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A comparative analysis of medical tourism competitiveness of India, Thailand and Singapore

Abstract

This study is aimed at providing a comparative insight into strategic advantages responsible for the competitiveness of medical tourism market of three selected Asian destinations - India, Singapore and Thailand. Based on the examination of relevant literature and cross-country benchmarking analysis, a set of cross-functional and complex strategic resources and competencies were found responsible for the growing medical tourism competitiveness of these destinations. These resources include qualities of medical specialties, obtained international accreditations, medical tourism sector infrastructure, and established reputation. The core competencies which have driven rivalry advantages range from the ability to offer holistic and wide-range of medical services to the ability of creating efficient and interrelated health and tourism sectors. Conclusively, the study emphasizes that the mastery of building different medical tourism strategic capabilities amongst these destinations inherently has been led through a clear-cut market orientation displayed and reinforced with sound and well-integrated strategies. Distinctively, Singapore's differentiation strategy has driven its advanced medical tourism system; Thailand's best-cost provider strategy has molded its medical tourism attractiveness; while India's diversification strategy and cost leadership has led to its long-standing market.

Key words: medical tourism; strategy; competitiveness; Singapore; India; Thailand

Introduction

Medical tourism (MT), as an international market has been witnessing a robust growth over the past decade. It has transpired into an important economic sector for many countries worldwide. According to the Transparency Market Research (2016), the global MT market has reached a value of US\$46 bn in 2016, with an expected CAGR of 14.9% for the forecasted period 2017-2025. The intrinsic value of this market growth lies in its optimistic outlook stimulating investment in associated sectors of healthcare, tourism, and urban development due to spillover effects. This brings in the much-needed foreign currency reserves besides creating diverse employment opportunities and overall growth for these economies. Several Asian destinations, particularly in the Middle East, have attempted in the recent past to vigorously enter this market (Connell, 2006). However, India, Singapore and Thailand are among the frontrunners in MT, not only in Asia-Pacific region but also across the globe (Rose Mary, 2014). In examination of the literature relevant to each of these three countries, there exists a

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fair amount of scholarly work documenting the reasons behind the rising growth of medical tourism from several aspects such as services, products and costs. Past research has not considered the competitiveness of these destinations from a strategic and comparative point of view which can reinforce tourism planners in countries with newly emerging MT trends to base their decisions on. In fact, there is a need to shape an inclusive understanding about the success strategies which have positioned these destinations competitively and sustainably in the international market of MT. An in-depth analysis and understanding of the differentiating factors would be of strategic value to support key tourism stakeholders to optimize their investment and long-term strategic plans. Hence this study seeks to address this knowledge gap by conducting a comparative strategic analysis of the selected destinations by relying on three main domains:

1. Strategies in MT- which could include any strategic approach to competition exhibited profoundly in a MT market for the purpose of gaining a substantial share of the global tourism industry.
2. Strategic capabilities– described through the concepts of resources and core competencies (Nag, 2011).
3. Cost benchmark.

Medical tourism – concept

A careful study of the rapidly burgeoning literature on MT demonstrates no agreed-upon definition of 'medical tourism'. Carrera and Bridges (2006) who sought to standardize the definitions of 'medical tourism' and 'health tourism' found a conceptual ambiguity regarding these in the existing literature. They recognized 'health tourism' as an umbrella concept defined as "*the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's wellbeing in mind and body*" (p. 447), while a subset of this tourism segment consists of 'medical tourism' defined as "*the organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention*" (p. 447). Their version of the definition stands in contradiction to a more recent conceptualized framework by Iordache, Ciochiná, and Roxana (2013) who revealed that MT has a wider and general scope which is steadily extending to healthcare and wellness tourism. In that sense, this paper accepts that though 'health tourism' and 'medical tourism' concepts differ in definition and scope yet the two are interrelated and commonly used interchangeably.

Literature in the MT field has extensively focused on MT sector from services, products, and medical tourists' behavior points of views. For instance, Saiprasert (2011) has examined medical tourists' motivational behavior and perception through a structural model. Other researchers have paid attention to the possible reasons why patients travel abroad or select a destination (Moghimehfar & Nasr-Esfahani, 2011; Al-Hinai, Al-Busaidi & Al-Busaidi, 2011). Several studies have also discussed the contemporary trends and factors that led to the growth of this emerging industry in many well-known destinations (Connell, 2006; Wendt, 2012, Bernal, 2007). Strategically, some of MT studies have relied on strategic assessment tools like SWOT (strengths, weaknesses, opportunities, and threats) analysis, five forces of Porter's competitive strategy, or have been based on bibliographical databases and literature analysis (Saaty & Syed, 2012; Chakravarthy, Ravi Kumar & Deepthi, 2008; Caballero-Danell & Mugomba, 2007). However, our recent examination of literature indicates that a gap exists in terms of defining the strategic capabilities which determine MT prosperity, particularly and comparatively in India, Singapore and Thailand. Thus, this study, the first of its kind, offers an insight for strategists and policy makers to consider aspects influencing the success factors behind the development of MT sector and help establishing a benchmark process. This paper, through its external strategic overview, can also

support previous research investigating internal strategic factors responsible for developing a potential for investment in MT (Ebrahim & Ganguli, 2017).

Market dominance and rivalry

Success of MT sector in some emerging Asian countries have led them to competitively position themselves as leaders of affordable and high-quality medical care. Thailand, Singapore and India are being recognized as the three coveted destinations of MT and are projected to control more than 80 percent of the Asian market in the future (Rose Mary, 2014). The economic implications of MT sectors in these countries in terms of revenue generation from medical services provided and value-added activities viz. expenses incurred by patients and their companions in these destinations have been disclosed through different literature sources in public media, government documents and published research. Estimated MT market size has been provided in a varied manner through several reports published in these destinations. The reasons for the variation can be analyzed within the complex interlinkages between tourism industry and healthcare sector; the lack of a universally accepted definition of "medical tourism" in the current literature; and the absence of a predefined criteria providing broad measures of MT performance worldwide. However, as an illustration, data from published literature indicates that estimated MT market size is US \$ 2.3 bn (Suresh Lal & Naik, 2013), US \$ 4 - 4.6 bn (NaRanong & NaRanong, 2011), and US \$ 2.36 bn (Hodges, Turner & Kimball, 2012) in India, Thailand and Singapore respectively. It is visible that Thailand has a market dominance in terms of generated revenues which can be reasonably explained due to the country's competitive advantages as well as for veritable reasons regarded by medical tourists as very attractive and compelling (Pathumporn & Suphan, 2016; Saiprasert, 2011). However, this may not be depicting the whole picture due to economic data variability as explained in this paper, and the limitations relating to the correct estimation of the number of medical tourists. As an example, Thailand's official health body has claimed the reception of 2.5 million medical tourists in 2013 while its data is only broken down into Thais and foreigners without a classification between medical tourists and foreign residents (NaRanong & NaRanong, 2011). This is also evident through the conclusion reached by Noree, Hanefeld and Smith (2015) that the numbers of medical tourists in Thailand do not form a homogeneous group and have been over-estimated in the past. In fact, the ambiguity surrounding the MT data and meaning has also made it difficult to judge how the rivalry between the three countries is steered towards the different outbound markets. Because of that, it is also unclear, to some extent, whether they attract more medical tourists from the same region or faraway destinations like Middle East, Europe and USA; and whether they compete for the same markets or not. However, what can be evidently observed is that the competition for attracting medical tourists among these countries continues to grow, and it has considerably induced different stakeholders of healthcare and tourism sectors to implement investment projects of international merits, boost quality of health care services, and adopt competitive pricing strategies (Sandberg, 2017; Connell, 2013).

Prominent strategies in medical tourism industry

The three countries have adopted a combination of different strategies to gain competitive advantage and promote MT growth. These strategies are overviewed in Table 1 and compared against each other in this section.

Table 1
MT strategies pursued by India, Thailand and Singapore

Medical tourism strategies		
India	Thailand	Singapore
<ul style="list-style-type: none"> • Cost leadership strategy^{1,2,3} • Diversification strategy (from alternative Ayurvedic therapy to variety of medical interventions)^{1,2,3} 	<ul style="list-style-type: none"> • Cost leadership strategy^{4,5,6} • A product bundling strategy (special packages of medical travel services)^{4,5,6,7} 	<ul style="list-style-type: none"> • Differentiation strategy (high end complex quality & superior technology)^{5,7,8,9} • Branding strategy (as a regional hub of "medical excellence")^{10,11,12,13}

Sources: 1- Uniyal, Dhodi, Dhodi & Sharma (2012); 2- Upadhyay (2011); 3- Bansal, Virmani & Tyagi (2012); 4- Hin, Bohari & Pu (2013); 5- Connell (2006); 6- Rerkrupimol & Assenov (2011); 7- Wong, Velasamy & Tengku Arshad (2014); 8- Heung, Kucukusta & Song (2011); 9- (Phua & Pocock (2012); 10- Lunt, Horsfall & Hanefeld (2015); 11- Cyranoski (2001); 12- Haseltine (2013); 13- Ganguli & Ebrahim (2017).

Porter's generic strategies: India, Thailand and Singapore

According to Porter's Generic Strategies Model (Porter, 2008), there are three fundamental strategic approaches which can be applied to products or services in an industry or an organization to gain competitive advantage. These are: cost leadership, differentiation and focus. India and Thailand share a similar strategic approach based on cost leadership, and thus both have prominently benefited by gaining market share by offering competitively priced medical packages. The effectiveness of this strategy lies in its offered advantage as a viable alternative for many uninsured and under-insured individuals in the West, particularly USA which has more than 42 million people without health insurance (Ridic, Gleason & Ridic, 2012). It is important to note here that in Western countries, diagnostic and surgical service may cost more than double of what an Asian medical tourism destination could offer. The cost affordability considerably rationalizes the attraction of medical tourists towards low-cost MT destinations. A study by Alleman, Luger, Reisinger, Martin, Horowitz and Cram (2010) found that most common destinations to which MT agents in the United States had referred patients were India, Costa Rica and Thailand, via 55%, 33%, and 29% of those surveyed agents respectively. Beyond the West, Eastern medical tourists have also showed preference towards these destinations. For instance, more than 60,000 patients from Oman alone visited India for medical reasons during just the first eight months of the 2014 fiscal year (Jagyasi, 2014). Further, a research study conducted between 2009 and 2010 on a sample of Omani medical tourists showed that 80% of respondents had travelled to India and Thailand as most preferable MT destinations (Al-Hinai et al., 2011). Hence, such statistics evidences Eastern medical tourists' tendencies for affordable MT services offered in destinations of cost leadership, but this could not be affirmed with any certainty given the lack of studies of medical tourists' behavior across Eastern countries, particularly the Arab Middle East. On the other hand, Singapore's strategy is based on quality and differentiation rather than cost leadership; in other words, Singapore has positioned itself on a highly complex quality healthcare, which makes it expensive in comparison to other Asian MT destinations (Ganguli & Ebrahim, 2017). However, it is much more cost effective than it would be in the United States, UK and Canada (Lunt, et al. 2011; Woodman, 2007, Connell, 2006). Table 2 provides an overview related to the comparative cost percentages between India, Thailand and Singapore, all of which are benchmarked against cost in the United States.

Table 2

Comparative cost percentages between MT destinations benchmarked against United States cost

Country	* Approximately cost as	%			
		India	Thailand	Singapore	US
India		-	82	60	16
Thailand		122	-	73	19
Singapore		167	137	-	27
US		630	514	376	-

*Calculations of percentages were performed in reference to average cost of 15 common medical procedures as per the prices provided by Lunt, et al. (2011). Cost includes hospital and physician charges only.

Exclusive strategies

India's diversification strategy

Besides Porter's generic strategies identified in each destination, other unique strategies have also played a role in shaping the industry of MT for each of the countries in the study. Diversification strategy of Indian MT sector, to a higher extent than in other destinations, has created a substantial source of competitive advantage. Igor Ansoff's generic product/market matrix which was first introduced in 1957 addresses 'diversification' as one of the four main growth strategies (Kotler, Berger & Bickhoff, 2016). The concept can be understood as the entry of a firm or industry into new lines of activity for new market/s. Over the past centuries, India's MT had relied heavily on the ancient market of traditional medicine like Ayurveda, Siddha, and Unani¹- still appealing to many of today's medical tourists. The Ayurvedic medicine, which was originated in India more than 3,000 years ago, remains one of the country's traditional health care systems (Padma, 2005). However, as the modernization of this system continues, the country has been involved in the manufacturing of herbal drugs through hosting nearly 9000 manufacturing units of Indian Traditional Medicine, forming a unique cluster which alone proclaims to cater to viable health policies, quality and safety measures (Sen & Chakraborty, 2017). Collaterally, the rise of contemporary medical interventions in India has extensively influenced its MT market structure. Today, many of India's internationally accredited hospitals provide world class treatments in various specialties with a predominant competence in surgical field including cardiac surgery, cranio-facial surgery, neuro-surgery and orthopedic surgery. Such diversification in modern medicine system alone has formed a main market segment pleasing a vast pool of overseas patients whether travelling from developing or developed countries. In general, it can be affirmed that India has leveraged its diverse strategy of traditional medicine which has a potential of synergetic integration within the ecosystem of evidence-based medicine. This has been expressed, as mentioned in the paper, through the development of new herbal products - as an alternative to conventional pharmaceuticals - and advancement of clinical practice and laboratory-based research relying on the resources of traditional medicine. Besides that, India's diversification extends to 9 different cities in the country evidently recognized as MT sites offering different medical and health packages. Among these cities are Chennai, Delhi, and Bangalore which are rated as top three MT destinations in the country (Roy, Chatterjee, Bandyopadhyay & Kar, 2017).

Thailand's product bundling strategy

India, Singapore and Thailand are well recognized as popular Asian tourism destinations and have also leveraged this advantage to offer MT with an attractive opportunity for combining medical treatment

with vacation plans - whether projected for leisure, relaxation or wellness. Markedly, Thailand is in the front line of such international competition through its dominant strategy of product bundling. This strategy is based on grouping different services/products together for joint offerings and sales and can be made appealing through suitable pricing strategies (Breidert, 2006). Product bundling is applied in many fields and industries; one of them is the tourism and services industry. Thai medical travel agencies support the strategy by developing attractive MT packages to help foreign patients choose their destinations, ease their travel and aid with both medical and tourism needs. Beyond that, Thai world-class hospitals have also recognized that it is possible to attract international medical tourists through offering luxurious facilities and highly personalized complimentary services. This can be demonstrated through an assertion reported in a case study and describing the current situation in Thailand: *"Just looking at the hospital advertising literature puts one in mind of a hotel or resort rather than a medical facility"* (Hudson & Hudson, 2013, p. 251).

Thailand's excellence in this strategy can be understood from many inherent characteristics of the country including but not limited to abundant natural resources and related ecotourism projects (Zeppel, 2006), economies of scale in hospitality and travel services (Mandal & Vong, 2016; Weerakit & Beeton, 2018), and widely diversified tourism market (Sharafuddin, 2015). Another factor that might be associated with the success of this strategy is that most of the medical tourists travelling to Thailand select minor elective procedures, such as cosmetic surgery (Noree et al., 2015), unlike sophisticated medical procedures eminent in India, such as heart and neurological surgeries which may demand long hospital stay 'recovery time' or induce health complications. Hence, medical tourists traveling to Thailand with the intention of performing minor medical procedures, travel along with their companions to enjoy a relaxing holiday and combine their medical visit with one or more of traditional tourism activities.

Singapore's branding strategy

Marketing activities have also played, to a large extent, a key role in promoting these three destinations of this study. Kotler and Armstrong (2012, p. 29) defined marketing as "the process by which companies create value for customers and build strong customer relationships in order to capture value from customers in return". Previous studies in related literature have paid a fair attention to the significance of this concept as a strategic tool for achieving competitive advantage in MT. For instance, Das (2017) has considered the lack of effective MT marketing strategies and poor policy decision on the part of the government as major threats to the Indian MT sector, which hinders its move to dominate the other market players of the global MT industry. Rerkrujipimol and Assenov (2011) discussed Thailand's marketing strategies in depth and emphasized on pursuing practical government policies to maximize the growth opportunity of MT market. Distinctively, Singapore's marketing approach with sound government policies has been regarded as one of foremost precursors to its MT competitiveness (Ganguli & Ebrahim, 2017). One of prominent marketing strategies pursued by Singapore is MT branding which has been embedded as a strategic goal in national tourism initiatives. Singapore Tourism Board had taken responsibility in executing that goal through operating as a global player in marketing the MT initiative called "Singapore Medicine" as a brand. It is worth noting here that only limited literature clarifies what is meant by a 'brand' in MT. Hall's (2013, p. 140) definition of brand is *"a distinctive image of a product, service or any other associations of an entity rooted deeply in the psyche of the consumer which has influence on choice and decision making"*. In comparison to other MT destinations, Singapore's experience provides an outstanding model of MT branding through its multi-stakeholder efforts. All these initiatives have contributed towards the positive image of Singapore as a prime destination for MT. Brands often coexist with premium quality, and evidently the case of

Singapore's MT branding has been supportive for conveying its differentiation strategy, not only at the individual level but also at the macro-economic level. Branding the country as a global center of 'clinical excellence' has immensely helped Singapore to attract and anchor high value-added ancillary initiatives in biomedicine and biotechnology, thus mutually supporting its strategic direction for quality and high standards of medical care.

Strategic capabilities: core competencies and resources

Essential to Nag's (2011) analysis of strategic capability is the understanding of different types and levels of resource and competencies that together form a dynamic strategy for what is called "capabilities-based competition". Successful competitors of MT perform effectively on this concept to define their industry strategy.

Core competencies: India, Thailand and Singapore

According to Nag (2011) core competence is the unique capability of an organization to perform a process or activity and give it a clear competitive edge over its competitors. Through examining related literature, it has been noticed that the three destinations of this study have secured their competitive advantage through capitalizing on different portfolios of competencies (refer to Table 3 for an overview). India's core competencies include the ability to offer holistic and wide-range of medical services; and the ability to administer multiple systems of medicine including "complementary and alternative" medicine (CAM), traditional medicine, and modern medicine. These competencies cannot co-exist and develop with the resource of the vast supply of health professionals in different specialties of medicine and allied health. India's economies of scale in the production of medical education and training have simultaneously reinforced the industry of MT. However, India under-performs in the area of multi-stakeholder management (Medhekar, 2014a, b), in contrast to Thailand, which has developed a well-organized coordination among public and private MT stakeholders to prosper its market. Further, Thailand's competence in the provision of distinctive hospitality and variety of attractive tourism services have been cohesively linked to its medical sector to form a special set of MT packages. This advantageous alignment in the provision of MT services is not a coincidence; Thailand's government has strategically planned its MT through understanding what effectively influences tourist behavior and what creates economic viability for participating MT enterprises, such as the integrative planning between value creation and industry structure that can be well-recognized through the expanded policy goal of "Thailand Medical Hub". In fact, Thailand's competence in this integrated planning and combined MT services delivery is secured from similar activities in Singapore due to its cost advantage, its competence in establishing public-private partnership (PPPs) and associated multi-stakeholders strategic planning in healthcare provision, tourism and economic infrastructure. Concisely, Singapore has developed an engine for MT business growth with the capacity of cross-sector PPPs deployment and synergetic cooperation among key MT industry players, not only in healthcare and tourism sectors but also in large economic clusters of biomedicine research and innovation, leading edge medical education, and MICE (Meetings, Incentives, Conferences and Exhibitions) through industry administration. Further, the MT competence of Singapore is based on premium quality characteristics that differentiates itself sharply not only from its competitors but retains its uniqueness throughout the world. This is evident through its highly efficient healthcare system, which was ranked 1st out of 51 countries according to Bloomberg (2014) criteria.

Table 3

Core competencies of MT destinations: India, Thailand and Singapore

Core competencies		
India	Thailand	Singapore
<ul style="list-style-type: none"> • Ability to offer holistic medical services^{1,2,3} • Administering of multiple systems of medicine "complementary and alternative" medicine (CAM), "traditional" medicine, and modern medicine.⁴ • Extensive medical education and training resulting in vast supply of health professionals^{2,3} 	<ul style="list-style-type: none"> • Well-organized coordination among public and private MT stakeholders.^{5,6} • Provision of distinctive hospitality & variety of reputable tourism services.^{7,8} • Renewed strategic planning by government for a paradigm shift in MT, recently by expanded policy of "Thailand medical hub"^{5,6} 	<ul style="list-style-type: none"> • Efficiency of healthcare system, 1st out of 51 countries according to Bloomberg (2014) ranking.⁹ • Advancements in Biomedical research and innovation.¹⁰ • Distinctive model of public-private partnership in healthcare provision, financing & MT.^{11,12,13,14}

Sources: 1- Uniyal et al. (2012); 2- Upadhyay (2011); 3-(Bansal et al. (2012); 4- Dwivedi (2015); 5- Lunt et al. (2015); 6- Hodges et al. (2012); 7- Connell (2006); 8- Rerkrujipimol & Assenov (2011); 9- Bloomberg (2014); 10- Maxwell (2009); 11- Medhekar (2014a,b); 12- Taylor & Blair (2002); 13- Taylor & Blair (2003); 14- Ganguli & Ebrahim (2017).

Resources: India, Thailand and Singapore

Resources, whether tangible or intangible, are fundamental for the creation and development of competencies. In this study, four categories of resources were identified as relevant for MT competitiveness namely, medical specialties, hospitals/centers obtained Joint Commission International (JCI) accreditation, MT sector infrastructure, and reputation as an intangible resource. Table 4 provides a synopsis about each resource with a comparative overview among the three destinations.

Medical specialties are diverse and might be delivered with different levels of clinical practice proficiency. It is important here to note that excellence of one destination over another in a specialty extends beyond the resource-based approach such as relying on human resources (like, experienced and highly qualified practicing professionals) or physical resources (like cutting-edge technology). Considerably, such excellence is also a matter of clinical excellence (Kapur, 2008), which can leverage disparately on wide-ranging competencies including but not limited to medical education and training, patient care management, deployment of systems for evidence-based practice, policy and succession planning, income-resource generation, etc. Therefore, a crucial portion of success in establishing a MT market with a competitive edge can be viewed as a process of strategic alignment between resources pertaining to medical specialty and core competencies of clinical excellence.

Joint Commission International (JCI) accreditation is a not-for-profit American organization which has described itself as "the gold standard in global health care". It aims at helping medical organizations adopt best practices and standards in healthcare quality and patient safety (JCI, 2018). Some of MT Scholars argued that the process of attaining JCI accreditation has become a part of marketing strategy though it positively influences customers' perception about quality and safety (Alleman et al., 2010; Connel, 2006). However, Todd (2012) criticized that many patients don't have brand name recognition of any specific sort of accreditation and there is no sound statistical evidence indicating that accreditation plays a major role in creating a competitive advantage for medical entities in the context of MT. Despite that argument, possible association of JCI accreditation with MT cannot be overlooked especially within the context of rising trend of obtaining such accreditation in the three countries of this study. By reviewing statistics available in JCI official website, it may be observed that in general there has been an increase of JCI-accredited programs among their hospitals over the past few years. For instance, in India and Thailand, these programs during 2016-mid 2018 alone have raised amounts which are 30% more than the entire number of accredited programs before this period. In contrast, Singapore has reported 6 JCI-accredited programs since 2010 in comparison to the previous 17 between

years 2004 and 2009. Such trends in JCI accreditation among the three destinations implies the need for systematic inquiry on informing whether the process of accreditation is being exploited differently in these destinations in terms of both clinical and strategic implication. This can also be helpful in providing a proxy of knowledge against the debate in recent literature about the aims of accreditation --- whether it will improve the reputation of an institution and clients' trust towards health services, or it will lead to higher quality of care, patient safety and cost efficiency of medical firms (Brubakk, Vist, Bukholm, Barach & Tjomsland, 2015; Grepperud, 2014).

MT sector infrastructure is a massive resource that can be simply understood as the framework that a country needs to build through integrating multiple resources and defining what its sustainable MT value proposition is going to be. Should it distinguish itself as a place for medical tourists to be affordably treated in luxurious facilities and enjoy a distinctive experience of relaxation and leisure, as the case in Thailand? Or prove its position as an advanced hub of medicine powered with state-of-the-art medical technologies and innovative informatics, as the case in Singapore? Or embrace the art of medicine for the global health care needs through a combination of modern and multi-specialty medical chains, and traditional systems of medicines, as the case in India? It is important to note here that the governments of these countries have taken up the initiative to develop a sustainable MT sector infrastructure in collaboration with the private sector enterprises. This has led to the development, among the three destinations, to a wide spectrum of initiatives including but not limited to MT strategy development, health provision system, tourism operations management, international marketing and referral networks, etc.

Reputation is always a tactical necessity that MT destinations need to leverage as a central advantage for attracting medical tourists. In MT industry, the concept of reputation is based on cross factors involving place safety and stability, quality of medical service, and quality of physical and natural environment. All of these are responsible for influencing tourists' perception and experience, and subsequently determining their level of satisfaction, intention of repeat visit, or even their willingness to pay more (Saiprasert, 2011). According to this study review, it has been noticed that the three MT destinations have capitalized on different competitiveness landscapes and strategic interdependencies to strengthen their MT market position. As for example, Singapore has distinctively built its reputation of "clinical excellence" through resource integration between its well-established healthcare system, innovative R & D functions and advanced economic infrastructure. On the other hand, Thailand's tourism business synergies and value chain overlapping into its leisure sector, wellness sector, and hospitality industry together have made opportunistic and appealing conditions for medical market to be synchronized with medical sector. Distinct from these two destinations, India's MT reputation had been established through its rich historical tradition of alternative medicine and further reinforced with the subsequent growth of its modern and multispecialty medicine. Through a distinguished ancient medicinal history since 600 BCE (Saini, 2016), India till today is acknowledged as a spot of authentic healing and medical practices despite the massive urbanization and accelerated technological revolution around the world. The support for clinical and laboratory research on traditional and Ayurvedic medicine approaches through India's government or international research institutes has created a differentiated MT market niche (Sen & Chakraborty, 2017). This market has its appealing advantages towards people- both carrying deep-rooted belief in traditional medicines or seeking prevention, balance and new experiences of wellbeing.

Table 4

Strategic resources of MT destinations: India, Thailand and Singapore

	Strategic resources		
	India	Thailand	Singapore
Recognized medical specialties	<ul style="list-style-type: none"> • Cardiac surgery • Cranio- facial surgery • Neuro-surgery • Orthopedic surgery^(1,2,3) 	<ul style="list-style-type: none"> • Cosmetic surgery • Sex change surgery • Liposuction • Breast enhancement surgery^(4,5,6) 	<ul style="list-style-type: none"> • Sophisticated diagnostic and surgical procedures related to cardiology, neurology, oncology, ophthalmology, organ transplants, orthopedics, and pediatrics.^(5,7,8,9)
No. JCI-accredited organizations (programs)²¹	38	64 (91)	23 (25)
MT sector infrastructure	<p>A private-dependent sector⁽¹⁰⁾</p> <ul style="list-style-type: none"> • A large number of multi-specialty corporate hospitals like Apollo, Fortis, Wockhardt, Max Healthcare & Manipal. • Private medical chains have international presence & tie-ups with many countries of Africa, Middle East, Europe & America, to refer patients to India 	<p>A private-dependent sector⁽¹¹⁾</p> <ul style="list-style-type: none"> • Three leading medical institution known as, Bumrungrad International Hospital, 1st hospital in Asia to receive JCI accreditation & largest private hospital in Southeast Asia; Samitivej Hospital chain, a leading medical provider in Thailand; Bangkok Hospital group, with a network of 15 hospitals all over Thailand. • Highly developed tourism industry combined of first-class medical facilities, luxury hotels, spas, wellness clinics, and myriad tourist attractions.^(4,5,6,7) 	<p>A public-private dependent sector</p> <ul style="list-style-type: none"> • Two leading integrated healthcare private medical groups known as, Parkway Medical Group and Raffles Medical Group by which several of well-known hospitals are run in the country besides a strong overseas presence through joint venturing and global strategic alliances with countries such as China, India, and United Arab Emirates.^(9,12,13) • A robust integrated medical informatics infrastructure²²⁽¹⁴⁾ • Singapore Tourism Board (STB) which operates many regional offices performs several activities mutually with private medical groups to support and broaden their reach and referral networks in key target international markets.¹⁵
Reputation	<ul style="list-style-type: none"> • MT destination¹⁶ • An attractively low cost-effective medical care destination^{1,2,3} • A global spot of herbal medicine (Known as botanical garden of the world)^{17,18} 	<ul style="list-style-type: none"> • A well-known tourist/holiday destination • Renowned Thai hospitality^{5,6} 	<ul style="list-style-type: none"> • A modern center of clinical excellence, biomedicine & biotechnology^{19,20,13}

Sources: 1- Uniyal et al. (2012); 2- Upadhyay (2011); 3- Bansal et al. (2012) 4- Hin et al. (2013); 5- Connell (2006); 6- Rerkrujipimol & Assenov (2011); 7- Wong et al. (2014); 8- Phua & Pocock (2012); 9- Wong & Ghazal (2012); 10- (Burns, 2014) 11- (Ricafort, 2011) 12- (Chanda , 2002) 13- (Haseltine, 2013) 14- (Lee & Satku, 2016) 15- Lunt et al. (2015); 16- Fetscherin & Stephano (2016); 17- Seth & Sharma (2004); 18- Connell (2011); 19- Lunt et al. (2015); 20- Cyranoski (2001); 21- JCI (2018).

Conclusion

How have India, Thailand, and Singapore achieved a competitive edge in the global MT market? Based on the examination of relevant literature and cross-country benchmarking analysis, there is no short answer to this question. However, the comparative solid overview that emerges is that the mastery of building different MT strategic capabilities amongst these destinations inherently has been led through a clear-cut market orientation displayed and reinforced with sound and well-integrated strategies. First and foremost-- the market orientation domain: India has predominantly placed to be the industry's low-cost provider and thus earned a strong market position relying on fulfillment of a large segment of medical tourists' desires for affordable services. In contrast, Singapore has strived to deliver superior value based on advanced medical system, high-quality care, and technological superiority. In contrast, Thailand has adopted a hybrid approach that blends the competitive advantages of both former countries

by focusing on best-value offering relying on an attractive combination of cost, quality, modernity and much more through appealing holiday packages. Second strategy lies in the strategic approach domain: India's diversification strategy has been portrayed in sync with the cost leadership model; this approach has exploited the potential of its traditional medicine-based resources and abundant human capital in healthcare sector. Singapore's MT branding strategy accomplished through an exceptional model of public-private partnerships in healthcare provision has effectively conveyed its excellence in providing premium quality products and operations to all different stakeholders of MT industry; this approach has created growth opportunities for the development of its advanced medical and biotechnology infrastructure. Thailand's product bundling strategy has been aligned with what is known as *best-cost provider strategy*; this approach has played a catalyst role for its overall tourism and hospitality sector attractiveness and subsequently, boosting its performance.

Mainly, these market orientations and adopted strategic approaches which are exhibited differently between these three destinations have been simultaneously involved with building and/or acquiring distinctive MT resources and competencies; these are the determinants of their MT competitiveness and elements of success in the global marketplace. In other words, the identified resources like the qualities of medical specialties, obtained international accreditations, MT sector infrastructure, and established reputation are found distinctively central to each of these destinations' strategic approach and significant for creating true value for medical tourists and key players in each sector. These resources are managed in a dynamic and a complex process in which each destination has exhibited different niches, and subsequently this justifies the different cost structures and value propositions created. Such process represents the core competencies that each destination performs in a specific way better than its rivals. However, this study has found that there are generally accepted core competencies which have driven rivalry advantages like the extent of coordination among public and private MT stakeholders; administration proficiency of sectors like medical, tourism and economic sectors through an integrated mechanism; along with the development of medicine and related human capital.

Finally, with a prolific growth of global healthcare industry and more and more choices for MT consumers, it is clear through this study that the three destinations have positioned and run their strategies effectively to stay competitive through a client-centric approach. Further, the overall integration of strategic capabilities has proved that it can give an additional advantage in meeting demands of international medical tourists on one hand, and add economic values to these destinations on the other. However, these strategies still lack, to a certain extent, perfection and need to be evaluated in terms of key issues related to healthcare commercialization, brain drain of medical professionals, inequality of access to healthcare services, and tourism resources sustainability-- all of which form a critical area of debate in the literature concerning these countries (Vijaya, 2010; Pocock & Phua, 2011).

Notes

¹ Ayurveda, Siddha, and Unani which are grown in the time of ancient civilizations are major traditional medicinal systems of healing and health restoration, and divided into different clinical subdivisions. Sen and Chakraborty (2017) provide a detailed description of these systems origin and practice.

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