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**Business & Economy** (<https://timesofindia.indiatimes.com/Toi-Plus/Business-Economy-114042737>)

## Scalpels And Soft Power

With trade barriers rising and tech visas tightening, India needs a new export story. Medical tourism can be it by learning from and besting models offered by Thailand and Türkiye.

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When tariffs threaten manufacturing and tighter H-1B rules squeeze IT exports, India's next big growth engine might lie not in factories or code but in surgery rooms.

Medical value tourism (MVT) – foreign patients coming to India for advanced, affordable and reliable treatment – could become the country's next great services success. The \$40bn global medical tourism industry is expected to touch \$100bn by 2030. India's current share – barely 6-8% – lags far behind Thailand's 25% and Türkiye's 10-15%. Yet with its deep pool of skilled doctors, modern hospitals and cost advantage, India can credibly target a 25-30% share.

Every international patient generates an economic ripple – translators, hotels, transport, pharmacies and rehab facilities. Few sectors deliver foreign exchange, jobs and soft power together quite like this one. Just as IT services made India indispensable to the world's digital economy, medical value tourism can make it essential to the world's healthcare economy.

### **What India already does better**

Thailand and Türkiye built their success on hospitality and efficiency. Thailand's strength lies in “wellness-plus-elective” care – cosmetic and dental packages bundled with spas. Türkiye mastered marketing of hair transplants and cosmetic surgery backed by state support.

India's edge lies higher up the value chain – in cardiac surgery, oncology, organ transplants, neurosurgery, advanced orthopaedics and robotic interventions. It has more than 50 internationally accredited (JCI-certified) hospitals, English-speaking doctors trained to Western protocols, and unbeatable experience of managing complex cases given population size and diversity. Add world-class diagnostics, affordable generics, skilled nursing and a robust digital-health stack, and India's credibility becomes hard to match.

For complex care, India offers OECD-level outcomes at a fraction of global costs – and with infection rates among the lowest in the world. A liver transplant costs around \$25,000 in India versus around \$80,000 in Thailand and around \$800,000 in US; coronary bypass and joint-replacement surgeries are similarly a quarter of prices in Asean and less than a tenth of that in US. The savings extend across diagnostics, ICU care and follow-up, without compromising safety or recovery.

For patients and insurers in Africa, Gulf and Eastern Europe, this combination of value and reliability is unbeatable. We can be confident that India's medical tourism story isn't about cheap care – it's about complex, outcomes-driven care at global standards and Indian prices.

Thailand perfected the experience layer – hotel-like recovery suites and concierge logistics. Türkiye demonstrated the power of focus and govt-backed branding.

India must learn from both but avoid imitation. Its brand should rest on ‘advanced, outcomes-led, complex care at value’ – high-end medicine built on trust, transparency and efficiency.

### **What India must do**

- **Launch a PM-led “Heal in India” mission:** A global, outcome-driven campaign – ideally led by PM – would lend the scale and credibility of a national mission. It should highlight India's surgical success rates, transplant outcomes and low

infection levels. A multilingual digital portal can list accredited hospitals, publish bundled prices and provide live concierge help. Instead of domestic subsidies, govt should support top hospitals to open marketing offices abroad, especially in Africa, Gulf and Central Asia.

- **Make money move as easily as patients:** For many African patients, the bottleneck is payment, not treatment. Enable Pan-African Payment and Settlement System (PAPSS) channels, Rupee Vostro accounts and UPI corridors with partner banks so hospitals can receive funds quickly and transparently.
- **Enable real insurance portability:** Self-pay limits scale. India should negotiate mutual empanelment with public and private insurers abroad so accredited Indian hospitals are treated as 'in-network'. A cross-border TPA hub and sovereign-backed reinsurance window would reassure foreign payers.
- **Reward hospitals that bring in foreign patients:** Treat MVT as a true export of services. Offer performance-linked incentives tied to verified foreign-exchange earnings and quality metrics such as accreditation and infection control. Provide low-cost credit for robotic upgrades and multilingual staffing.
- **Remove visa and logistics friction:** India already provides a 60-day triple entry medical e-visa; it should be valid for longer stays for some procedures and easily extendable if needed through the hospital providing the treatment. More importantly, Indian doctors conducting OPDs in West Asia and some other target countries need to go through a cumbersome licensing process and work visa even for short-term and unpaid consultations. MEA should work with these target countries to ease the friction and help make the process seamless for mutual benefit.
- **Build clusters, not just hospitals:** Scale thrives in clusters – Delhi-NCR, Mumbai, Chennai, Hyderabad, Bengaluru, Kochi – where hospitals, hotels and suppliers co-locate. Designate these as “Medical Export Districts” with plug-and-play clearances, recovery hotels and reliable logistics. Wellness and Ayurveda can complement core offering with additional sources of revenue and jobs.
- **Invite global healthcare giants:** India should invite global players such as Kaiser Permanente, HCA Healthcare, Ramsay Healthcare and even NHS-linked entities to set up centres here. Such partnerships bring capital, credibility and technology, raise standards and strengthen India's brand as a trusted medical hub. For developed markets where insurance dominates, offer targeted incentives for “closed-loop” healthcare systems to establish facilities serving both foreign and domestic patients.

With focused execution, India can double medical-tourist inflows within three to five years. That means more forex, more jobs for nurses and technicians, and

technology spillovers into domestic healthcare.

Thailand and Türkiye will remain strong in their niches. But India's opportunity is to own the global category of outcomes-driven, advanced care at value. If money, insurance and visas move as smoothly as the scalpel – and if “Heal in India” becomes a global brand – medical value tourism could do for India what IT services did two decades ago: turn human skill and trust into an enduring export advantage.

*Dhawan is founder-CEO and Doshi is operating partner, The Convergence Foundation*

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## Why Are We Like This Only?

India's public spaces are a mess mainly because we as citizens don't value civic sense. Airports, gated residences, companies are world-class. But city streets and air are hazards