



A VISION · MEDICAL VALUE TRAVEL

The Argument for India

India already has the doctors, the hospitals and the price. What it has not yet earned is the world's trust at scale — and trust, unlike talent, can be built deliberately.



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A health system of continental scale

Begin with the substance. India’s medical workforce, its accredited hospitals and its prices would make it a natural leader in medical value travel. On price, the gap is not a margin; it is an order of magnitude.

13.86 lakh

registered allopathic doctors, plus 7.5 lakh AYUSH practitioners

~43 lakh

registered nursing personnel (31 March 2025)

1,299+

NABH-accredited hospitals

387 → 818

medical colleges, 2014 to 2025

PROCEDURE	UNITED STATES	INDIA
Heart bypass (CABG)	\$123,000	\$7,900
Hip replacement	\$40,364	\$7,200
Knee replacement	\$35,000	\$6,600
IVF (one cycle)	\$12,400	\$2,500

Indicative prices, Medical Tourism Association (2021). Real costs depend on the patient, hospital and recovery.

And the demand is vast: more than seven million treatments waiting on England’s NHS list; a 28.6-week median wait from referral to treatment in Canada in 2025; and specialist capacity across Africa, Central Asia and the Gulf that does not match need.

Five lakh travellers — and one border

India received about five lakh medical travellers in 2025, down from 6.4 lakh in 2023. Set against the field, the gap stops being abstract.

DESTINATION	MEDICAL TRAVELLERS	YEAR · MEASURE
South Korea	2.01M	2025 · foreign patients
Malaysia	1.84M	2025 · healthcare travellers
Türkiye	1.40M	2025 · health tourists
Dubai (city)	0.69M	2023 · health tourists
India	0.51M	2025 · medical arrivals

Each country counts medical travellers differently; this shows scale, not a strict ranking.

Look inside India’s fall and almost all of it comes from one neighbour. Bangladesh was under half of India’s medical travellers in 2017 and more than three-quarters by 2023. When visa processing there slowed after August 2024, the national number fell with it. A national export that depends on one border is not a market; it is a single point of failure.

\$8.7bn → \$16.2bn

Industry estimates cited by the Government of India for the medical value travel market, 2025 to 2030 — on the current path. A country that earned the world’s trust would not be content with the current path.

Five frictions, each fixable

India does not have a talent problem or a price problem. It has a trust problem — and trust is a discipline, not a destiny.

Access	Getting in — and depending on one border to do so.
Assurance	Not knowing which hospital is genuinely excellent and which only says so.
Transparency	A price that arrives as an unexplained number, through a middleman whose interests are unclear.
Continuity	Going home — where the patient's fear begins and responsibility seems to end.
Discoverability	A patient asks a machine about India and is told something out of date.



“Reputation is a lagging indicator of standards kept.”

South Korea built a category and owned it. Malaysia put medical travel under one national agency. Türkiye made it a three-billion-dollar export. None has more doctors than India. What they have is a system that makes trust legible to a stranger.

What would close the gap

Offered not as demands but as one practitioner's argument — compounding the start already made with five Regional Medical Hubs in the Union Budget 2026-27.

01 Open more than one door

Fast, predictable e-Medical access and clear information in the languages of the Gulf, Central Asia, Africa and the long-wait health systems of the West.

02 Make accreditation legible

One public, current, multilingual registry so a family can verify quality before they buy a ticket.

03 Publish honest prices

Standardised package estimates — what is included, what is not, what changes the bill.

04 Make care continuous

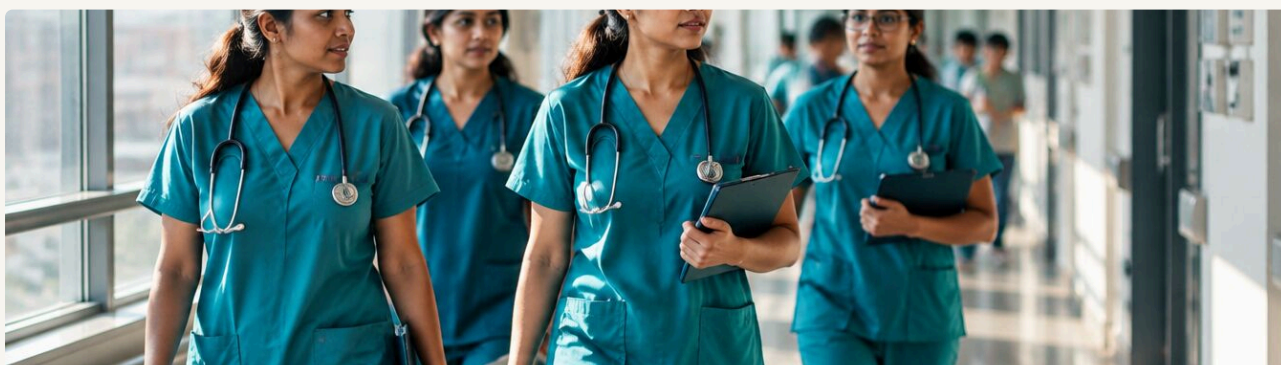
Structured teleconsultation follow-up, portable records and a named contact for the months after surgery.

05 Raise the standard of the middle

A facilitator code: disclosed commissions, no donor or surrogacy brokering, data protection under the DPDP Act, and a public register.

06 Be present in the age of the answer

Accurate, sourced, multilingual information built like national infrastructure — not marketing.

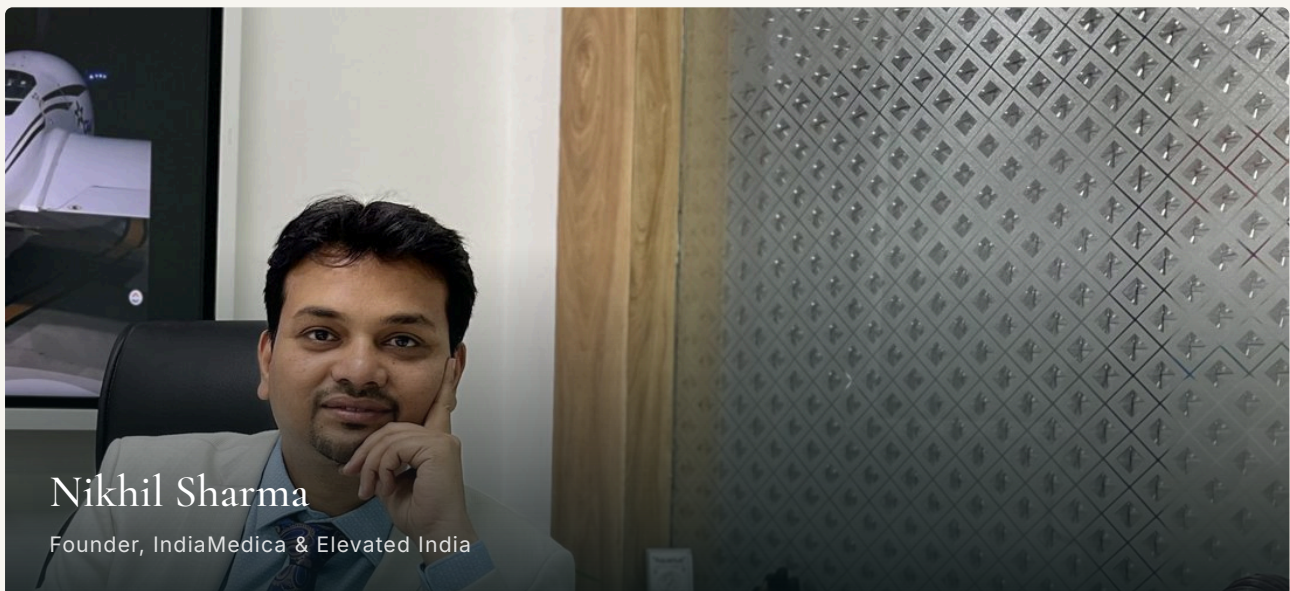


Trust as infrastructure

Growth in medical travel is worth having only if it never comes at the cost of Indian patients, never touches the trades the law rightly forbids — organs from unrelated donors, commercial surrogacy, cures that are not cures — and treats a patient's health data as theirs.

Picture India ten years from now: present and accurate in the answer, in the patient's language; hospitals verified by a registry anyone can read; estimates that explain themselves; a visa in days; and a named person beside the family until they are home.

That is the argument for India. Every patient we help is a footnote to it.



Sources: PIB (Ministry of Tourism, May 2026; Rajya Sabha reply, Dec 2025; Union Budget 2026-27) · Parliament reply via ETV Bharat (Aug 2026) · ICRIER (Nov 2024) · ORF (Apr 2025) · MoHW/KHIDI via Korea Biomedical Review · MHTC via Bernama · TÜİK via Daily Sabah · Dubai Media Office · Medical Tourism Association (2021) · NHS England RTT statistics (Jul 2026) · Fraser Institute (2025). Full links: indiamedica.com/vision