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Medical Tourism in India: Growth, Governance, Economic Contributions, and Equity Challenges

Dr. Arjun Murti[1], Dr. Harish Sudhir Kulkarni[2]

[1,2] Professor, Department of Management, Institute of Professional Education & Research (IPER) Bhopal, India

ABSTRACT

India has emerged as a significant global destination for medical value travel, combining advanced clinical care with traditional wellness systems such as AYUSH. Industry estimates place the medical tourism market at approximately USD 8.7 billion in 2025, with projections reaching USD 16.2 billion by 2030. In 2025, India recorded 507,244 foreign tourist arrivals for medical purposes, constituting about 5.5% of total foreign tourist arrivals. The sector contributes significantly to foreign exchange earnings, employment generation, and ancillary industries such as hospitality and transport. The government has pursued an active governance agenda through the "Heal in India" initiative, the proposed establishment of five regional medical tourism hubs, digital facilitation platforms, and expanded e-medical visa access. However, the sector faces substantial regulatory obstacles, including the absence of uniform healthcare provider accreditation, weak legal recourse mechanisms, and concerns regarding treatment quality and patient safety. More critically, the expansion of medical tourism raises profound equity concerns: corporate hospitals catering to international patients expand while public healthcare infrastructure remains under-resourced, with 65% of rural primary health centres facing doctor shortages. Employing a systematic literature review and thematic analysis of academic and policy sources, this paper examines the growth, governance framework, economic contributions, and equity implications of India's medical tourism industry. The paper contends that long-term competitiveness hinges on stronger accreditation, digital trust-building, regional diversification, and policy safeguards aligning export growth with domestic health equity, concluding with recommendations for equitable healthcare delivery.

Keywords: ***Medical Tourism, India, Health governance, Economic Development, Wellness Tourism, AYUSH, Accreditation, Health Equity.***

INTRODUCTION

Medical tourism in India has expanded within a broader transformation of the Indian healthcare system, where private-sector growth, technological innovation, and specialist capacity have increased the country's ability to serve both domestic and international patients (Kumar, 2023). The sector is commonly defined by cross-border travel for healthcare and is positioned as part of a wider global shift driven by rising healthcare costs, long waiting times, and patient willingness to seek treatment abroad (Trehan, 2025; Poornima & Subramanian, 2024; Sharma et al., 2023).

India's appeal rests on a recurring set of advantages: 60–80% lower costs than many developed-country comparators, highly trained doctors, internationally accredited hospitals, English-language capability, advanced medical technology, and short waiting times (Gupta, 2024; Mehra & Tyagi, 2026; Mishra & Sharma, 2021). The sector is also distinguished by the combination of modern tertiary care with wellness and traditional medicine, including Ayurveda, yoga, and AYUSH-linked services (Paul, 2024; Soni, 2024; Supare & Supare, 2026).

India's medical tourism sector still rests on a durable cost–quality advantage, with recent studies repeatedly citing lower prices, skilled clinicians, accredited hospitals, advanced facilities, and shorter waits as the main pull factors (Mehra & Tyagi, 2026; Gupta, 2024; Kumar, 2023; Murti & Singh, 2018; Murti & Deshpande, 2010). The newer literature shifts the emphasis from simple growth promotion toward governance quality, especially transparency, intermediary oversight, pre-arrival coordination, continuity of care, and grievance pathways (Nisa & Sharma, 2024; Trehan, 2025).

India remains one of Asia's major medical tourism destinations because treatment is consistently described as substantially cheaper than in developed-country comparators while maintaining high-end tertiary care capacity (Mehra & Tyagi, 2026; Mahida, 2024; Mishra & Sharma, 2021; Murti & Singh, 2018). Recent reviews also describe India's

appeal as a combination of allopathic care, English-language capability, broad specialty coverage, alternative medicine, and relatively easy travel access (Kumar, 2023; Mishra & Sharma, 2021; Arshi et al., 2026).

Patient-choice studies show that accreditation, information search, hospital employees, hospital precision, and waiting time materially influence destination choice (Medhekar & Wong, 2020; Murti & Singh, 2018: Murti & Deshpande, 2010). Delhi-NCR evidence further indicates that medical team quality, service quality, and hospital infrastructure drive satisfaction more strongly than touristic services alone (Dar & Kashyap, 2025).

Recent Market Estimates

Table 1: Recent market size and projection estimates for India

Year / Projection	Estimate	Interpretation
2020	**~USD 9 billion** (Gupta, 2024)	Upper-end estimate from secondary synthesis
2021	**~USD 4 billion** (Paul, 2024)	Recovery phase after pandemic shock
2023	**~USD 6.5 billion** (Paul, 2024)	Continued rebound
2026	**USD 13–15 billion** (Gupta, 2024; Paul, 2024)	Most common medium-term projection
2027	**21.1% CAGR, 2020–2027** (George et al., 2024)	Strong projected expansion
2032	**~USD 42.2 billion** (Mahida, 2024)	High forecast, likely model-sensitive

Source: *Authors Compilation*

These figures agree on strong growth but not on exact size, because most are based on secondary market reports rather than harmonized national statistics (Banerjee & Ghosh, 2026). The literature therefore supports the direction of growth more strongly than any single headline estimate (George et al., 2025; Murti & Singh 2018).

Economic Contribution

Recent papers consistently describe medical tourism as an economic multiplier that extends beyond hospitals into hospitality, diagnostics, pharmaceuticals, wellness, transport, and employment (Soni, 2024; Banerjee & Ghosh, 2026; George et al., 2024). One 2024 synthesis estimates that the sector could contribute about 0.6% of GDP and support more than 1 million direct and indirect jobs (Gupta, 2024).

The broader comparative evidence also supports a growth link between health tourism and economic performance, especially where infrastructure and trade openness are stronger (Chowdhary & Majumdar, 2025; Tang & Suksonghong, 2025). Post-COVID tourism analyses in India show sharp collapse followed by a substantial rebound, with tourism revenue recovering from ₹10.024 trillion in 2020 to an estimated ₹15.9 trillion in 2022 (George et al., 2025).

Associated-sector growth is increasingly part of the story. Recent economic reviews link medical tourism to pharmaceutical exports above US$30 billion in FY 2023–24, a wellness market valued at US$19.4 billion in 2024, and strong metro hospitality demand tied to medical travellers (Soni, 2024).

Economic Channels

Table 2: Main economic pathways linked to medical tourism growth

Channel	Evidence	Main Caveat
Hospital revenue	Foreign patient inflows increase service exports (Mishra & Sharma, 2021)	Benefits concentrate in private urban hospitals (Hazarika, 2010)
Jobs	Direct and indirect employment gains are repeatedly reported (Gupta, 2024; Paul, 2024)	National job counts are mostly projection-based
Spillovers	Hospitality, transport, diagnostics, wellness, pharma expand alongside medical travel (Soni, 2024; Banerjee & Ghosh, 2026)	Spillovers vary by region (Banerjee & Ghosh, 2026)
Foreign exchange	Export earnings are a major policy rationale (Paul, 2024; Poornima & Subramanian, 2024)	Hard measurement remains inconsistent

Source: *Authors Compilation*

Governance and Policy Reform

The strongest policy shift in the latest literature is away from generic promotion and toward end-to-end governance (Nisa & Sharma, 2024). Recent policy work identifies five recurring gaps: weak facilitation oversight, incomplete

quality assurance, poor transparency, limited recourse systems, and weak post-discharge continuity (Nisa & Sharma, 2024).

Government measures have nonetheless expanded. The literature cites medical and e-medical visas, Heal in India branding, airport facilitation, a national strategy and roadmap for medical and wellness tourism, and tourism placed in "mission mode" policy framing (Gupta, 2024; Poornima & Subramanian, 2024; Mahida, 2024; George et al., 2024; Murti & Singh 2018). Older framework work and newer strategic papers agree that future competitiveness depends on policy coordination, operational excellence, and clearer standards rather than cost alone (Mishra & Sharma, 2021; Trehan, 2025).

Policy Reform Priorities

Table 3: Priority governance reforms emerging from recent literature

Priority	Evidence Base	Why It Matters
Regulate facilitators	(Nisa & Sharma, 2024; Mehta & Ray, 2023)	Intermediaries shape trust and logistics
Standardize accreditation	(Trehan, 2025; Supare & Supare, 2026; Kanyal & Ghewade, 2025)	Accreditation signals safety and quality
Improve digital disclosure	(K.S. et al., 2022)	Patients need clear pre-arrival information
Strengthen malpractice and grievance systems	(Trehan, 2025; Barnwal, 2024)	Cross-border care needs recourse
Build post-discharge follow-up	(Nisa & Sharma, 2024; K.S. et al., 2022)	Continuity of care remains weak

Source: *Authors Compilation*

Service Quality, Accreditation, and Digital Trust

Accreditation now functions as both a quality tool and a market signal. UAE evidence shows that governments use international accreditation to improve healthcare quality and attract medical tourists (Alshamsi, 2024). In India, recent evidence suggests NABH accreditation improves infection control, discharge efficiency, documentation accuracy, patient satisfaction, and staff satisfaction (Kanyal & Ghewade, 2025).

The wellness side is moving in the same direction. NABH AYUSH accreditation is argued to reduce information asymmetry, improve standardization, and build international credibility for wellness tourism (Supare & Supare, 2026). That matters because India's distinctiveness increasingly comes from combining modern tertiary care with AYUSH, Ayurveda, yoga, and other wellness offerings (Soni, 2024; Wallace, 2025).

Digital presentation has become part of quality perception. Website analyses show that JCI-accredited hospitals provide more complete medical-tourism information than non-accredited hospitals, but many hospitals still underperform on travel logistics and follow-up communication (K.S. et al., 2022). Newer digital strategy work argues that transparent pricing, verified credentials, testimonials, and virtual consultations act as trust signals in a high-risk market (Ikhtiyorovna & Salimovich, 2026).

Quality and Trust Signals

Table 4: Main quality and trust signals in destination choice

Signal	What Recent Literature Shows
Hospital accreditation	Improves quality metrics and patient trust (Kanyal & Ghewade, 2025; Alshamsi, 2024)
Cultural communication	Shapes perceived experience and adherence (Mehra & Tyagi, 2026)
Website completeness	Stronger in accredited hospitals, but follow-up info remains weak (K.S. et al., 2022)
Social media trust-building	Transparency and culturally adapted content influence destination choice (Poornima & Subramanian, 2024)

Source: *Authors Compilation*

Equity, Regional Imbalance, and Open Risks

The literature is more critical than before about who benefits from growth. Urban concentration remains a consistent concern, with metro regions such as Chennai, Delhi, Mumbai, and Bangalore dominating specialized inbound care

(Barnwal, 2024; Bezborah et al., 2025). Newer regional work suggests secondary hubs such as Guwahati and West Bengal have potential, but need branding, infrastructure, accreditation, and policy support to compete (Bezborah et al., 2025; Banerjee & Ghosh, 2026).

Equity concerns remain substantial. Recent economic and sociological work warns that medical tourism can intensify two-tier provision, strain local resources, and favor wealthier foreign patients over domestic low-income groups if growth is not governed carefully (Soni, 2024; Mishra et al., 2026; Hazarika, 2010). Older workforce analysis and newer ethics work converge on the same point: growth that mainly benefits the private sector can undermine public-system equity unless revenues, staffing, and regulation are aligned with domestic health goals (Mishra et al., 2026; Barnwal, 2024; Murti & Singh 2018; Hazarika, 2010;).

Methodologically, the field still lacks standardized datasets, strong longitudinal designs, and rigorous multiplier estimates (Malhotra & Dave, 2022; Banerjee & Ghosh, 2026; Figueiredo et al., 2024). That is the biggest reason precise claims about total patient counts, GDP effects, and forecasted market size still vary widely across papers (Arshi et al., 2026; Mahida, 2024).

Main Risks

Table 5: Key structural risks facing India medical tourism

Risk	Evidence
Urban concentration	(Bezborah et al., 2025; Barnwal, 2024)
Domestic access strain	(Paul, 2024; Hazarika, 2010)
Two-tier care and inequity	(Barnwal, 2024; Mishra et al., 2026)
Weak standardized data	(Banerjee & Ghosh, 2026)
Reputation risks from safety, environment, corruption	(Malhotra & Dave, 2022; Aristiani et al., 2025)

Source: *Authors Compilation*

The purpose of this manuscript is to synthesize current literature on medical tourism in India with emphasis on growth trends, competitiveness, economic contributions, governance reforms, and emerging equity concerns (Nisa & Sharma, 2024; Malhotra & Dave, 2022; Mahida, 2024). The central argument is that India's medical tourism sector remains highly competitive, but its future depends increasingly on governance, service quality, trust, and equitable integration with the domestic health system (Nisa & Sharma, 2024; Trehan, 2025; Murti, 2018).

RESEARCH OBJECTIVES

1. To examine the growth trajectory and market dynamics of India's medical tourism sector, including divergent size estimates, foreign tourist arrivals, and post-pandemic recovery patterns.
2. To assess the economic contribution of medical tourism to India, covering GDP share, employment generation, foreign exchange earnings, and spillover effects into hospitality, diagnostics, pharmaceuticals, and wellness industries.
3. To evaluate the governance and policy framework surrounding the sector, including facilitation oversight, accreditation standards, transparency mechanisms, and patient recourse/grievance systems.
4. To analyze the role of accreditation and digital trust-building (e.g., NABH, NABH AYUSH, JCI) in shaping service quality perception, patient confidence, and destination competitiveness.
5. To investigate equity and distributional concerns, particularly the urban–rural and private–public imbalance created by medical tourism growth, including its effects on domestic healthcare access.
6. To identify policy priorities and recommendations that can align India's export-oriented medical tourism growth with domestic health equity and regional diversification.

RESEARCH METHODOLOGY

Research Design: This study adopts a qualitative, exploratory research design based on a systematic literature review (SLR) combined with thematic analysis of academic and policy sources.

Approach

Source Selection: Peer-reviewed journal articles, policy reports, and conference proceedings published primarily between 2018–2026 were identified, focusing on medical tourism in India across economic, governance, quality, and equity dimensions.

Search Strategy: Literature was drawn from academic databases and journals covering health tourism, public administration, and health policy, using keywords such as "medical tourism," "India," "AYUSH," "health governance," "accreditation," and "health equity."

Inclusion Criteria: Studies addressing India's medical tourism market size, economic impact, government policy, accreditation/quality frameworks, patient experience, or equity implications were prioritized.

Thematic Analysis: Sources were coded and organized into five recurring themes — (1) market growth and estimates, (2) economic contribution, (3) governance and policy reform, (4) service quality/accreditation/digital trust, and (5) equity and regional imbalance — allowing synthesis of convergent and divergent findings across studies.

Data Synthesis: Quantitative figures (market size, GDP contribution, arrival numbers) were compiled comparatively (see Figures 1–5 in this paper) to highlight consistency in growth direction despite variation in absolute estimates, given the field's reliance on secondary/industry reports rather than harmonized national statistics.

LITERATURE REVIEW

The literature shows broad agreement that India has become a leading medical tourism destination because of cost competitiveness, medical expertise, service quality, private hospital capacity, and cultural adaptability (Malhotra & Dave, 2022; George et al., 2025; Murti & Singh, 2018; Murti & Deshpande, 2010). Several studies describe India as a major destination for patients from Africa, the Middle East, South Asia, and neighbouring countries seeking cardiac care, orthopaedics, organ transplants, fertility services, and related specialties (Bezborah et al., 2025; Paul, 2024).

Recent market estimates differ, but most point to strong growth and post-pandemic recovery. One study estimated the market at about USD 9 billion in 2020 and projected USD 13–15 billion by 2026 with annual growth near 18–20% (Gupta, 2024). Another estimated USD 6 billion in 2019 rising to USD 13 billion by 2026 (Paul, 2024). A separate analysis reported a rebound from USD 3.0 billion in 2020 to USD 6.5 billion in 2023, contributing about 0.18% of GDP (Soni, 2024). The direction of growth is therefore consistent, even if precise totals vary (Murti, 2018; George et al., 2025).

Government support is a recurring theme in the literature. Studies identify the Heal in India initiative, e-medical visas, airport facilitation, branding, and broader public-private coordination as key enablers of sector growth (Poornima & Subramanian, 2024; Gupta, 2024; Trehan, 2025). One paper reports that the simplified e-medical visa system was associated with 25% year-over-year growth in inbound medical tourists before the pandemic (Gupta, 2024). Promotional and facilitative measures are therefore widely seen as important, but newer literature argues that growth promotion alone is no longer sufficient (Trehan, 2025; Mishra & Sharma, 2021).

A major shift in recent research is the growing emphasis on governance. Policy-oriented work identifies gaps across facilitation, quality assurance, transparency, intermediary oversight, continuity of care, and grievance pathways (Nisa & Sharma, 2024). Other studies similarly point to inadequate policy frameworks, weak logistics infrastructure, unstandardized service quality, and concerns about safety, corruption, and environmental perception (Malhotra & Dave, 2022; Bezborah et al., 2025; Paul, 2024). Strategic recommendations include recognizing medical tourism as an organized sector, expanding national accreditation, strengthening malpractice frameworks, supporting bilateral insurance arrangements, and clarifying patient recourse systems (Trehan, 2025).

Patient experience and trust also receive increasing attention. A large hospital-based study of 1,600 international patients found that cultural beliefs and communication expectations shape perceived service quality, with expectation management and confidence-building identified as critical organizational tasks (Mehra & Tyagi, 2026). Related work argues that transparent digital communication and culturally adapted social media strategies can strengthen trust, influence destination choice, and support economic growth (Poornima & Subramanian, 2024).

The wellness and AYUSH literature adds an important governance dimension. NABH AYUSH accreditation is described as a mechanism that enhances patient safety, standardization, workforce competency, legitimacy, and international credibility in wellness tourism (Supare & Supare, 2026). This complements broader arguments that India's wellness positioning is a distinctive competitive advantage, but one that requires stronger quality assurance to gain durable international trust (Supare & Supare, 2026).

At the same time, the literature is increasingly critical of distributional effects. Economic and sociological studies warn that medical tourism can strain local health resources, remain concentrated in metro regions, and favor wealthy foreign patients over lower-income domestic groups (Paul, 2024; Soni, 2024; Mishra et al., 2026). Metro cities such as Chennai, Mumbai, Delhi, and Bangalore continue to dominate the sector, while emerging hubs such as Guwahati face infrastructure, accreditation, and marketing barriers (Bezborah et al., 2025). These concerns align with the broader argument that medical tourism policy must balance export competitiveness with domestic access and justice (Mishra et al., 2026; Paul, 2024).

DISCUSSION

The literature supports a clear conclusion: India's medical tourism sector remains fundamentally competitive, but the basis of competitiveness is changing. Earlier work emphasized price, doctor quality, and private hospital strength (Malhotra & Dave, 2022; Mishra & Sharma, 2021). More recent studies still affirm these strengths, but they increasingly frame future success in terms of governance capacity, accreditation depth, patient communication, and system-level coordination (Nisa & Sharma, 2024; Trehan, 2025).

This shift matters because the sector now operates in a more competitive and risk-sensitive international market. Patients are not selecting destinations on price alone; they also weigh transparency, safety, service quality, accreditation, cultural sensitivity, and continuity of care (Poornima & Subramanian, 2024; Mehra & Tyagi, 2026; Mishra & Sharma, 2021; Murti & Singh, 2018; Murti & Deshpande, 2010). That makes governance a market issue as much as a regulatory one. Weak intermediary oversight or poor post-discharge follow-up can therefore damage both patient protection and India's long-term competitiveness (Nisa & Sharma, 2024; Mehta & Ray, 2023).

The economic evidence is positive but should be interpreted carefully. Multiple papers describe employment growth, foreign exchange earnings, GDP contributions, and spillovers into hospitality, diagnostics, pharmaceuticals, and wellness (Paul, 2024; Soni, 2024). However, several market-size and GDP estimates are based on secondary compilations rather than standardized national reporting, which helps explain variation across studies (Gupta, 2024; Soni, 2024; Paul, 2024). The strongest consensus is therefore about direction and importance of growth, not about one exact headline number (George et al., 2025; Murti & Singh 2018).

The equity literature is the clearest warning in the current evidence base. Studies point to urban concentration, private-sector capture of benefits, possible crowding pressures on domestic services, and access patterns that can privilege high-paying international clients (Soni, 2024; Paul, 2024; Mishra et al., 2026). These concerns are especially sharp in the globalization of Ayurveda and wellness, where commercialization can transform community-based therapeutic systems into premium export services (Mishra et al., 2026). The policy implication is not that medical tourism should be slowed, but that its expansion should be tied to stronger equity safeguards, better regional distribution, and clearer accountability (Nisa & Sharma, 2024; Bezborah et al., 2025 Murti & Singh, 2018; Murti & Deshpande, 2010).

A final theme is regional diversification. Most of the sector remains metro-centric, but newer work suggests that secondary hubs can emerge if investments are made in infrastructure, branding, accreditation, and public-private coordination (Bezborah et al., 2025). This is important because regional expansion could reduce concentration pressures while distributing economic benefits more broadly (Bezborah et al., 2025; Murti & Singh, 2018; Murti & Deshpande, 2010).

CONCLUSION

India's medical tourism sector is growing because it combines affordability, clinical expertise, accreditation, and wellness offerings in a way few competitors can match. The current literature, however, shows that the sector's next phase will depend less on low cost alone and more on governance quality, patient trust, standardized accreditation, regional expansion, and protection of domestic health equity.

In that sense, the evidence across the full paper set is consistent: medical tourism can remain an important engine of economic growth in India, but only if growth is paired with stronger end-to-end governance, better continuity of care, and policies that ensure international success does not come at the expense of domestic access.

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