduces, then costs come down.
- Practice of clinical pathways, protocols, reducing overtly unnecessary investigations and antibiotic usage will contribute to this overtly.
- Practice of medicine in different countries depends on the socio-cultural practice of medicines sometimes indulging in commissions and related pay-outs.

- Ethical practice would go a long way in reducing cost of services.
- Clinician skill significantly reduces consumables and length of stay.
- Therefore, it is imperative to ensure that above practices yield desired cost outcomes.

Chapter 7 : MVT Regulatory Framework

- Framework of practice guidelines
- Mechanism of creation of regulations applicable commonly
- MVT ethics
- Common international policies & practices
- Practice guidelines for MVT in India
- Best MVT global practices

International MVT guidelines/standards

India is emerging as a medical tourism hub in recent years, with the government introducing regulations and policies to promote the industry. The MVT regulatory framework in India is governed by various laws.

The Ministry of Tourism, Government of India, has introduced guidelines for the Accreditation of Medical Value Travel Facilitators (MVTs), laying down minimum requirements and standards. The focus is on ensuring safety, security and the well-being of medical tourists, besides defining MVT roles and responsibilities.

The Medical Council of India (MCI) has also issued guidelines for doctors and hospitals that provide medical services to foreign patients. These guidelines require them to adhere to certain standards of infrastructure, medical equipment and services to be provided to foreign patients.

The Indian government has also established the National Accreditation Board for Hospitals & Healthcare Providers (NABH), which provides accreditation to hospitals and healthcare providers that meet quality of care and patient safety standards.

In addition to these regulations, the government has also introduced the e-Medical Visa program, which allows foreign nationals to apply for medical visas online. The e-Medical Visa

program has streamlined the visa application process for medical tourists, making it easier for them to travel to India for treatment.

Framework of practice guidelines

Legislations, regulations and licences are applicable to industries and in particular to the healthcare sector. The common regulatory compliances most applicable to physical facilities are:

- Building Completion Certificate
- NOC fire
- Biomedical Waste Management
- Licence for DG sets
- Licence for Electrical installations
- AERB for Radiological installations
- Pharmacy License

There are several published guidelines for clinical/nursing processes, both nationally and internationally.

Mechanism of creation of regulations applicable commonly

Creating regulations commonly applicable in medical value tourism involves various stakeholders and a multi-step process. It typically includes the following:

Identification of Stakeholders: Identifying stakeholders is the first step involved in medical value tourism. This may include representatives from government, medical tourism facilitators, hospitals, healthcare providers and patients.

Consultation and Collaboration: The next step is to consult and collaborate with the stakeholders and identify issues and challenges faced by the industry. This may involve conducting surveys, holding meetings and workshops, and gathering feedback.

Development of Regulations: Based on the feedback received, the government or the regulatory body responsible may develop regulations to identify and address MVT issues and challenges. This may cover a range of issues, including medical facility standards, training and accreditation for medical tourism facilitators and, or guidelines for medical treatment.

Review and Feedback: After drafting of regulations, stakeholders and other interested parties may review and refine them before they are finalised.

Implementation and Enforcement: Once regulations are finalized, they need to be enforced. This may involve setting up regulatory bodies, training and educating stakeholders, conducting inspections and audits to ensure compliance.

Review and Revision: Finally, regulations need to be periodically reviewed and revised to ensure their relevance and their effectiveness in addressing industry-related issues and challenges.

It would be prudent to design/accept certain practice guidelines/protocols, but a regulatory framework has to be established. This is important as more than one country is involved in the process. One example of an institution establishing and accepting certain international regulations/guidelines is the IAEA. The other way is to accept guidelines published by the WHO and other international professional bodies.

Ethics in Medical Value Travel

Ethics plays a critical and crucial role in medical value travel as it involves providing medical treatment to patients who are often from different cultures and may not have the same expectations and understanding of healthcare as the local population. The following are some of the key ethics in MVT:

Informed Consent: Medical tourism facilitators, hospitals and healthcare providers should ensure that patients are fully informed about the medical treatment they are receiving, the risks involved and the expected outcomes. This should be done in a culturally sensitive manner and in a language that a patient understands.

Quality of Care: Medical tourism facilitators, hospitals and healthcare providers should ensure that the treatment provided is evidence-based, safe and of high quality. They should adhere to ethical and professional standards in providing treatment to patients.

Transparency and Accountability: Medical tourism facilitators, hospitals and healthcare providers should also be transparent about medical costs, the expected risks and outcomes. Mechanisms should be in place to address patient grievances and ensure accountability.

Respect for Patients' Autonomy and Dignity: Medical tourism facilitators, hospitals and healthcare providers should respect patient autonomy and dignity and not discriminate against them on the basis of race, ethnicity, gender, religion, or sexual orientation. They should ensure that patients are treated with respect and dignity throughout the medical tourism process.

Cultural Sensitivity: Medical tourism facilitators, hospitals and healthcare providers should be sensitive to patients' cultural backgrounds and provide medical treatment in a culturally appropriate manner. This includes respecting patients' religious and cultural beliefs and practices.

Protection of Patient Privacy and Confidentiality: Medical tourism facilitators, hospitals and healthcare providers should protect a patient's privacy and confidentiality and comply with applicable data protection and privacy laws.

It is observed that guidelines are very rarely followed by clinicians and nursing staff.

This by and large practiced in many parts of the world. Hence it is a felt need that healthcare, particularly MVT, needs to be regulated. Since there is a probability of members engaging in unethical and unscrupulous activities e.g., commissions etc., it is hence felt that a **Ethics Committee** be formed and thereafter it should publish practice guidelines and monitor them.

Common International Policies & Practices

Some of the critical common international policies that govern medical value tourism are:

Accreditation and Certification: Many countries have established accreditation and certification systems for medical tourism facilitators, hospitals and healthcare providers. These systems are designed to ensure that these entities meet certain quality standards and adhere to ethical and professional principles.

Licensing and Regulation: Governments often regulate medical tourism to ensure that healthcare providers meet certain standards of care and operate in a transparent manner. Licensing and regulation may cover areas such as patient safety, data protection and professional standards.

Liability and Insurance: Patients traveling abroad for medical treatment may face additional risks such as adverse outcomes. International policies may address liability issues and require medical tourism facilitators and healthcare providers to have appropriate insurance coverage to protect patients against such risks.

Informed Consent and Patient Rights: International policies may establish guidelines for informed consent and patient rights, including the right to access medical information, the right to privacy, and the right to receive appropriate medical care.

Immigration and Travel Policies: International policies may address immigration and travel policies, including requirements for medical visas and regulations surrounding medical travel.

Ethical and Professional Guidelines: International policies may establish ethical and professional guidelines for medical tourism facilitators, hospitals and healthcare providers. These guidelines may address issues such as patient safety, informed consent and transparency in pricing and marketing.

Some of the practice guidelines for medical value travel in India

Accreditation of Medical Value Travel Facilitators (MVTs): The Ministry of Tourism, Government of India, has introduced guidelines for accreditation of MVTs, which define the roles and responsibilities and lays down the minimum requirements and standards for MVTs.

Infrastructure and Facilities: Hospitals and healthcare providers in India should meet certain standards of infrastructure, medical equipment and services provided to foreign patients. The Medical Council of India (MCI) has issued guidelines for doctors and hospitals which require them to adhere to certain standards of infrastructure and facilities.

Quality of Care: The National Accreditation Board for Hospitals & Healthcare Providers (NABH) provides accreditation to hospitals and healthcare providers that meet certain quality care and patient safety standards.

Medical Visa: The Indian government has introduced the e-Medical Visa program, which allows foreign nationals to apply for medical visas online. This program has streamlined the visa application process for medical tourists, making it easier for them to travel to India for medical treatment.

Ethics: Medical value travel facilitators, hospitals and healthcare providers should adhere to ethical medical treatment standards to foreign patients. They should ensure that treatment is evidence-based, safe and of high quality.

Transparency: Medical value travel facilitators, hospitals and healthcare providers should provide clear and transparent information to foreign patients regarding medical treatment costs, expected risks and outcomes involved.

Best global practices in medical value tourism

Quality Standards and Accreditation: Many countries have quality standards and accreditation systems for medical tourism facilitators, hospitals and healthcare providers. These are designed to ensure meeting of certain quality standards and ethical and professional principles.

Multidisciplinary Care Teams: Medical tourism providers are increasingly adopting multidisciplinary care teams to ensure that patients receive comprehensive medical care. These teams may include physicians, nurses, pharmacists, physical therapists and other healthcare professionals.

Patient-Centered Care: Patient-centric care is an essential element of medical tourism. Providers are increasingly focusing on patient needs and preferences, ensuring a positive experience throughout their medical tourism journey.

Technology and Innovation: Medical tourism providers are leveraging technology and innovation to improve the patient experience, including telemedicine and virtual consultations, digital health records and artificial intelligence.

Cultural Sensitivity: Medical tourism providers are increasingly sensitive to cultural backgrounds and the needs of patients. This includes providing interpretation services, accommodating dietary needs and respecting patients' religious and cultural beliefs and practices.

Ethical and Professional Practices: Medical tourism providers are adhering to ethical and professional practices to ensure patient safety, promote transparency and accountability. This includes informed consent, clear communication transparent pricing and marketing practices.

International guidelines and standards for medical value tourism

Joint Commission International (JCI) Standards: The JCI is an international organisation that accredits hospitals and healthcare providers based on their compliance with international quality and patient safety standards.

International Organisation for Standardisation (ISO) Standards: The ISO has developed a set of standards for medical tourism providers, including ISO 9001 for quality management systems and ISO 15224 for healthcare quality management systems.

Global Healthcare Accreditation (GHA): The GHA is an independent accreditation body that evaluates and accredits medical tourism providers based on their compliance with international quality and patient safety standards.

World Health Organisation (WHO) Guidelines: The WHO has developed guidelines for medical tourism providers that cover areas such as patient safety, infection prevention and control, protection of patient privacy and confidentiality.

Medical Tourism Association (MTA) Guidelines: The MTA has developed guidelines for medical tourism providers that cover areas such as patient safety, transparency in pricing and marketing, and ethical and professional practices.

European Union (EU) Regulations: The EU has established regulations to ensure patient safety and protection when receiving medical treatment abroad. These regulations cover areas such as patient rights, medical liability and recognition of medical qualifications.

Chapter 8 : Medico-Legal Perspectives, Compliances and Implications For Medical Value Tourism

Medical tourism is the term commonly used to describe international travel for the purpose of receiving medical care. Medical tourists may pursue medical care abroad for a variety of reasons, such as decreased costs, a recommendation from friends or family, the opportunity to combine medical care with a vacation destination, a preference for care from providers who share the traveler's culture, or to receive a procedure or therapy not available in their country. Medical tourism is a worldwide multibillion-dollar market that continues to grow.

Risks Associated With Medical Tourism

All medical and surgical procedures carry some risk and complications can occur regardless of where the treatment is received. Possible complications include wound infections, bloodstream infections, donor-derived infections and acquisition of blood-borne pathogens, including Hepatitis B, Hepatitis C and HIV. The risk of acquiring antibiotic-resistant infections may increase in certain countries or regions; some highly resistant pathogens (such as Carbapenem-resistant Enterobacteriaceae) appear to be more common in some countries. Several outbreaks of infectious disease among medical tourists have been documented. Recent examples include surgical site infections caused by nontuberculous mycobacteria in patients of U.S.A. who underwent cosmetic surgery in the Dominican Republic and Q fever in patients who received foetal sheep cell injections in Germany. Non-infectious complications among medical tourists are similar to those seen in patients who receive medical care in the United States and include surgical incision dehiscence, blood clots, or contour abnormalities after cosmetic surgery.

Medical or surgical complications may require follow-up care from a healthcare provider in the United States. Medical tourists should request a copy of their medical records and provide these to healthcare providers for any follow-up care.

Medical tourists should be aware of the additional risks associated with traveling for treatment, or during recovery after surgery or other procedure. Air travel and surgery independently increase

the risk of blood clots, including deep vein thrombosis and pulmonary emboli; travel and surgery together further increase the risks. Commercial aircraft cabin pressures are roughly equivalent to an outside air pressure at 6,000–8,000 feet above sea level. Medical tourists should not fly for ten days after chest or abdominal surgery to avoid risks associated atmospheric pressure.

Furthermore, the American Society of Plastic Surgeons advises people who have had cosmetic procedures of the face, eyelids, or nose, or who have had laser treatment, to wait 7–10 days before flying. The Aerospace Medical Association has published medical guidelines for airline travel that provide useful information on the risks of travel with certain medical conditions (www.asma.org/asma/media/asma/Travel-Publications/paxguidelines.pdf). Medical tourists are also advised to avoid typical vacation activities that can interfere with the healing process, such as sunbathing, drinking alcohol, swimming, taking long tours, or engaging in strenuous activities and exercise after surgery.

Legal Issues

The development of medical tourism leads to several legal issues. First, patients who are travelling abroad for medical treatment may find it difficult to seek justice in cases involving medical malpractice due to inadequacies of the law in destination countries. **Furthermore, there is a lack of uniform regulation that regulates medical tourism.**

Several legal concerns are developing across the world for providers in destination countries as healthcare consumers decide to undergo treatment procedures in developing countries. These legal issues develop when there is outsourcing of medical and surgical care with different laws in the nations. For example, in the field of organ donation and trafficking, more accurate policies with greater clarity and disclosure are required. The medical traveller needs to be accustomed to lawful rights such as cross-border issues, medical record confidentiality and protection against malpractice before starting the tour. This can be facilitated by different types of patient and destination provider consent.

- **Lack of Legal Recourse**

One of the legal issues and a big constraint of medical tourism is the lack of legal recourse and accountability for malpractice or unsatisfactory medical treatment given by foreign medical providers. Opponents of medical tourism have argued that patients who leave their country and receive negligent medical treatment elsewhere, might not be able to obtain legal remedies, The reason being inadequacies in the law that govern medical malpractice cases in destination countries. It is difficult to initiate action against malpractice in medical tourism cases due to the standards and rules that exist in different jurisdictions. This is especially so if the law depends heavily on the evidence obtained

This discourages patients to travel to other countries for medical treatment for fear of lack of legal recourse and remedy. A survey was conducted to study factors affecting a patient's

decision to opt or not to opt for medical tourism. On the issue of having to sue in a foreign country in case of medical malpractice, only 4.9 percent responded positively, while another 19.5 percent stated that they were somewhat concerned about the problem. As a result, the development of the medical tourism industry will be affected in the future. The solution might be in the form of an alternative to the current medical negligence system, such as alternative dispute resolution (ADR).

- There is no uniform law or guideline that specifically protects patients receiving medical treatment outside their countries or providing information on patients' right for legal recourse. This means that patients are unaware of their rights and ability to sue in cases of medical injuries arising from medical tourism. The position is different in the US which has its own medical tourism guidelines. The Medical Tourism Guidelines of the American Medical Association (AMA) provides for patients to be informed of their rights and legal recourse prior to travelling outside their country. There is also a lack of uniform regulation regarding medical devices and treatment that should be used by medical providers. The consequences may be harmful to patients who opted for medical tourism

For example, the scandal over the Poly Implant Prothese (PIP) breast implant, where *French manufacturers used industrial-grade silicone rather than medical-grade silicone to reduce the costs due to lack of regulations.*

The example of the lack of uniform regulation can best be seen in cases involving surrogacy. The law, culture, traditions and religious views of each country are different. Some countries legalise surrogacy, while others do not. Differences in legal recognition of surrogacy might create problems for those opting for the procedure. The problem arises when the prospective parents are from countries that do not legalise surrogacy, namely France, Italy and Spain. In India, the rule is that gay couples, non-married couples, single men and women and couples from countries that illegalised surrogacy are not allowed to hire surrogate mothers in India. It means that prospective parents are not allowed to have surrogate babies. Even if they have, their countries won't recognise the surrogate baby's status. Denying legal recognition of parentage and surrogate babies seems draconian and does not solve the problem.

The lack of regulation affects the development of medical tourism as patients will be reluctant to pursue medical treatment. They fear not having protection in cases of negligence by medical providers as also poor awareness of their rights as patients'. Therefore, as already mentioned, there should be a uniform regulation that governs all countries in cases of medical tourism.

Implications of Medical Tourism

- Medical tourism is an emerging industry facilitating travel to another country for people seeking medical, surgical, or dental care that is unavailable or more affordable than in their home countries.

- Rapid advances in electronic communication and ease of international travel have fueled this industry's growth. Over half of medical travellers are women, especially for services related to cosmetic or reproductive conditions.
- Medical tourism creates both opportunities and challenges for nurses and other healthcare providers. Consumers' increased access to the global healthcare market necessitates the development of a structure that shapes this industry and addresses evolving ethical, political and human rights concerns related to it.
- *Medicine beyond borders: The legal and ethical challenges*

The ease and affordability of international travel has contributed to the rapid growth of the healthcare industry where people from around the world are travelling to other countries to obtain medical, dental and surgical care, while at the same time, touring, vacationing and fully experiencing the attractions of the countries they are visiting.

- Several factors have led to this recent increase in medical tourism popularity, such as exorbitant costs of healthcare in industrialised nations, favourable currency exchange rates, rapidly improving technology in many countries and most importantly, the proven safety of healthcare in selected foreign nations.
- Cross Border Issues-A medical tourist should be well aware of possible complications and legal issues that he or she may face across international borders. In all medical and surgical interventions there is potential risk, no matter how the patient is being treated both in his or her home country, or abroad and independent of the proficiency of the practitioner. Legal implications are still undefined when a patient undergoes medical care abroad. Participants in legal issues include the client, the facilitator agent, employer and the destination provider. Today, there are limited regulatory policies for medical tourism. The hospital care administrator needs to be aware that international patients may be protected by the laws of their home country unlike local patients. Hence, there might be need to appropriately address all potential legal conflicts.
- For example, Malaysia is emerging as one of the biggest markets for medical tourism in Asia. The rise of this "medical tourism phenomenon" is due to a combination of medical travel along with an opportunity to visit popular tourist destinations in Malaysia. Presently, the excessive number of foreign patients has made Malaysian healthcare providers a topic of numerous malpractice claims. Language barriers, unsatisfactory provision of treatment and maintenance of high-quality treatment are some of the problems both patients and health care providers are facing.
- Privacy protection medical records are necessary for communication between professionals and to maintain continuity of treatment. The sharing of medical records can be difficult

while travelling overseas and currently is performed by medical tourism facilities in the destination country or through a facilitator agent. The facilitator is usually an agent connecting the patient to the healthcare organisation in the destination country. Therefore, the agent is not a provider of a health service and is not practicing medicine. The provider is in close contact with the patient and has access to his/her records. Hence, she/he must ensure confidentiality and security of medical information. Unfortunately, laws regarding privacy and data transfer in host countries are currently unregulated when it comes to medical tourism.

- *The European Union (EU) has data guidance to protect personal and medical data.* The directive prohibits the transfer of data from the EU to a recipient outside of the EU unless the recipient country provides protection comparable to the EU. Only three countries -- Switzerland, Canada and Argentina are recognised as having data protection safeguards consistent with European standards. The transfer of data from the European Union to the United States can only be implemented with a patient's consent.
- *Malpractice -* Since laws referring to medical malpractices are widely different in origin and destination countries; policies and strategies need to be set to co-ordinate. These rules to protect patients and healthcare providers in cases of lawsuits. Consent forms have, therefore, been developed. Another strategy could be the development of an alternative dispute resolution system. Currently, there is no organised international system for resolving the legal disputes of medical tourists. A model for developing an International Legal Mediation, Arbitration and Alternative Dispute Resolution system for healthcare can be derived from commercial entities.
- Several countries, including Australia, France, Japan, Korea, The UK, Germany, The Russian Federation, The Netherlands, Malaysia, Denmark and India have entered into bilateral investment treaties. These agreements allow the settlement of disputes between an investor of one contracting party and an investor of another contracting party through negotiation, conciliation and arbitration. However, some differences can only be settled through civil suits such as in matters of public rights, proceedings under the Foreign Exchange Management Act (FEMA), intellectual property rights, taxation matters, winding up under the Companies Act and/or insolvency proceedings.
- *Ethical issue in medical tourism-*The inequity of healthcare distribution among the local population and foreigner patients is a major negative effect in medical tourism. Since medical tourism benefits a nation's economy sector, there is a possibility for the development of a two-tiered health system where medical tourists can enjoy conducive medical facilities, well-trained physicians and high technology medical equipment, while local underprivileged patients only have access to basic medical facilities and not to, sources of medication and medical services. Besides that, better salaries and work opportunities offered to healthcare

providers may cause them to leave the public health sector and work with private hospitals that capitalise on medical tourism. These will definitely affect the quality of public healthcare as well as the healthcare providers to patient ratio.

- A major reason for long waiting times or poor service delivery in the public healthcare sector is inadequately skilled and well-trained public healthcare professionals. India for instance has only one million nurses, 200,000 dental surgeons and 600,000 physicians according to the India Planning Commission Report of 2008. This shortfall of healthcare specialist manpower in community health centers and their non-availability is worrying. This is due to the brain drain and migration of skilled healthcare personnel to the private sector inside or outside the country that provide international medical services which offer more competitive salaries and better opportunities. While the public health sector suffers from inadequate resources and physicians, the private health sector enjoys the benefit of advanced medical technology and vast medical facilities.
- Furthermore, large sums of money have been taken away from the local population to develop the medical tourism industry by constructing medical facilities in urban areas, far away from rural areas to meet local population needs. This is an injustice committed on the rural population, which too wants access to medical treatment and services. This was one of the sentiments raised by local Brazilians when that country was preparing for the 2014 World Cup and the Olympic Games. The argument made is that the medical tourism market is driven by the private health sector. Nevertheless, the profit obtained from this practice towards a nation's revenue has urged nations to engage in this sector by investing the limited funds allocated to the public healthcare sector into private sector, especially in countries with no policy for regulating the private healthcare sector.
- Conclusion & Compliance-Many reasons have been cited for the improvement seen in the medical tourism industry, such as availability of high quality treatment at a reasonable cost, favourable currency exchange rates, ease and affordability of international travel and tourist attractions in destination countries. Ethical issues related to the doctor- patient relationship have also been raised during the development of medical tourism. Therefore, there are many challenges that can be expected in the future.
- Although medical tourism is a beneficial industry, healthcare professionals have to familiarise themselves with the innate dangers of this trade. Medical tourists can benefit from consulting with an informed healthcare professional in their home country and discuss the issues and potential risks pertained to their journey and treatment. According to this, it seems that the healthcare professional has a new role to play even as this industry expands globally. In addition, the number of uninsured and self-pay patients travelling abroad for treatment continues to rise as medical care becomes more expensive in countries where third-party payment is the norm.

Chapter 9 : Health Insurance Portability – First Mover Advantage For India

- Healthcare Insurance Policy Innovation
- Internationalisation of the Indian Rupee

Health Insurance Policy Innovation

The health insurance market has undergone a paradigm shift after the passage of the 2000 IRDA Bill. This Bill/Law has allowed multiple foreign insurance companies to enter and operate in the Indian market.

Consortium for Convenience Approach

Health insurance portability across MVT Spokes and Hubs would be a disruption waiting in the wings and a game changer. A consortium of insurance companies based in Hub and Spoke countries, with clarity and bilateral and multilateral MoUs on transactional revenue sharing, could be a big boost to the MVT insurance ecosystem. It would further ensure greater convenience and more transparency to patient MVT experience. The number of uninsured and self-pay patients travelling abroad for treatment would be major beneficiaries of health insurance portability and it would bring in many more patients into the MVT health insurance ambit and further reduce the trend of Out of Pocket Payment.

Consortium for Convergence Approach

Skilled Nursing Facilities (SNFs) would provide a unique opportunity to integrate SPOKE - local health insurance with HUB - Indian health insurance as pre and post hospitalisation could be covered by the local insurance company, which also can negotiate with the Indian insurance company for MVT surgical procedures in their empanelled hospitals. This arrangement between

SPOKE and HUB insurance companies would be similar to the one between local mobile service providers and international mobile service providers for an international traveller.

Established MVT Insurance Approaches

Indemnity and Managed Care Plans: There are basically two plans practiced in the West – (1) Indemnity and (2) Managed Care with an Indemnity Plan (sometimes called Fee-for-Service). One can use any medical provider (such as a doctor and hospital). The bill is sent to the insurance company which pays a part of the cost, usually a deductible, which is the amount of the covered expenses. This is paid each year before the insurer starts to reimburse.

Once the deductible is met, most indemnity plans pay a percentage of what they consider as the usual and customary charge for covered services. The insurer generally pays 80 percent of the usual and customary costs and you pay the balance 20 percent, which is known as Co-insurance. If the provider charges more than the usual and customary rates, the insuree pays both the Co-insurance and the excess charge.

Policies typically have an out-of-pocket maximum. This means that once the covered expenses reach a certain amount in a given calendar year, the usual and customary fee for covered benefits will be paid in full by the insurer and the insuree no longer pays the Co-insurance. But if doctor bills are more than the usual customary charge, the insuree may still have to pay a portion of the bill.

Managed Care Plans generally provide comprehensive health services to their members and offer financial incentives for patients to use the providers who belong to the plan. There are three major types of Managed Care Plans: Health Maintenance Organisations (HMOs), and Preferred Provider Organisations (PPOs).

In an HMO, instead of paying for each service separately, the coverage is paid in advance. This is called prepaid care. For a set monthly fee, HMOs offer members a range of health benefits, including preventive care.

HMOs members are given a list of doctors to choose from for primary care. This doctor coordinates the care, which generally means a member must contact him or her to be referred to any specialist. This is often called physician-directed care, as self-referrals to specialists or unauthorized care is not covered.

HMOs seek to bring together service providers, policy holders and insurers, thereby stifling the service-provider-led demand while guaranteeing a viable volume of business and turnover.

The Preferred Private Organisations (PPOs) are less rigid, allowing policy holders a greater choice of doctor. The insurer negotiates preferential contracts with a group of service providers (hospital,

laboratories and/or paramedics). More generous coverage gives policyholders an incentive to use providers within the system.

The above could be thought of and executed.

Way Forward

The simplest method to execute the above is to have an existing international insurance company e.g. BUPA, CAGNA to have tailor made products for the most common procedures with/without preexisting conditions.

The challenge might come in the areas of provide payment mechanism, or application of co-pay system.

It doesn't appear that there would be a requirement for a third-party intermediary (TPA).

Further effort should be made to include the payment to SNF/ALF. If done, then it would provide end-to-end protection for payment.

Rupee Internalisation could further enhance MVT accessibility to many patients and help the UHC cause.

Chapter 10 : MVT Ombudsperson Commission/ Institution of MVT Ombudsman

An **ombudsman/ombudswoman, ombudsperson** or **public advocate** is an official who is usually appointed by the government or by parliament (often with a significant degree of independence) to investigate complaints to resolve them, usually through recommendations (binding or not) or mediation (Refer to <https://en.wikipedia.org/wiki/Ombudsman>)

As MVT is fast emerging as a services export and is being accorded a concerted and coordinated thrust by the Ministries of Health and Family Welfare, Tourism and External Affairs, the incorporation of a MVT Ombudsperson Commission (MVT-OC) could be instituted/constituted with medico-legal experts, patients advocacy Samaritans and Indian Medical Association leadership.

Forming an ombudsperson commission would amount to public advocacy for harmonising causes and/or rights of all stakeholders from patients to providers. This need has arisen because diseases and treatment are getting complicated and therapeutic discretion is at the core of clinical decision making.

More than regulatory measures, the MVT-OC shall act as an enabler of the practice of regulatory and ethical standard operating procedures across all levels of the MVT ecosystem and promote qualities of trust and transparency as imperatives for the future of MVT in a globally competitive space.

The MVT-OC shall instill and enhance the confidence of potential MVT patients travelling to India for treatment.

Furthermore, there is a lack of uniform regulation to manage medical tourism.

- Several outbreaks of infectious disease among medical tourists have been documented
- Medical tourists should be provided a copy of their medical records for any follow-up care

- One of the major constraints in medical tourism is the lack of legal recourse and accountability for malpractice or unsatisfactory medical treatment given by MVT healthcare services providers.
- Several legal concerns are developing across the world for providers in destination countries as consumers decide to undergo treatment in developing countries. These legal issues develop when there is outsourcing of medical and surgical care with different laws in the nations.
- MVT Patients' EMR/EHR must be protected and ensured for sanctity, confidentiality and security of medical information contained therein. Currently MVT marketing agents have access to patient records. Unfortunately laws regarding privacy and data transfer in host countries are unregulated in medical tourism.
- There is also a lack of uniform regulation regarding use of medical devices and treatment by healthcare providers.

MVT-OC Scope

- To work out an institutional solution for preventing medical negligence, an alternative dispute resolution (ADR) is a must.
- The commission could use an alternative /appropriate dispute resolution (ADR) and provide options to MVT stakeholders with ethical concerns, provide coaching, shuttle diplomacy, generic and mediation for conflicts, track problem areas and make recommendations for changes to policies or procedures to ensure orderly systemic change.
- Currently there is no organised international system for resolving the legal disputes of medical tourists. A model for developing an International Legal Mediation, Arbitration and Alternative Dispute Resolution system for healthcare can be derived from commercial entities.
- MVT-OC to communicate and update officials of diplomatic missions of respective countries of MVT patients in case of any medico-legal issues arising out medical negligence suffered.
- Setting up an Ethics Committee: This by and large is equivocally practiced in many parts of the world. Hence MVT needs to be regulated. Since there is a probability of members engaging in unethical and unscrupulous activities e.g., commissions etc. it is felt, therefore, that an Ethics Committee be formed to publish practice guidelines and to monitor them thereafter.

VIF-MVT Task Force Recommendations

1. MVT Outreach through Hub and Spokes Model

Instead of waiting for MVT Travellers to India, a proactive and preemptive approach is recommended.

Setting up hubs (Skilled Nursing Facilities) in MVT potential countries could be worked out in the PPP mode encompassing local private sector partners/government hospitals and Indian private sector partners (also a medical equipment supplier or hospital promoter who would act as a Hub in India).

These Spokes would be equipped with the best of diagnostic equipment and labs to facilitate pre-hospitalisation investigation of MVT patients before their arrival in India. Localisation of diagnostic procedures will offer empathetic relief and convenience, and reduce the waiting time in Indian hospitals considerably. These Spokes would also provide post- hospitalisation care.

2. OPEX would be taken by a local partner and manpower would be supplied by Indian partners. Such a proactive approach would also reduce MVT expenses and enhance patient care, convenience and confidence through Continuum of Care post elective surgery at local MVT Spokes. Post-surgical complications and expenditures have been common pain points in MVT.
3. MVT Spokes would also house a full-fledged AYUSH (Ayurveda, Yoga, Siddhi, Unani and Homeopathy) wing to cater to local patients and MVT patients post elective surgeries, thus promoting the cause of integrated healthcare which is gaining increasing global acceptance.
4. G2G collaborative endeavours to mitigate Global Burden of Disease (GBD).

Healthcare Infrastructure Investment is quite challenging in a post pandemic economic scenario. An MVT patient quota can be mooted at G2G level and complicated cases could be referred to Indian healthcare hubs instead of deploying huge investment in tertiary and quaternary care facilities. To begin with, the NCD quota could be worked out for each year for collaborative countries, which would further reflect in the procurement savings and help in leveraging economies of scale in delivering the best and more affordable care.

G2G initiatives would ensure a much needed regular and captive MVT business at better negotiated rates. This could be a first such initiative in the world. India ranks among top 10 in globe for affordable and quality care.

5. Digitalisation of the MVT process is an imperative to embed transparency and trust in an archaic system where middle-men/facilitators have a unsolicited and dominant say sans

any accountability, thus creating a not so pleasant perception about the MVT experience and the holistic Indian hospitality of Atithi Devo Bhava among foreign patients.

Digitalisation of the MVT process would also help in the privacy protection of MVT patients' EHR/EMR (medical records). The patient medical case history data is necessary for communication between professionals and to maintain continuity of treatment. The sharing of medical records can be difficult while traveling overseas and currently is performed by medical tourism facilities in the destination country or by the facilitator agent. The digitalisation of the MVT process shall ensure direct transmission of data from Spokes to Hubs.

6. MVT has collateral potential for making and enriching local healthcare (Countries wherein Spokes are proposed) through the Make in India initiative, that enables various incentives like Start Up India, PLI Scheme etc., which are aimed at producing and globally democratising affordable and advanced Indian Med-Tech.
7. India has seen exponential growth in creating Med-Tech and healthcare demographic dividends with a steady growth of medical doctors, nurses, paramedics, biomedical engineers etc. India has a global edge in quality and affordable healthcare demographic dividends which could be leveraged for staffing and managing Spokes healthcare in MVT potential countries.
8. Indian scientific and Med-Tech Research capability and excellence in AMR stewardship and genomics would further value add to the MVT Hub-Spokes model. genomics labs could be integrated into Spokes for better epidemiological research, analytics and precision medicine.
9. Medical insurance portability among MVT Spokes and Hubs across international boundaries would be a disruption waiting in the wings. A consortium of insurance companies with clarity and bilateral and multilateral MoUs on transactional revenue sharing across MVT Spoke and Hubs could be big boost to the MVT insurance ecosystem. It would further add to the convenience and transparency of the MVT patients' experience curve.
10. Indian Rupee internalisation could further enhance MVT accessibility to many patients and help the UHC cause.
11. MVT Hub-Spokes model needs to be strictly complied with all globally acclaimed accreditations and certifications, and governed by medico-legal laws.
12. The MVT Task Force strongly recommends establishment of an institution of ombudsman for MVT patients to reach out for arbitrations individually or through diplomatic missions in India.

13. Global mobility is on rise and MVT traffic is bound to go up. This task force strongly recommends the setting up of genomics labs at all international airports in India for better epidemiological surveillance so that no one is excluded. Alternatively, these labs could be set up at MVT VKSHC-Spokes in countries of MVT patients.
14. Voluntary adherence to Environmental, Social and Governance (ESG) and Business Responsibility and Sustainability Report (BRSR), though currently not mandatory, could be considered to differentiate between Indian healthcare service providers and the global competition in the MVT space.

11 Best Countries for Medical Tourism in 2023

February 21, 2021

<https://medtouragency.com/best-countries-for-medical-tourism/>

Conclusion

Finding the best places for medical tourism can be quite daunting.

Not just the price or the standard of treatment, factors such as ease of communication, laws, availability, ethics also play a significant role in choosing the desired destination.

1. Mexico

Mexico's popularity for healthcare has been rising for several years now. Its close proximity to the United States and similar healthcare standards have been a significant appeal for many western nations.

This country is most suitable for budget-conscious Americans and Canadians. Depending on the medical procedure, the cost-savings ratio is expected to range between 35 to 80 percent. The country accounts for at least nine JCI accredited medical facilities.

In earlier days, dentistry and cosmetic surgeries used to be the most popular ones. Overtime, that has extended to orthopaedic, bariatric, cardiac, eye, knee replacement, hip replacement, and various other procedures. Plus, the waiting time in Mexico is almost non-existent. International patients are offered face-to-face interaction with the doctor. Most hospitals are up-to-date with the latest technologies. The staffs are also well-trained to provide all types of medical support. Ambulance services are also offered at a cheaper cost.

02. Thailand

Unique Thai hospitals, exotic beaches and medical treatments – these are factors alluring over a million tourists annually.

Thailand is among the top 10 medical tourism destinations. To retain this status, the Thai government has taken various steps, one being the removal of non-immigrant visa fee for medical tourists since 2013.

Understanding the language is a problem for foreign travellers. Hospitals are hiring professional multilingual speakers to assist in communication. Foreign medical professionals are also allowed to practice their work, but must pass the Thai language examination.

From open-heart surgery to fertility treatments, Thailand's accredited hospitals offer all. Also available are treatments relating to gender reassignment and other fringe medical procedures.

Even if not for surgeries, Thailand is also renowned for its health and wellness tourism. Visitors can enjoy high-class and well integrated wellness centers that provide services like Thai massage, spa and restoration activities.

03. Singapore

Singapore is considered an international medical vacation hot spot. Ranked second among 46 top medical tourism destinations globally, it attracts around 500,000 visitors each year.

However, patients don't come here to save costs. Instead, the country is considered one of the safest destinations for state-of-the-art medical support. Singapore additionally accounts for one of the highest numbers of JCI accredited hospitals, signifying overall better quality of medical services.

In Singapore, patients can save 25 to 40 percent on services that are similarly available in the United States. The country also is regarded highly as a centre for biomedical and biotechnological procedures. Hospitals there specialise in treatments for cardiology, haematology, oncology, neurology, stem cell therapy and orthopaedics.

Singapore was rated as the sixth best healthcare system by the World Health Organisation, which helped to attract millions of international patients each year.

04. Costa Rica

Costa Rica ranks seventh in the global healthcare index and is one of the world's most biodiverse countries. People come here merely to enjoy ecotourism combined with medical tourism.

The World Health Organisation frequently places Costa Rica above the US in terms of healthcare. Hospitals here are very dynamic when it comes to offering medical services. Hospital Cima, for example, provides a list of over 300 certified surgeons on their website. Patients have access to their phones and emails, and a detailed overview of their medical records.

05. India

Medical tourism in India also has been gaining significant tourist traction for quite some time. Previous data from 2017 reported over 495,000 patients travelling to the country for medical aid. The primary reason for such a massive influx is the cost, no waiting time and advanced medical facilities.

To make India's medical services more accessible, the government has made amendments to its visa restrictions and schemes. For example, the criteria for having a two-month gap between visits from the Gulf countries has been withdrawn, and the stay for visa-on-arrival has been set at 30-days in medical cases.

Cost of treatment is one of the cheapest in India compared to some other destinations. Procedures such as breast implants can cost around \$2200 in India, whereas, in the UK, patients pay over \$4000. Tooth whitening might cost USD 300 approximately, as opposed to USD 500 approximately in the UK.

Chennai, India's fifth largest urban economy is the nation's health capital, attracting 45 percent of total medical tourists.

A few of India's sought-after medical treatments include bone marrow transplant, cardiac bypass, eye surgery, hip replacement and so on. Depending on the type of treatment, patients can choose either the hospital or a paid accommodation for post-operative care.

06. Malaysia

Malaysia is among the top ten tourism destinations globally and being a medical tourism powerhouse, adds more to its appeal factor. Malaysia's government contributes substantially to promoting healthcare tourism. The country's government considers healthcare to be one of the top twelve National Key Economic Areas (NKEAs). In 2019, around USD 550 million was earned through medical healthcare tourism.

Ease of entry is another positive that aids in making health tourism much sought after. If needed, the medical visa can be extended from 30 to 90 days and also allows for having four people accompanying the patient under same visa conditions.

A few sought-after procedures undertaken by foreign patients are cardiac procedures, cancer treatment, fertility treatment, cosmetic surgery and general health screenings.

07. Panama

Panama is the ideal place to get the American standard medical care at a cost similar to that of India. Because of its suitable geographical location, Panama is an easy country to travel to, especially for American and European countries.

The standard treatments in Panama include cosmetic surgeries, dermatology, orthopaedic surgery, fertility treatment, cancer treatment, stem cell therapy, etc. Excluding any kind of malpractice, most treatments offered in the US are available in Panama too.

Tourism is one of the crucial sectors in the country's economy, generating approximately USD 1400 million annually.

08. South Korea

South Korea has the most technologically advanced procedures and skilled medical professionals in the world. The country is ranked first in OECD healthcare access and stands second in terms of efficiency.

Common treatments include cosmetic surgeries, including plastic and dermatology. Non-cosmetic surgery includes internal medicine and general health checkups.

The mortality rate is also a major driving force for demand in South Korea's healthcare treatments. Cervical cancer survival rates are 76.8 percent, surpassing the US with 62.2 percent and Germany at 64.5 percent. The performance is also better for other serious procedures.

09. Israel

Israel has been emerging as a popular medical tourism destination for the past few years. The country ranks eighth in the global medical tourism index and offers 20 JCI accredited clinics.

Israeli medical facilities and research are amongst the most highly valued in the world. The country specializes in cancer-related treatments. In fact, around 80 percent of the patients come for cancer treatment. Oncology, which is the study of tumors, is considered one of the finest in Israel.

Common treatments for medical tourism include bone marrow transplant, heart surgery, neurological, and catheterisation treatments. Despite being a highly developed country, the treatment costs in Israel are considerably low when compared to the UK and the US. Bypass surgeries in the US will cost over USD 100,000, whereas in Israel, it is less than USD 40,000.

10. Japan

Japan ranked third as a global medical tourism destination (in 2020-2021). The country recorded the arrival of 31.19 million international tourists in 2018.

Although Japan is one of the most popular tourist attraction nations, medical tourism has never been a primary focus until recently. The country is already equipped with state-of-the-art medical technologies and great tourist attention; therefore, the government is making an effort to enter the medical tourism industry.

A promotional program started by the government in 2011 allowed tourists on a medical visa to stay up to six months in the country. In the case of a normal tourist visa, the period of stay was doubled.

Japan's medical treatment standards are often better than the US. Also, the survival rate for cancer-related treatments is far better than in many first-world countries. One important thing to note is that patients don't come to Japan for cheaper healthcare. The cost of medical procedures is relatively high. Tourists visit the country merely because of the technologically advanced medical facilities and a higher standard of treatment.

11. Spain

In the medical tourism index of 2020-2021, Spain ranks fourth out of 46 top medical destinations worldwide.

Although, the visitor count may not be as high as in countries like Singapore or India, but it is still very decent. The country received 140,000 patients in 2018 and the revenue generated reached over 600 million Euros.

Spain acs the highest rating on organ transplants with a donation rate of 36 donors per million people. This makes the country a go-to destination for patients seeking organ transplants. According to the World Health Organisation (WHO), Spain ranks seventh in best health care in Europe.

Some notable surgeries offered are orthopaedic surgery, dentistry, cosmetic surgery, eyesight surgery and obesity surgery.

Spain isn't considered as a destination for general medical procedures. Instead, visitors come here for more complicated procedures like plastic surgery and fertility treatment, and so on. This also explains why it does not have as many medical tourists as do some Asian countries. In addition to that, Spain is relatively expensive for Asians to travel to. It is more suited for Europeans and for people from other developed Western countries.

Annexure 2

Advantage MVT India

India is a land known for its diversity, rich culture, historical attractions and geographical landmarks. Hence, it has already become a magnet of attention globally. So, the reasons why people choose India as their preferred medical destination are:

- ✓ International accreditation is available in hospitals
- ✓ Cheaper treatment fee compared to the other destinations offering the same treatment
- ✓ Good flight connectivity
- ✓ Availability of over **650,000 doctors**
- ✓ High skilled experts with good communication skills
- ✓ Empowered pharmacy sector which is achieving international recognition
- ✓ Fluent English-speaking staff for easier and comfortable communication
- ✓ No waiting time, that is patients can get their treatment anytime they wish to unlike in other medical destinations
- ✓ Most importantly, **Unani, Siddha, Naturopathy, Yoga** and **Ayurveda** have its origin in this land. And in cases of minor ailments, these provide the best cure and can be put under an alternative choice available

Wellness tourism is travel for the purpose of promoting **health** and well-being through physical, psychological, or spiritual activities. Yoga, Ayurvedic, Homeopathic treatment also play a pivotal role in medical tourism/health tourism/wellness tourism in India.

The leading destinations of medical tourism in India are Andhra Pradesh, Karnataka, New Delhi, Kerala, Tamil Nadu and Maharashtra, the report said.(Sep 1, 2014)

Considered the health capital of **India**, Chennai welcomes many international patients for **treatment**. A study found that around 40 percent of international patients choose Chennai as the preferred destination for high-quality treatment. Ahmedabad is also growing as a medical tourism hub and knee replacement surgery(Credit to Shalby Hospital) is the main surgery carried out in Ahmedabad.

If the coronavirus pandemic hadn't disrupted the equilibrium, then the medical tourism space would have been valued at nine **billion dollars till date**.

Annexure 3

Correlation between Medical Equipment and MVT Capabilities

MedTech Data Courtesy: Global Atlas of Medical Devices 2022, WHO

Country Name	Medical Equipment						MVT Competencies
	MRI	CT Scan	PET Scan	Gamma Camera	Mammo-Graphy	Radio Therapy	
1. Mexico Great MedTech Mix to cater MVT patients BME 3000	316	793	31	115	1449	240	At least nine JCI accredited medical facilities. Dentistry and cosmetic surgeries orthopaedic, bariatric, cardiac, eye, knee replacement and hip replacement.
2. Thailand Judicious mix of MedTech and Advantage Health & Wellness Strength	0	399	5	30	215	140	Comprehensive surgical packages from open-heart surgery to fertility treatments gender reassignment health and wellness tourism.
3. Singapore Medical Skills And MedTech Mix Synergy	42	48	NA	NA	85	30	One of the highest numbers of JCI accredited hospitals Cardiology, Haematology, Oncology, Neurology, Stem Cell Therapy and Orthopedics. Declared sixth best healthcare system by World Health Organisation
4. Costa Rica LOW on MedTech HIGH on Surgical Excellence	4	25	1	6	60	7	Ecotourism combined with medical tourism. Costa Rica ranks above the American healthcare system(WHO) Hospitals list surgeons with their contact details.
5. India	NA	NA	NA	NA	NA	979	Advanced medical facilities. India's sought-after medical treatments include bone-marrow transplant, cardiac bypass, eye surgery, hip replacement etc.

6.Malaysia National Economy thrust reflected in MedTech Mix and Health Infra	86	191	11	21	194	73	Health Care one of the top 12 National Key Economic Area (NKEA) Cardiac procedures, cancer treatment, fertility treatment, cosmetic surgery, and general health screenings.
7.Panama Logistics takes precedence over MedTech Mix	11	37	0	8	79	10	American standard of medical care at a cost similar to that of India Closer to American and European countries Cosmetic surgeries, dermatology, orthopedic surgery, fertility treatments, cancer treatments, stem cell therapy, etc.
8. South Korea High on MedTech and Medical Skills Value not Volume driven MVT	1553	1991	195	306	3179	218	Amongst the most technologically advanced procedures and skilled medical professionals in the world. The country is ranked first in OECD healthcare access. Ranked second for being the most efficient system. Cosmetic surgeries such as plastic surgery and dermatology Internal medicine and general health checkups.
9.Israel High end and Critical Specialties driven MVT	46	88	14	83	80	44	20 JCI accredited clinics The country specialises in cancer-related treatments. In fact, around 80 percent of the patients come for cancer treatment. Other common treatments for medical tourism bone marrow transplant, heart surgery, neurological, and catheterisation treatment
10. Japan Highest Per Capita MedTech Infra	6996	14126	586	1455	4348	1278	Medical treatment standards are better than US Tourists visit the country merely because of the technologically advanced medical facilities and a higher standard of treatment. Cost of treatment is not a key consideration.

11. Spain Niche but High Value MVT-Organ Transplant Reflects in MedTech Mix	805	895	84	309	760	434	Highest rating on organ transplants with a donation rate of 36 donors per million people. Go-to destination for patients seeking organ transplants. Orthopaedic surgery, dentistry, cosmetic surgery, eyesight surgery and obesity surgery.
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Conclusion

MVT is thrust area for all ranked destinations for various strategic reasons like

- Foreign Exchange
- Soft Power
- Developing MedTech infra for rising and impending internal and external epidemiological loads and challenges
- Enhancing quality of native medical demographic dividends through exposure to multi ethnic MVT Patients
- Leveraging medical demographic dividends, thus enabling incremental foreign remittances
- Greater stake in multi billion (around USD 500 billion) MedTech market.

Annexure 4

India Moots Global Pool of Health Pros for Pandemics and Disasters

Dated: 20th March 2023

SUBMISSION TO WTO

Seeks country-level rules for portability of health insurance and liability provisions

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New Delhi: India has pitched for creating a global pool of health professionals that any country could engage during pandemics and natural disasters.

New Delhi has also sought country-level regulations for portability of health insurance and liability provisions to enable cross border telemedicine services in a submission to the World Trade Organisation (WTO).

“We may explore the idea of establishing a globally recognised pool of trained health professionals. This pool of resources could be drawn by a country during crisis,” India said.

These internationally recognised professionals may be granted special mobility rights or exemptions from general movement restrictions so that they can be deployed promptly in coordination with the relevant international organisations, it said in a recent submission.

Establishing such a pool of resources would require skill mapping, matchmaking and augmenting supplies by temporarily relaxing regimes at both regional and global levels, besides development of a multilateral framework for recognition of professional qualifications in coordination with relevant international organisations, it said.

“It is both ethically desirable and practically conceivable,” India has said.

This collective burden-sharing arrangement would be in the spirit of international solidarity during situations of pandemics and natural disasters, it has added.

WTO rules have enabling provisions for facilitating such a pool of healthcare professionals and developing common international standards and criteria for the practice of relevant services trades and professions.

International Telemedicine

In a separate communication to the WTO, India has sought expedited conclusion of mutual recognition agreements, creation of an international registry of recognised health establishments

and temporary relaxation of recognition norms to address emergent pandemic-like situations.

The communication has highlighted that non-portability of health insurance coverage often prevents people from seeking even less-expensive treatment abroad.

“Web or app-based medical appointments and consultations are typically not covered by medical insurance programmes. Such reimbursement schemes need to be introduced for cross-border telemedicine,” it said.

Health Priority

A country can draw from a globally recognised pool of trained health pros during crisis.

- Special mobility rights, movement restrictions exemptions key
- Multilateral framework to recognise professional qualifications
- Register hospitals in foreign jurisdictions as a ‘health services establishment’.
- Health insurance portability to aid cross-border telemedicine services.

Annexure 5

MVT Task Force Report: Supportive Organisations

 <p>OCTAVO SOLUTIONS PVT. LTD. THE HEALTH & HOSPITAL CONSULTANTS</p>	<p>Octavo Solutions Pvt. Ltd. The Health and Hospital Consultant Project Management Experts</p> <ul style="list-style-type: none"> • Health Planner & Strategist • Clinical Service Managers/Experts • National and International Quality Gurus • Business and Financial Experts • Public Healthcare Experts • Statistical tool Management Experts • Engineers with hospital experience • Data Analyst • Human Resource Experts • Legal Experts • Hospital Architects 	<p>Dr. Bidhan Das, Managing Director</p> <p>Octavo Solutions Pvt. Ltd. G-27, Lower Ground, Kailash Colony, New Delhi - 110048 Tel. : 011 - 41658335 Mob. : +91-9810254098 E-mail : bidhandasoctavo@gmail.com contactoctavo@gmail.com Web. : www.octavo-solutions.com</p>
 <p>FEDERATION INTERNATIONALE LAW, MEDICINE, ETHICS & INNOVATION 'दवा और दवा बिना की दुनिया'</p>	<p>Federation Internationale Law, Medicine, Ethics and Innovation (FILMEI) is a NGO not for profit organisation.</p> <p>Core Objectives:</p> <ol style="list-style-type: none"> 1. Our aim is "Towards Litigations and Medicines Free World". 2. We aim to promote, support and conduct research related to medicolegal, ethical and quality care issues in field of Medicine and Law and spiritual development to create healthy society and aware for holistic medicine. 	<p>Dr. Prof. Rajesh Shah, Founder President, Federation Internationale Law, Medicine, Ethics and Innovation (FILMEI)</p> <p>4, Paraskunj Society Vibhag 1, Satellite Road, near Zansi Queen Statue, Ahmedabad-380015 India Mobile +919825577882 Email: drrcshah@gmail.com www.filmei.org</p>
 <p>GMAAF GLOBAL MEDTECH ADVOCACY & ADVISORY FORUM 2020-2030 Decade of Indian Healthcare's Global Excellence वसुधैव स्वस्थ कुटुंबकम् LET THE WHOLE WORLD BE A HEALTHY FAMILY</p>	<p>Global MedTech Advocacy and Advisory Forum (GMAAF)</p> <p>Core Objectives</p> <p>GMAAF aims to be the bridge among all stakeholders to enable better healthcare delivery through advanced and affordable MedTech.</p> <ol style="list-style-type: none"> 2. Global MedTech Co-operation, collaboration and democratisation to the last mile, to ensure affordable health security of populations 	<p>Manish Rastogi, President Afzal Kamal, General Secretary</p> <p>Global MedTech Advocacy and Advisory Forum (GMAAF) Not for Profit Organisation (Registered under Societies Registration Act 1860)</p> <p>Bldg No.256/6 Office No 2 , Near Pocket 10 B , Jasola, New Delhi 110025 Mobile: +91-89310 33957 011-26946348 Email: manishrrastogi101@gmail.com info@gmaaf.org www.gmaaf.org</p>

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The Vivekananda International Foundation is an independent non-partisan institution that conducts research and analysis on domestic and international issues, and offers a platform for dialogue and conflict resolution. Some of India's leading practitioners from the fields of security, military, diplomacy, government, academia and media fields have come together to generate ideas and stimulate action on national security issues.

The defining feature of VIF lies in its provision of core institutional support which enables the organization to be flexible in its approach and proactive in changing circumstances, with a long-term focus on India's strategic, developmental and civilisational interests. The VIF aims to channelize fresh insights and decades of experience harnessed from its faculty into fostering actionable ideas for the nation's stakeholders.

Since its establishment, VIF has successfully embarked on quality research and scholarship in an effort to highlight issues in governance and strengthen national security. This is being actualized through numerous activities like seminars, round tables, interactive-dialogues, Vimarsh (public discourse), conferences and briefings. The publications of the VIF form the lasting deliverables of the organisation's aspiration to impact on the prevailing discourse on issues concerning India's national interest.



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