

***An Assessment of the Socio-Economic Impact of  
Medical Tourism on the Mauritian Community***

Asrani Gopaul, University of Mauritius, Mauritius

The European Conference on the Social Sciences 2014  
Official Conference Proceedings

**Abstract**

Medical tourism is also known as medical travel, health tourism or more recently, global healthcare; which in a broad sense, means seeking for medical wellbeing by travelling to a foreign region. However, this is not new; for thousands of years, people have traveled to foreign lands for healing purposes. This form of health travel has grown tremendously in the past decades and has been labeled “medical tourism” by the media and tourism industry actors although this term has been criticized for its suggestion of leisure and frivolity and viewed as disrespect for unavailable services for patients in their home country (Kangas, 2010).

However, despite its huge impact parallel to a blooming tourism sector, this qualitative study will show that the life of Mauritian has not changed to the better except for the creation of a few jobs. Moreover, the majority of Mauritian is not even aware of the existence of such market in Mauritius. This study , qualitative in nature, is original as it is the first qualitative one being made in the field of medical tourism in Mauritius. The experience of people living at grass root has been sought and analysed in order to show disparity that exist between these community and the big organisations that really benefits from the impact of the phenomenon. A series of 200 interviews was carried out across the island in order to induce and support the study.

**iafor**

The International Academic Forum  
[www.iafor.org](http://www.iafor.org)

## **Introduction**

Medical tourism is also known as medical travel, health tourism or more recently, global healthcare; which in a broad sense, means seeking for medical wellpeople have traveled to foreign lands for healing purposes. This form of health travel has grown tremendously in the past decades and has been labeled “medical tourism” by the media and tourism industry actors although this term has been criticized for its suggestion of leisure and frivolity and viewed as disrespect for unavailable services for patients in their home country (Kangas, 2010).

In the past century, it was the more developed nations of the world that were considered popular medical tourist destinations because these nations had the knowhow and technology to provide high quality medical services that may have been unavailable in many developing nations. Today, however, this trend is being reversed. With the neoliberal macro-economic policies and the perpetuating financial crisis in the developed world, patients and insurers are now seeking high quality, low cost health care options outside of their national border (Lee, 2000). It is in this particular context of globalised healthcare that Mauritius represents a potential destination for Medical Tourism.

Medical tourism represents a fundamental shift in the way that we think about health care which brings down a close link between globalization and healthcare. Stiglitz (2002) describes globalisation as a rapid integration of the countries and people of the world brought about by the enormous reduction of costs of transportation and communication, and the breaking down of artificial barriers to the flows of goods, services, capital, knowledge and people across borders. In the context of medical tourism, globalisation has enabled to achieve greater foreign revenue and patients are more open to the idea of travelling overseas for care. With increasing trade in health services, there has been improvement in medical infrastructures and high quality of health care services is dispensed.

Medical tourism has emerged as a niche market and has known a boom in the recent years because of relatively high costs of treatments in Western countries and relatively low price of international air travel. More than thirty countries in Asia, Africa and Eastern Europe are active in the field of medical tourism but among them the Asian countries have won fame for the different dimensions of the services that they provide.

Moreover, the World Tourism Organization (WTO) and non-government organizations (NGO's) have endorsed tourism as having the capacity to foster development, economic growth and new opportunities for poverty alleviation in regions that have scarce resources and limited livelihood options. It is basically because of such support that many developing countries have happily embraced tourism as an alternative for feasible livelihood. In light of this, it crucial to know what the long term benefits of the medical tourism are as practically it is a new market. On the other hand, powerful players with interests in the industry have made huge financial investments in medical tourism; for example the British American Investment has massively invested in the Apollo Bramwell Hospital although health care is free in Mauritius. According to Deloitte (2009), by year 2012, medical

tourism will represent a sustainable annual growth of 35% across countries in the world.

Many countries have identified medical tourism as a national industry. Greater numbers than ever before of student volunteers, health professions trainees, and researchers from resource-rich countries are working temporarily and anticipating future work in resource-starved areas. However, the quality of service and standards of care varies widely across the globe, and there are risks and ethical issues that make medical tourism controversial. As a practical matter, some providers and customers commonly use informal channels of communication-connection-contract, and in such cases this tends to mean less regulatory or legal oversight to assure quality and less formal recourse to reimbursement or redress, if needed. Also, some destinations may become hazardous or even dangerous for medical tourists to contemplate. For example in certain countries the traffic of human organs is much prevalent and if medical tourists use informal channel which may represent a huge risk.

However, the real impact of this market on the Mauritian community has been very dispersed. The main question being asked today is who is getting access to the modern infrastructures being put in place to welcome this market. Except for some rich Mauritians who are able to make use of these ultra modern infrastructures, the poor have to make use of the free public health care system. This study will demonstrate through a series of 200 qualitative interviews the net impact of this market on the local community.

## **1. Review of literature**

The term “medical tourism is interpreted differently by different authors; for this reason different definition is provided below from different sources. However, a more consistent definition could be a commercial phenomenon of industrial society which involves people travelling over night from their normal home environment for the express benefit of maintaining and improving health conditions in destinations which supply and promote such facilities (Hall, 2003).

Furthermore, Kaspar (1996) said that medical tourism can be combined in a relationship of changing location, residence in line to stabilize and restore one's physical, mental and social well-being. Medical tourism encloses various factors for which consumers look for medical care in another country and these features are most commonly price, access, expertise and quality of service that the host country offers (Hume *et al*, 2007). Instantly, a more simple definition for medical tourism can be the provision of transnational health services (Moe *et al*; 2007).

OECD (2010, pp.30-31), define medical tourism as when consumers elect to travel across international borders with the intention of receiving some form of medical treatment. This treatment may span the full range of medical services sought by travelers which include elective procedures as well as complex specialized surgeries such as joint replacement (knee/hip), cardiac surgery, dental surgery, and cosmetic surgeries and fertility treatment among others. However, virtually every type of health care, including psychiatry, alternative treatments, convalescent care and even burial services are available.

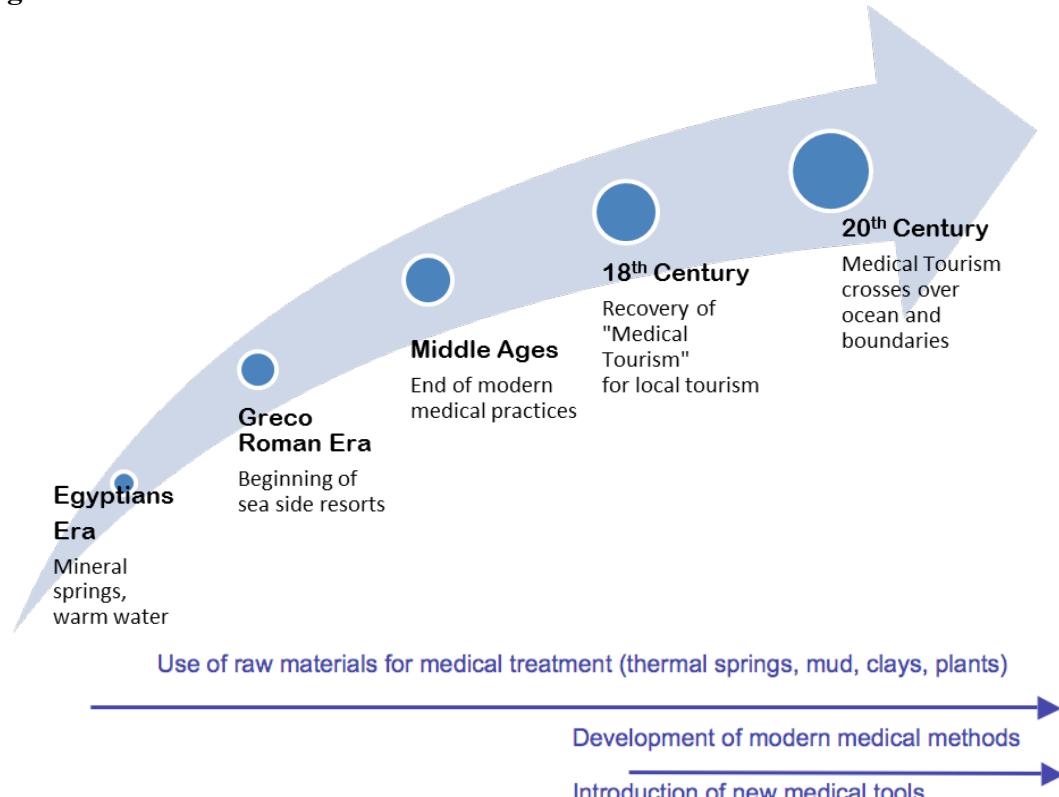
This study will show us that the impact of medical tourism on the Mauritian society

People have been traveling to other countries for health purposes for centuries. According to Pickert (2008), Epidauria is the original destination for recorded medical tourism. Greek pilgrims traveled from the Mediterranean to Epidauria, a small territory in the Saronic Gulf which was the sanctuary of Asklepios, known as the healing God.

According to Smith *et al* (2010), medical tourism is the most ancient forms of tourism. Ancient Greeks and Egyptians travelled to hot springs and baths, to relieve certain health problems. In the 18<sup>th</sup> and 19<sup>th</sup> century Europeans and Americans journeyed to health spas, sanatoriums and remote retreats in a hope to cure sickness like tuberculosis bronchitis or liver diseases from the healing virtues of water (Boyer, 1996). Furthermore, Napoleon III demonstrated an active enthusiasm for thermal benefits and in the opening of the 20th century France was known to have a complimentary climate for healing and attracted a great number of wealthy people (Kelly, 2006).

Figure 1 below, illustrates the different era and the types of treatment provided at different times. It also shows that as from 20th century onwards the development of modern medical cure has started with the advent of new medical tools. But surgery abroad is a fairly modern phenomenon. As health costs rose in the 1980s and 1990s, patients looking for affordable options started considering their options offshore.  
( <http://www.understanding-medicaltourism.com/history-of-medical-tourism.php> )

**Figure: 1**



Source: Menvielle *et al* 2011

## **1. The Evolution of Tourism sector in Mauritius**

Before independence, Mauritius with its turquoise water of the Indian Ocean was essentially a mono crop economy based on the cultivation of sugarcane. However, the recession of the 1970s affected the price of sugar on international markets. To counteract with uncertainties Mauritius acted boldly by diversifying the economy through the export oriented manufacturing Sector and also a laborious service sector mainly towards tourism industry. A new source of foreign exchange earnings emerged and the government gave incentives to both local and foreign businessmen to invest massively in the tourism industry. Over the years, Mauritius constantly continued a vigorous diversification of the economy by transforming the sugar sector into agro industry, and in new emerging sectors like financial services and ICT.

Prior to 1980s, tourists arrivals in Mauritius were negligible, but by 1996 as shown in table 1, tourism reached a peak of 486,867. As from 2002, the number of tourists arrival increased steadily before stagnating in the midst of the financial crisis.

**Table1: Tourists Arrival in Mauritius**

<b>Year</b>	<b>Tourist arrival</b>	<b>Percentage of change of tourists arrival over previous year</b>
1996	486,867	+15.2
1997	536,125	+10.1
1998	558,195	+4.1
1999	578,085	+3.5
2000	656,453	+13.6
2001	660,318	+0.6
2002	681,648	+3.2
2003	702,018	+3.0
2004	718,861	+2.4
2005	761,063	+5.9
2006	788,276	+3.6
2007	905,971	+15.1
2008	930,456	+2.6
2009	871,356	-6.4
2010 *	934,827	---
2011	964,642	+3.2
2012	965,441	+0.1

*Source: Digest of International Travel and Tourism Statistics 2012*

Tourism cannot be viewed in isolation. It is closely linked with supply of various factors:

- The provision of infrastructure such as hotel accommodation, internal transport facilities and road networks, local attractions, night life, casinos, exotic settings among others.
- Tourism promotion, marketing of destination and pricing policy.
- Air transport facility (carriage capacity, frequency, availability) and fares policy.

Although the infrastructural amenities have been upgraded systematically years after year, tourism promotion and marketing and opening the air space need to be widened.

### **1.1. The Emergence of Medical Tourism in Mauritius**

From 1998 to year 2005, tourists mainly were coming from France and Reunion Island, followed by UK, Italy and South Africa. Mauritius is experiencing huge competition from other destinations like Maldives and Seychelles. In order to be able to survive in this competitive market, the Ministry Of Tourism has planned to diversify in niche markets for the tourism sector such as green eco-tourism, wedding and honeymoons, golf and duty free shopping tourism, film-making and the emergent niche opportunities in new sectors such as health care and life sciences; therefore in health tourism.

Taking in account, the rapid, and sustained and encouraging development taking place in the healthcare and wellness industry, it can be assumed that Mauritius has started to build its reputation for medical treatment and wellness activities.

The health care sector has a well developed network of private clinics and specialist centers providing health care facilities and treatment in different specialist areas. Mauritius has a good track record as an up market tourism destination and is now gradually transforming itself into a medical hub in the region. The island is an ideal destination where patients can undergo treatment, recuperate and enjoy a holiday for a fraction of what it would have cost them in developed countries. Furthermore, the number of private healthcare institutions has nearly doubled and future projections indicate that the sector is expected to substantially contribute to the GDP and become a pillar of the economy. The presence of global healthcare players on the island has positively increased competition and enhanced the image of Mauritius as a high-tech medical hub. The Mauritian healthcare sector is now shifting gears towards export of services and is positioning itself as a medical tourism platform for Africa. In 2010, more than 10,000 foreign patients travelled to Mauritius for both inpatient and outpatient procedures. This represents a 25% increase compared to 2009, when some 8,000 foreign patients visited the island. Mauritius projects to attract 100,000 foreign patients by 2020, which is estimated to contribute to the tune of US\$ 1 billion annually to the economy.

With its strategic location at the crossroads of Africa, Middle East and Asia, Mauritius may position itself as a prominent provider of medical care to patients coming from different parts of the world. Currently, Indian Ocean islands remain the main market followed by Europe, Eastern and Southern Africa and Middle East. The island has developed expertise in providing specialized treatment to foreign patients travelling to Mauritius for both inpatient and outpatient procedures. In fact, Mauritius provides a suitable alternative to avoid the long waiting lists and expensive medical procedures in developed countries.

Alongside, with its world class hotel infrastructure and amenities, the island offers attractive and integrated packages combining health care, wellness and leisure at a very competitive price. Visiting Mauritius as a medical tourist is a unique opportunity to enjoy a package combining a tropical vacation, medical treatment, cosmetic surgery or dentistry and rejuvenating wellness treatment. Mauritius has a positive tract

record in delivering treatment to foreign patients coming from various countries. Likewise, an increasing number of tourists visit Mauritius to enjoy soothing and rejuvenating wellness treatments in extremely peaceful and beautiful environment. The emergence of the land based oceanic industry positioned the island to exploit century old deep sea water currents flowing 1000 meters below the surface of the sea. The healing and therapeutic attributes of deep sea water have been known for centuries.

Thus, Mauritius is a destination of choice for quality treatment. It has nurtured its reputation as a leading provider of treatment in niche areas like cardiology, cosmetic surgery and dentistry. It also offers attractive features to medical tourists in terms of treatment, convalescence, wellness and relaxation. However, the impact of the sector on local community has not been a success except for some job creations and CSR initiatives. The poor cannot get access to these state of the art medical treatment and

Mauritius, which is already a world-class tourist destination, has the potential to evolve as a tropical medical-hub combining healthcare, wellness and leisure. However, it needs to fine-tune its marketing strategy. At present, the arrival of medical tourists in Mauritius is highly concentrated from the UK, France and the South West Indian Ocean region. If Mauritius wants to achieve the target of tenfold increase in medical tourist arrival by 2020, it should imperatively diversify its markets. The long distance from Europe may not encourage the bulk of the patients to travel to Mauritius. The focus must, therefore, be on the regional market. However, a note of caution must be observed while raising hopes on regional clients. Most of the patients from Southern Africa have a tendency to flock to the medical centres in South Africa, while those of Eastern Africa find easy access to Nairobi, which is positioning itself as a regional medical hub. However, Mauritius has an advantage of being a stable and peaceful abode as compares to the high criminality rate in South Africa and unstable Kenya.

Mauritius must also scale up its marketing strategy in the oil-rich countries of the Middle East, which fall very well in the proximity range. Since 9/11 episode, the imposition of stringent immigration rules has drastically diminished the flow of Arab patients to the hospitals and clinics of the West. These captive clients are now being recuperated, to a large extent, by Turkey, India and Malaysia. With its 350 million population, the Arab world needs more than 160,000 specialist family doctors. However, the supply from the local faculties is very low according to Professor Faisal Abdul Latif Alnasir, President of the Arab Board of Health Specialization's Council. This implies that the Arab world will continue to rely on foreign doctors or will have recourse to treatment overseas. Mauritius only needs a fraction of this clientele to sustain the growth of its medical hub. To achieve this goal, Mauritius must actively raise an awareness campaign on this market, overcome its image deficit in the Middle East and multiply the air connections towards this region.

The medical tourism industry is consumer driven. People generally would expect health services in developed countries to be better than those in developing countries. Then the question arise; why does the medical tourism industry exist or is expanding? Citizens in developed countries may have trouble accessing health services in their own country due to long waiting lists or high costs. The main reasons prompting the medical tourists to get treatment abroad are the high costs of healthcare and the long

waiting times to have an operation in the home country on the one hand and the convenience and speed of receiving treatments in the host destinations on the other hand. For this reason, there are some critical factors that are necessary for a country to emerge as a medical hub for tourists.

In the first place, the geographical proximity, frequency of air links and efficiency of IT connectivity are crucial in influencing the travel decisions of the medical tourists. Mauritius is quite advanced in these two sectors although it has to further open its air space in the Middle East. Added to these, the prospective medical tourist destination must also be attractive in terms of its natural endowment, mild climate, cultural comfort, friendly people, low risk of liability, political stability, personal safety, excellent tourism amenities and a broad spectrum of accommodation choices for both high-end clients and moderate purses.

Mauritius satisfies many of the conditions to become a medical destination for tourists. The number of privately-owned clinics and hospitals is on increasing trend. The Government is working on an appropriate regulatory framework to address the socio-economic and ethical issues surrounding high tech cures. It is in the process of setting up the appropriate frameworks for stem cells treatments. According to Le Mauricien Newspaper of 24 November 2011, the Government is making available 50 seats in general nursing and 20 seats in midwifery at the Central School of Nursing. With regard to training in the field of medical professions, Mauritius, apart from having its own medical schools, largely benefits from the training opportunities provided by the universities of friendly countries such as UK, France, India, Pakistan, China, Australia, Malaysia, Turkey and Russia amongst others. Moreover, the local medical centres are connected to a network of doctors abroad who come to practice in Mauritius from time to time. The Mauritian healthcare facilities treated some 11,000 foreigners in 2010 and about 100,000 medical tourists are expected to visit the island by 2020.

The perpetuating economic crises have squeezed the size of middle-class populations in many developed countries whereby unemployment skyrocketed, the stock market plunged and many people lost their savings. On the other hand, regional markets for privately funded health care collapsed and private hospitals in many developing countries have started expanding their international customer base.

This is an opportunity for Mauritius to work towards increasing the market share of international patients. Mauritius can attract private equity firms, clinics, hospital chains to further invest in this domain due to the low rate of corporate taxes; favourable currency exchange rates and a competent medical care. The prospect of low-cost health care - in particular, inexpensive cosmetic surgery, cardiac procedures, orthopaedic procedures, dental surgery and ophthalmologic surgery could consumers from such countries as the United States, United Kingdom and Australia.

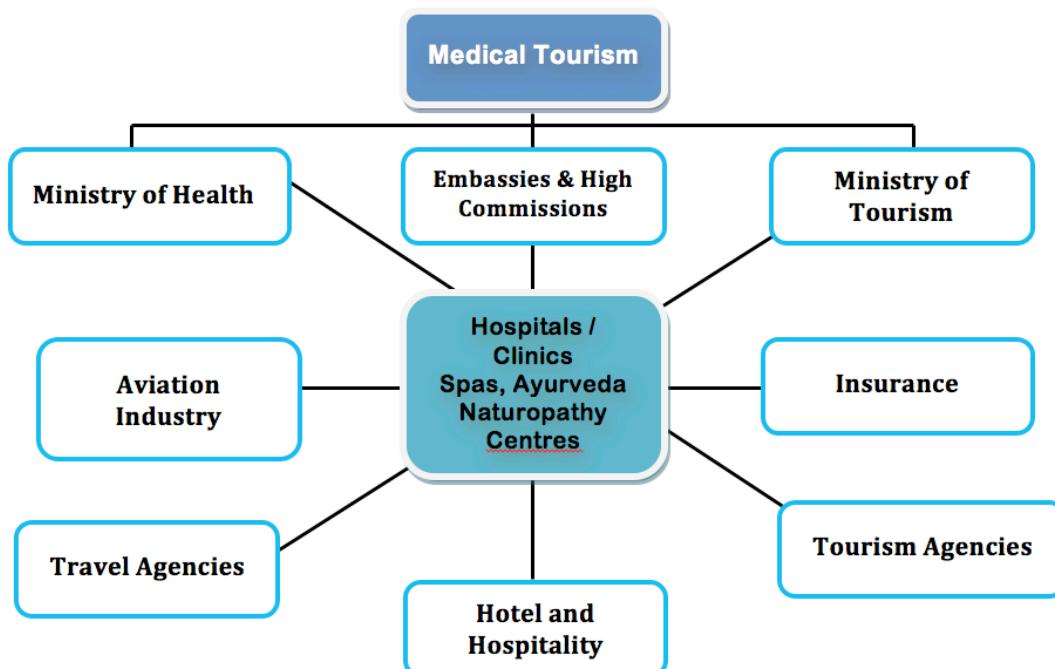
The Government in countries like India, Thailand, Singapore, Malaysia and Indonesia regard the ‘medical tourism’ trade as an important resource for economic and social development (Kuan Yew, 2006; Mudur, 2003, 2004a). In these countries, revenue generated from tourism is a significant part of the national economy. Leaders there see integrating the tourism industry with the health care sector as a progressive vehicle for diversifying their economies, attracting foreign investment, promoting job

creation, building the health services industry and using regional strengths to benefit from the doctrine of comparative advantage. ‘Medical tourists’ are among the most profitable visitors in Singapore. According to Singapore Tourism Board a regular medical tourist spend an average of US \$144 per day. The question arise about the real impact of the sector on the local community. It would be a waste for government to give economic and infrastructural assistance to private firm and in the end all the capital derived are sent back other countries without benefitting the Mauritian community.

Proponents of international medical travel have argued that increased patient volume has the advantage of promoting economies of scale, maximizes institutional efficiencies, and helps hospital chains and government ministries negotiate better contracts with companies selling medical devices, hospital supplies and pharmaceuticals. Substantial private and public investments are going into upgrading older facilities and building new hospitals and clinics like in India, Thailand and Singapore. Industry leaders and government ministers in a host of nations are attempting to use the economic doctrine of comparative advantage to ‘export’ health care by ‘importing’ patients into their countries.

The conceptual framework in figure 2 below shows how Medical Tourism may contribute to national economic development.

**Figure 2**



### 1.2. Some drawbacks of Medical Tourism

The medical tourism industry is growing; however estimates of the growth rate in numbers participating in medical tourism vary greatly. For example, Deloitte has suggested the global market is growing by 6. For individual countries, the estimated value of the industry was \$0.4 billion in Malaysia for 2005 (Hopkins *et al.*, 2010),

\$0.85 billion in Thailand for 2008 (Hopkins *et al.*, 2010), between \$0.3 billion (Hopkins *et al.*, 2010) and \$0.5 billion in India for 2005 (Horowitz *et al.*, 2007), and \$0.6 billion in Singapore for 2004 (Hopkins *et al.*, 2010).

On the surface, the medical tourism industry generates increased revenues for the host country, both in terms of the money paid for the medical package and the money spent whilst the medical tourist stays in the country. In addition, it is likely that the person who travels for treatment brings a companion, again adding to tourist revenues. The additional revenues received by the hospital for providing the treatment can be viewed as an opportunity to expand the facilities and to invest in new technology. While an expanding medical tourist industry will certainly increase GDP at a macro-level, a question remains as to how these additional resources are distributed in the developed country. Ideally, we would see evidence of greater access to medical care for those on low income, however there is no evidence that these gains have transpired.

The government offer incentives to the industry through reduced import duties for medical supplies and other facilities. In exchange for facilities, private hospitals have a moral duty to treat a certain proportion of domestic patients that are inoperable in public hospitals. However, there is no evidence that private hospitals are doing so. Government is still subsidizing individuals to go to India for treatment that are not available in state hospitals.

While some argument suggests that those of low income may not gain from the presence of the medical tourist industry, there are also some scenarios where they may lose. Ideally, the industry should aid in reducing the brain drain of medically qualified individuals from developing countries. Given that the expansion of the industry implies the availability of funds to pay higher wages to health care workers and improve the facilities and technologies of medical centres, thus making them a better place to work. However, there is little evidence that this has occurred. In fact, the industry may be having a detrimental effect by shifting medical specialists from areas that are most in need to affluent private clinics (Smith, 2009) thereby exacerbating inequities and further weakening the health system of the developing country (Gupta, 2004). This scenario is typical in the Mauritian context; clearly, the local disadvantaged citizens are particularly vulnerable to these changes as private clinics are priced out of their reach (George, 2009). Essentially, this implies an internal brain drain from the public to private sector.

## **Methodology**

The Main aim of the study was to evaluate the impact of medical tourism on the Mauritian community at grass root level. The main objective was to have an in depth appreciation of the impact of medical tourism on the life of people in Mauritius, and to make this feasible a series of 200 in depth interviews were carried out to assess the real social impact of this market. There is a tendency to believe that the mere presence of this market in the Mauritian space will enhance automatically the life of Mauritian citizens. This study will explore how difficult it is for Mauritian citizens to get access to these resources.

The study targeted a population of 200 respondents across the island using convenience survey method. The 100 interviewees only were selected for this survey through snowballing and “direct” sampling method. That is, the interviewer went directly to different places to interview the respondents. The respondents were selected as follows:

REGIONS	Rural	Urban	men	women
north	20	50	34	36
South	32		14	18
Centre(three regions)		50	24	26
East	26		13	13
west	22		11	11
Total	100	100	96	104

The questionnaire was divided in 4 main questions, devise in order to gather information on the following areas: knowledge of the interviewees on medical tourism, personal experience if they have been a user of the service, their preferences between the different services that exist and their views on the impact of such a market on Mauritian community.

Beside this survey a secondary data search has been carried out through newspapers , the Central Statistical Office( statistics Mauritius), publications and other institutions (e.g Mauritius Research Council) carrying out research on the local industry.

### **Limitations of the study**

Lack of adequate statistics and studies on the social return and contribution of private clinics on the Mauritian economy made it difficult to calculate the real economic impact of the sector.

### **Analysis of Findings**

#### **(i) knowledge of the interviewees on medical tourism,**

The persons interviewed were from different educational and socio economic background. Analysis of their narrative recorded in the questionnaire showed that educational and socioeconomic background was a determinant in assessing the knowledge of the respondents about the existence of medical tourism on the Mauritian health market. Moreover, those who were aware about the existence of the services acquired the knowledge through advertisement in business that was in fact being read by professionals in Mauritius or other reading materials designed for tourists. Thus, this was an indication that there was inequality of access to such services.

In depth interview of the respondents revealed that those who were aware knew that the price of such services was beyond their means. To their knowledge the type of services being offered was mainly plastic surgery and other interventions in specialized clinics were a package was offered to the tourist (mainly a mixture of sun, sea, rest and cure). These services were offered by private clinics only. Some of the professionals interviewed further mentioned that the advert mentioned that the clinics were the property of internationals entrepreneurs.

The inequality was more persistent in rural region were low level of education of older generations revealed that they were not even aware of some new technologies in the world of medicines being now available to them. Those who were interviewed usually said : “ ki ete sa touriste medical la?” ( translate into :”what is this medical service for tourists?”) depicting their lack of knowledge on the issue. The only information they had on medical services were those obtained through the local television on heart surgery. Most of the times they would attend regional community health centers were information on more specialized care are not available. A visit to some of the community regional health centres revealed that there was a lack of information on new developments in health care in Mauritius.

**(ii) *personal experience if they have been a user of the service,***

Only a few of the interviewees have had the chance of using the service as the price was beyond reach for the majority of the Mauritians. Mauritians usually makes use of the public health care system which is free on a universal basis in Mauritius. Those who have used the service made use of plastic surgery, dental surgery and hair implants. Mauritians are now being encouraged to take up private medical scheme and these private insurance rarely covers aesthetical surgery.

Mauritian usually considers private medical system to be better than public service. However, the private medical system is usually more accessible to those forming part of the upper middle class and above or to those having a private medical insurance. Thus we can induce that medical tourism contributes to increase the inequality in health care that is already persistent in the country. ( it is worth noting here that Mauritius is one of the country's in the African region with the most comprehensive welfare system. Public Health care even covers areas such as free medicine for HIV/AIDS patients, dental health care, maternal care and geriatrics among many other services).

The few users admitted that the cost of the services reserved for tourist was very high and at times they even mentioned that the clinic practiced two level of prices for the same treatment. In todays globalized world this can add to the already existing inequality , as mentioned above.

**(iii) *their preferences between the different services that exist***

There is a myth in Mauritius which make people think that services in public hospital are poorer than in private clinics , because when you pay , you can get more personalized care. However, the new myth in Mauritius is that the best doctors prefer to work in private clinics offering their services to tourists than to the general public. This has been induced by both respondent themselves and local newspapers. Newspapers have been reporting the excess of generalists on the labour market. Some of the generalists are struggling to find work while private clinics are employing human resources from abroad. There were more than 100 unemployed doctors on the labour market according to recent statistics. However, some of the private clinics have been recruiting specialist doctors from Asian countries.

Respondents mentioned that even if they knew that the services were beyond access to the poor they would still choose the private clinics for two main reason. One because of the myths mentioned above and secondly because at times it was difficult to get appointment with specialists in public hospitals. Some interviewees even

mentioned that at times they had to indulge in lobbying in order to get access rapidly to some services in public hospital. The high cost of maintaining a universal free health care may be blamed for this situation here. Some of the reasons repeatedly mentioned during the interviews are: clinics reserved for tourists are cleaner than public hospitals, the food are better in private hospitals, you don't have to wait in public hospitals, both doctors and paramedic are more humane in private hospitals, you can get your own room in private hospitals and your family can get access to you easily at any times. Many others mentioned that some services were not available in public hospitals but thank to medical tourist they are now available.

We can induce from these responses that if the preferences above are justified then medical tourism can be very positive for the Mauritian population. However, the question that remains to be answered is whether Mauritians are getting access to the service. And to this question the majority answered that the services was beyond their mean.

#### ***(iv) views on the impact of such a market on the Mauritian community***

The interviewees were of the opinion that in the long run all the services put in place for the tourism industry will be beneficial for the Mauritian population at large. They opined that if the services were inaccessible now they will in the future become part of the Mauritian health sector. They all agreed that such a market will bring both work and money to the Mauritian economy. Those who did not know what the issue of medical tourist meant for the Mauritian community as mentioned in part (i) above , were relating the whole issue to the holiday tourism sector. They were afraid that prices of local services may rise in the future because of the tourism sector. Some of the interviewees sees in this new market a golden opportunity for an already saturated Mauritian economy and yet another alternative to other established markets such as finance and manufacturing sectors. Some even mentioned the inexistence of regulatory frameworks to tackle this new area of intervention.

## **Conclusion**

The impact of medical tourism on the economic development of Mauritius has become a matter of interest. There is some evidence that medical tourism may breed a new field of revenue and generate employment. A survey conducted by Dheeyanee in 2012, see a bright future for the development of the medical tourism industry in Mauritius. It is projected that medical tourism is a sector which is going to pool Foreign Direct Investment to the country which in turn will create further job opportunities. However, accessibility for Mauritians from different background, visibility and quality of service are important landmarks to uphold medical tourism. The world is evolving at an ever-increasing pace and it is indeed an opportunity that Mauritius must seize in order to focus on the substantial development of medical tourism. One comparative advantage that Mauritius has over other countries is that it is positioned in a strategic location and has a peaceful atmosphere for convalescence.

Sustainable tourism development will improve the Mauritian economy in terms of revenue generation and employment creation. Medical tourism in itself is vulnerable. In order, to make it competitive and worthwhile, there need to be alternative sources within it. This might include telemedicine, online consultations, Ayurvedic and

Chinese medicine. Alongside, with such facilities medical tourism is likely to grow and will take an increasing share in economic growth.

Furthermore, the development of medical tourism in Mauritius depends on the alliance between the Ministry of Tourism and Leisure, the Ministry of Health and other private stakeholders in the field of medicine. If all these three stakeholders work hand in hand, there is no doubt that many medical health centers will set up on the island having major positive economic impact on the economy and people at grass roots by creating new jobs and making major changes in the health care infrastructure.

## **Recommendations**

Mauritius being already a high profile tourist destination, Medical tourism may enhance the value added. With regards to the different advantages that medical tourist entails for the Mauritian economy, the following recommendations is sought to help foster the growth and promotion of medical tourism:

- (i) **Diversification:** The sub parts of the tourism industry need to be explored as it helps in developing and diversifying the tourism product as a whole. Moreover, with the help of government and private stakeholders a concrete strategic plan can be developed on promoting other forms of tourism and precisely medical tourism to sustain the tourism industry from economic shocks.
- (ii) **Regulatory Framework:** Government needs to regulate the existing laws that would enable to practice surgery and human organ transplant and other surgery that will enhance Mauritius as a Medical hub.
- (iii) **Bridging the gap between community and the sector:** The Mauritius Tourism Promotion Authority should work in close collaboration with the Ministry of health to explore new areas such as CSR where the gap that exist between the community and the sector can be diminished.
- (iv) **Enhancing capacity:** Private clinics in collaboration with the Ministry of Health should organize more training programs for medical and paramedical staffs for both public and private clinics. Training should also geared towards hospitality in clinics; which will help in providing high quality service in the field of medicine and will also match with medical tourist's expectations. Local people can thus benefit from these expertise in the long run.
- (v) **Medical tourism development knowledge on the issue:** In order to make the dream of medical hub becomes successful for every Mauritian , Mauritius, a medical tourism coordinating mechanism and information bureau should be created. The aim of the Bureau will be to build lines of communication between medical tourists, travel industry professionals and the local community. This will create a positive source of information about Mauritius being a medical tourism hub. Moreover, people at grass root should be better informed of the positive issues of such an industry.
- (vi) **Encourage foreign medical practitioners to come to Mauritius:** Medical practitioners from other countries should be encouraged to practice in Mauritius. In so doing, this will promote the medical health care sector and there might also be sharing

of knowledge and expertise among foreign medical practitioners and local practitioners.

## References

- BOYER, M. (1996), "Invention of tourism", Paris: Gallimard.
- DELOITTE. (2009). Medical Tourism: Update and Implications. Edited by Deloitte Center for Health Solutions: Deloitte Center for Health Solutions
- Digest of International Travel and Tourism Statistics 2012, Vol 39. (November 2013). Ministry of Finance and Economic Development, Statistics Mauritius.
- GEORGE, B. (2009). Medical tourism in India: a case study of Apollo hospitals. In Smith, M. and L Puczko (Eds), *Medical and Wellness Tourism*. Elsevier Science and Technology Books, Burlington, USA.
- GUPTA, S. (2004). Medical tourism and public health. *People's Democracy*, 28(19), pp. 24-25.
- HALL, C.M. (2003), "Health and spa tourism in Hudson", Journal of International sports and adventure tourism, New York, pp.273-292.
- HOPKINS, L., LABONTE, R., RUNNELS, V., and PACKER, C. (2010). Medical tourism today: what is the state of existing knowledge? *Journal of Public Health Policy*, Vol. 31, pp.185-198.
- HOROWITZ, M.D., ROSENZWEIG, J.A., and JONES, C.A. (2007). Medical tourism: globalization of the healthcare marketplace. *Medscape General Medicine*, Vol. 9(4), p. 33.
- HUME, L. F., and DeMICCO, F. J. (2007). "Bringing hotels to health care: A reason for success". *Journal of Quality Assurance in Hospitality and Tourism*, Vol.8 No.1, pp. 75-84.
- KANGAS, B. 2010. "Traveling for Medical Care in a Global World." *Medical Anthropology* no. 29 (4). pp. 344-362.
- KASPAR, C. (1996). "Emerging issues for cultural tourism in Macao". *Journal of current Chinese affairs*, Vol. 1 No.1, pp. 73-99.
- KELLY, C. (2006). "Global outsourcing of Health care: A Medical Tourism Decision Model". *Journal of information, technology, care and application*, Vol. 9 No.3, pp.19-30.
- KUAN YEW, L. (2006). Excerpts from speech by Minister Mentor Mr. Lee Kuan Yew at the SGH 185th anniversary dinner on 16 April 2006 at Ritz-Carlton Millennia. *Singapore Medical Association News*, Vol. 38, pp. 12–15.
- LEE, K. (2000). *Globalization and health policy: A review of the literature and proposed research and policy agenda*. Washington, DC: Pan American Health Organization, pp.15- 41.

MAL, J. (2010). Globalisation of Healthcare: Case studies of Medical Tourism in Multi-Specialty Hospitals in India. Dissertation submitted to The University of Manchester for the degree of Master of Science in Healthcare Management in the Faculty of Humanities.

MENVIELLE, L., MENVIELLE, W., and TOURNOIS, N. (2011). Medical tourism: A decision model in a service context. Preliminary Communication, Vol. 59, No 1, pp. 47-61.

MOE, J.L., PAPPAS, G., MURRAY, A. (2007). "Transformational leadership, transnational culture and political competence in globalising health care services: A case-study of Jordan's King Hussein Cancer centre", *Journal of globalization and health*, Vol.3, No.11.

MUDUR, G. (2003). India plans to expand private sector in healthcare review. *British Medical Journal*, Vol. 326, No. 520.

MUDUR, G. (2004a). Hospitals in India woo foreign patients. *British Medical Journal*, Vol. 328, 1338.

PICKERT, K. (2008). The History of Medical Tourism. Available from: <http://content.time.com/time/health/article/0,8599,1861919,00.html> [Accessed on 11/04/2014]

SMITH, E., BEHRMANN, J., MARTIN, C., & WILLIAMS-JONES, B. (2010). Reproductive Tourism in Argentina: Clinic Accreditation and its Implications for Consumers, Health Professionals and Policy Makers. *Developing World Bioethics*, Vol. 10, No.2, pp. 59-69.

TURNER, L. (2007). First World Health Care at Third World Prices': Globalization, Bioethics and Medical Tourism. *BioSocieties*, Vol. 2, pp. 303–325. London School of Economics and Political Science.

Contact Email: as.gopaul@uom.ac.mu