

# COVID-19 PANDEMIC: GODSEND FOR CHHATTISGARH MEDICAL TOURISM

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## **ABSTRACT**

*This study tries to get an overview of the medical tourism in Chhattisgarh. This study explains why Chhattisgarh has emerged as destination for medical tourism. It also explores challenges and competitive advantages and future outlook of medical tourism in Chhattisgarh. This is exploratory work which is based on past literature review, also includes published research, web sites, newspapers, and the travel and tourism magazines that carry medical tourism related information. This study also tries to understand why developing state like Chhattisgarh is more successful in promoting medical tourism than others.*

**Keywords:** Medical tourism, Tourism avenues, Parameters

## INTRODUCTION

The estimates of medical tourism market in India are valued at over \$1000 million in 2005-06 with 1 million foreign medical tourists visiting the country every year. It is projected to reach \$ 7 -8 billion by 2020. These records are important when seen in the background of the total healthcare expenditure in the country today - \$10 billion in the public sector and \$50 billion in the private sector (calculated as more or less one per cent and five per cent of the country's current GDP respectively). Visitors from 55 countries arrive to India for treatment but the major growth in business is from the UK and the US. The Taj Medical Group receives 200 inquiries a day from roughly the world and arranges packages for 20-40 Britons a month to have operations in India. The study reveals that the tourist inflow is accountable for generation of direct and indirect service, but the incoming of foreign tourist will be more advantageous for the state as the foreign exchange rate will go up. Tourism in Chhattisgarh have by and large been self-generating so far, it can become a top priority just if there is a focused tourism policy independent of whims and fancies of the individual ministers who keep changing with every consecutive government. It is unfortunate that in a state like Chhattisgarh which has many potentials of tourism nothing has been done to impress upon its people, the economic benefits of cultural preservation and other tourism associated activities, which could better their livelihood. Chhattisgarh has all the ingredients and elements to become a model state for medical tourism in the country.

## REVIEW OF LITERATURE

(Hopkins, Labonté, Runnels, & Packer, 2010) One manifestation of globalization is medical tourism. As its implications remain largely unknown, we reviewed claimed benefits and risks. Driven by high health-care cost, long waiting period, or lack of access to new therapies in developed countries, most medical tourists (basically from the US, Canada, and Western Europe) look for care in Asia and Latin America. Even though individual patient risks could also be offset by credentialing and class in (some) destination country services, lack of advantages to poorer citizens in developing countries offering medical tourism remains a generic equity issue. Data collection, measures, and studies of medical tourism all got to be wholly enhanced if countries are to assess better both the magnitude and potential health implications of this trade.

(Smith, 2004) Globalization is a key challenge facing health policy-makers. A significant feature of this often direct trade in health services, a result of the increase of transnational corporations, challenges in health care financing, porous borders and enhanced technology created the scope for increased 'foreign direct investment' (FDI) in health care. This has gathered momentum with the General Agreement on Trade in Services (GATS), which aims to further liberalize trade services, and within which FDI has been noted as perhaps the foremost critical area for trade negotiation. Perhaps with the rapid developments in this area, most of the literature is speculative, polarized between those asserting the advantage of liberalization and those arguing against. However, there seem to be three issues which emerge as of most importance: (i) the extent to which a national health system is commercialized intrinsically is of more significance than whether investment in foreign or domestic; (ii) the national regulatory environment and its 'strength' will notably determine

the economic and health impact of FDI, the effectiveness of safeguard measures, and consequently the stability of GATS commitments; and (iii) any negotiations will depend on parties having a common understanding of what is being negotiated, and the interpretation of key definitions is thus critical.

(Horowitz, Rosensweig, & Jones, 2007) Medical tourism is becoming gradually more popular, and it is projected that as many as 750,000 Americans will seek offshore medical care in 2007. This phenomenon is driven by marketplace forces and occurs outside of the view and control of the organized healthcare system. Medical tourism presents important concerns and challenge as well as potential opportunities. This trend will have increasing impact on the healthcare landscape in industrialized and developing countries around the world.

(Lunt & Carrera, 2017) The review focuses on one growing aspect of health care globalization – medical tourism, whereby consumers choose to travel across borders or to overseas destinations to obtain their treatment. Such treatments include cosmetic and dental surgery; cardio, orthopaedic and bariatric surgery; IVF treatment; and organ and tissue transplantation. The review sought to identify the medical tourist literature for out-of-pocket payments, focusing wherever possible on evidence and experience pertaining to patients in mid-life and beyond. Despite a number of countries offering relatively low cost treatments we know very little about many of the numbers and key indicators on medical tourism. The narrative review traverses discussion on medical tourist markets, consumer choice, clinical outcomes, quality and safety, and ethical and legal dimensions.

(Bridges & Carrera, 2014) The objective of this review is to carry out a literature review of health and medical tourism, to define health and medical tourism based on the medical literature and to estimate the size of trade in healthcare. The Medline database was used for our literature review. In our initial search for ‘health tourism’ and ‘medical tourism’ we found a paucity of formal literature as well as conceptual ambiguity in the literature. Subsequently, we reviewed the literature on ‘tourism’ in general and in the context of healthcare. On the basis of 149 papers, we then sought to conceptualize health tourism and medical tourism. Based on our definitions, we likewise sought to estimate market capacity internationally. We defined health tourism as “the organized travel outside one’s local environment for the maintenance, enhancement or restoration of an individual’s wellbeing in mind and body”. A subset of this is medical tourism, which is “the organized travel outside one’s natural healthcare jurisdiction for the enhancement or restoration of the individual’s health through medical intervention”.

(Connell, 2006) Medical tourism, where patients travel overseas for operations, has grown rapidly in the past decade, especially for cosmetic surgery. High costs and long waiting lists at home, new technology and skills in destination countries alongside reduced transport costs and Internet marketing have all played a role. Several Asian countries are dominant, but most countries have sought to enter the market. Conventional tourism has been a by-product of this growth, despite its tourist packaging, and overall benefits to the travel industry have been considerable. The rise of medical tourism emphasises the privatisation of health care, the growing dependence on technology, uneven access to health resources and the accelerated globalisation of both health care and tourism.

(Gössling, Scott, & Hall, 2020) Compares the impacts of COVID-19 to previous epidemic/pandemics and other types of global crises and explores how the pandemic may change society, the economy, and tourism. It discusses why COVID-19 is an analogue to the ongoing climate crisis, and why there is a need to question the volume growth tourism model advocated by UNWTO, ICAO, CLIA, WTTC and other tourism organizations. The novel coronavirus (COVID-19) is challenging the world. With no vaccine and limited medical capacity to treat the disease, non pharmaceutical interventions (NPI) are the main strategy to contain the pandemic. Unprecedented global travel restrictions and stay-at-home orders are causing the most severe disruption of the global economy since World War II. With international travel bans affecting over 90% of the world population and wide-spread restrictions on public gatherings and community mobility, tourism largely ceased in March 2020.

## RESEARCH OBJECTIVES

- To identify the medical tourism avenues available in Chhattisgarh.
- To portray relationship among various parameters with the need of medical tourism in Chhattisgarh.

## MEDICAL TOURISM AVENUES AVAILABLE IN CHHATTISGARH

It is evident that the ranges of treatments available abroad for prospective medical tourists are wide, including:

- ✓ Cosmetic surgery (breast, face, liposuction)
- ✓ Dentistry (cosmetic and reconstruction)
- ✓ Cardiology/cardiac surgery (by-pass, valve replacement)
- ✓ Orthopedic surgery (hip replacement, resurfacing, knee replacement, joint surgery)
- ✓ Bariatric surgery (gastric by-pass, gastric banding)
- ✓ Fertility/reproductive system (IVF, gender reassignment)
- ✓ Organ, cell and tissue transplantation (organ transplantation; stem cell)
- ✓ Eye surgery
- ✓ Diagnostics and check-ups

Together, not all of these treatments would be classed as acute and life-threatening and some are clearly more marginal to mainstream health care. Some forms of plastic surgery would be excluded from health spending (e.g. for solely cosmetic reasons); other forms of medical tourism would be counted within the abate of health trade.

For the purpose of exploring the catalysts and broader implications of medical tourism, the processes of globalization are credited here for creating an environment in which medical tourism is not just possible, it is accessible to the masses, or middle class, and not solely the wealthy.

## CHALLENGES OF MEDICAL TOURISM IN INDIA

Lack of proper infrastructure, facilities, access and connectivity

## **SERVICE LEVEL**

There is a vast scope for Herbal tourism in Chhattisgarh as it is being promoted as herbal state over 500 species of plants found here have medicinal uses. Tribes of the region prefer the medicines they derive from the trees. With the increasing demand of herbal medicine in the present market it is likely that Chhattisgarh will emerge as a major center in near future. If department takes necessary steps they can develop a herbal treatment center at Nagpura near Durg where there is a naturopathy college which will be similar to that of Kottayam in Kerala to promote medical tourism.

## **VARIOUS PARAMETERS WITH THE NEED OF MEDICAL TOURISM IN CHHATTISGARH**

The reason of exploring the catalysts and broader implication of medical tourism, the processes of globalization are credited here for creating an environment in which medical tourism is not just possible, it is available to the masses, or middle class, and not solely the wealthy. For which Chhattisgarh has made rapid strides in all-round development and improvement of infrastructure and telecom networks from 2000 to 2018.

## **RAILWAY NETWORK**

Similarly the railway network in Chhattisgarh in 2000 and 2016 shows the extent of progress made by the state. At the same time as in 2000, total railway lines were 1,187 km, so far in 2016, it is 1,744 km, and work is still in progress. In 150 years of Indian railway history, only 1,187 km of railway lines could be laid in Chhattisgarh till 2000. The Chhattisgarh government, through special initiative and strategic partnership with public sector units, has formulated a work plan to develop the railway network in the zones having no railway facilities.

## **ROAD NETWORK**

The state set up the Chhattisgarh Road Development Corporation and received permission to construct 26 new roads with this financial outlay. While new roads have provided better connectivity within the state. More than 995 new bridges have been built in the state. The statistics speak for themselves. In 2003, there was 2,225 km length of national highways in the state; this went up by almost 1,000 km to 3,222 km by 2017. Multilane roads have shot up from only 31 km to 934 km and two-lane roads from 1,251 km to 6,271 km. There were only 66 bridges in the state, but there are 1,061 now.

## **AVIATION**

To develop the only airport at Mana-Raipur as per international standards, work for expansion of a runway is in progress. Airports are being expanded at Bilaspur and Jagdalpur. The construction of airstrip at Ambikapur and Balrampur has been completed. There is a proposal for construction of new airstrips at Dantewada and Bijapur.

Chhattisgarh is in central part of India and was part of erstwhile Madhya Pradesh. It was recognized as a separate state in the year 2000 with Raipur as its capital city. The state shares her borders with Madhya Pradesh, Maharashtra, Andhra Pradesh, Odisha, Jharkhand and Uttar Pradesh. Blessed with abundance of nature, wildlife arts, culture, handicraft and a

plethora of resources; its virgin beauty is still untouched and unexplored by the common man thus the land being a sure treat to visitors and tourists. Popularly known as the rice bowl of India the state is famous for its rich mineral deposits, unexplored tourist circuits, dense forest cover with rich biodiversity habitat covering 80% of the state. It can boast of having 3 national parks, 11 wild life sanctuaries and 30 plus significant waterfalls and abundant caves. The real challenge lies in establishing and strengthening the institution of Network of Stakeholders (INS) which is Government led, private sector driven and community welfare oriented. Government should provide a legislative framework to regulate Tourism Trade and Industry by ensuring safety & security of tourists; providing basic infrastructure and health care facilities of incentives, concessions and conveniences to be provided by the Government.

## CONCLUSION

World-class treatment & highly advanced healthcare infrastructure have contributed tremendously to the growth of medical tourism in India booming software industry in India has facilitated technological revolution in healthcare. In fact, after software, healthcare industry is the next big thing in India & contributes majorly to India's fast growing economy. India's medical force boasts of a high intellectual resource pooled in by highly skilled & qualified professionals. Fast growing economy has led to privatization & corporatization in the field of healthcare, thereby leading to the setting up of world class hospitals that provide highly advanced treatment facilities through high end technology & world class doctors. Low operating costs, high resources & highly qualified English-speaking manpower have made India the hub for Research & Development as well as clinical trials, thereby contributing primarily to the healthcare infrastructure. Stake holders of Medical tourism industry have to synchronise their activities to reap maximum benefits in terms of achieving higher profits and greater market share.

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