

Pakistan as a medical tourism destination. Just wishful thinking?

Owais Kabani

PhD student at University of Economics, Kraków

Correspondence address: Owais Kabani, Kraków, Grzegórzecka 77C/130, owais.kabani@gmail.com

Abstract

Healthcare is one of the fastest growing sectors in the developing nations, especially the Asian market that includes India, Thailand, Philippines, and Singapore. Not much research has been conducted regarding the potential of Pakistan being a new medical tourism destination in the Asian market. Pakistan however still remains an untapped market due to the issues related to perceived deficits of security. This paper will contribute to the field of medical tourism in Pakistan. The goal of this paper consists of two parts, first to prove that there is a potential for Pakistan to become a Medical Tourism Destination. Finally, to identify the requirements that have to be met before Pakistan can be labeled as a Medical Tourism Destination in the already competitive market. There are three types of requirements mentioned, requirements which must be fulfilled by the government (macroeconomic requirements), requirements related to making it easier for foreigners (individual patient requirements) and requirements which need to be fulfilled by the various hospitals (microeconomic requirements). Some recommendations have been given which include security packages, reducing the brain drain syndrome, increasing salaries and the support of government in terms of accreditation.

Key words: Brain Drain, Medical Tourism, Pakistan

Słowa kluczowe: drenaż mózgow, Pakistan, turystyka medyczna

Introduction

Medical Tourism industry has been growing at an exponential rate, especially in the last few decades, and may in fact be considered as one of the fastest growing industry [1, 2]. This is true for the many developing nations, which include India, Thailand, Singapore, Malaysia, Mexico, Brazil, Turkey, Costa Rica and the Philippines. As of the year 2012, the global medical tourism market was valued at over USD 10.5 billion. This amount is estimated to grow at an average rate of 17.9% to a remarkable value of USD 38.3 billion by 2020 [3]. Moreover, the rate of articles on the 'Scopus database' showing the studies on medical and health tourism have increased since 2005. Prior to 2005, there were 17 additions in the 'medical' section. By 2011, there were 277 more articles, which show the amount of research conducted in the field [4].

It may be considered a newer sector, especially for the tourism market; however, it is a very old sector, pre-dating ancient Greeks and Egyptians [5]. Initially, nationals of developing and under-developing countries would

visit the developed world to cure ailments and illnesses which could not be provided in the home country due to many factors which include education and technological factors. For example people from less developed parts of the world would often travel to the USA for evaluation and treatment [6].

Over the years, due to rising cost and time restraints of the medical system in the developed countries, the scenario took a 180-degree shift [7]. Now, nationals of developed countries are visiting the developing countries for the 'world-class' treatment at affordable prices in nations such as India, Thailand and to a very slight degree Pakistan [3].

A cost analysis shows a significant difference between the costs faced by people in developing countries versus the developed country.

Take the example of a Heart Bypass Surgery in **Table I**. In the US, the bypass would cost USD 113,000. The same treatment in India would be for USD 10,000, the cost for the treatment in India is 8.8% of the US treatment cost [8]. As shown in Table 1, the cost difference is

Procedure	USA	India	% Cost
Heart Bypass	\$113,000	\$10,000	8.8%
Heart Valve Replacement	\$150,000	\$9,500	6.3%
Angioplasty	\$47,000	\$11,000	23.4%
Hip Replacement	\$47,000	\$9,000	19.1%
Knee Replacement	\$48,000	\$8,500	17.7%

Note: Figures are in USD.

Table I. Cost differences in few treatments between USA and India, and the Cost of treatment in India as percentage to the US treatment cost.

Source: Adapted from Kelly E., 'Medical Tourism', World Health Organization, 2013, http://www.who.int/global_health_histories/seminars/kelley_presentation_medical_tourism.pdf; accessed: 14.08.2014 [8].

quite significant, ranging between 6.3% of the US treatment cost all the way to a maximum of 23.4%.

The story in Pakistan is a bit different. According to Pal, Pakistan has the doctors and hospitals, which are up to the international standard. She says they have to package it in a way India has done so far, including actual tourism with the medical treatment [9]. Pakistani Medical Association Boards President, Hashimi also insists on the fact that Pakistan has the potential. Many patients from the Middle East, UK and US seek a variety of treatments such as cardiac surgery [9], infertility treatments and cosmetic surgery in Pakistan. This is due to the extreme price difference. For example, the treatment for infertility costs around USD 24,000 abroad. However in Pakistan it can be done for USD 1900 [9]. Another example is liposuction. In the USA, the cost is around USD 8155, however in Pakistan the same procedure could be done for USD 2000 [9]. Some treatments are around half the cost [9]. It is to be noted that most of the people who do come to Pakistan for treatment are of Pakistani Origin. As of 2010, there were 363,699 American Citizens of Pakistani Origin [10]

A research conducted in UK by the Health Protection Agency in 2011 found out that as of 2009, a little over 55000 people were seeking medical treatment abroad. Out of them, 69% of them visited Poland, Pakistan, Iceland, Ireland, India, Gibraltar and Hungary [11].

The above examples show that there is indeed a significant price difference between the prices in Pakistan, and the rest of the world.

However, even after being a much cheaper alternative, Pakistan is still not considered a proper medical tourism destination. There are numerous reasons for this, which will be discussed in this paper. There are three main goals of this paper. Firstly, to prove that Pakistan as a nation has the potential to become a Medical Tourism destination. The second goal is to identify the pre-requisites and/or the boundary conditions. The final goal would then be to identify and recommend strategies on how Pakistan can be made into a Medical Tourism Destination. There are few assumptions made which include that the costs in India would be more or less equivalent to Pakistan since they both were one country pre-1947 and have more or less similar level of technology.

Methodology

For this paper, data was collected using secondary research, where information was collected for different researches within the topic of 'medical tourism'. Most of the data collected was for developing countries. However, for the country of Pakistan, only a few sources were found. In order to bypass the issue, a few assumptions are made where necessary. The assumptions include that Pakistan would have similar medical technology and a similar level of medical costs as both the countries gained independence in a similar time frame as well as started off with more or less similar levels.

For some of the prices of the medical procedures, an average of various values found within the various journal articles were used. This would increase the accuracy of the value and therefore make it much more valid.

Literature Review

Balban and Marano describe Medical Tourism as a 'foreign travel for the purposes of seeking medical treatment' [4]. Medical Tourism is a recent and one of the fastest growing fields in terms of academic research interest for both the tourism and the public health studies departments [4]. As described by Hall, there are many different types of tourism within the spectrum of Medical Tourism itself. For example, the medical aspect, health aspect, spa, transplants, reproductive, dental, stem cell, surgery, abortion and xeno. Recent years have shown a considerable growth in the fields of medical, health, transplant, reproductive/fertility and dental tourism. Goeldner in 1989 provided 5 components of medical tourism, which can have health related tourism attached to it. These include leisure tourism, adventure/wellness tourism, spa tourism, health and wellness tourism and finally medical and dental tourism [4]. Pakistan as a country would be more suited for medical tourism as it can provide medical care and is not well known for its health/spa related care [6].

Further added to the concept is the possibility of tourism as well. Hall describes, there has been a sudden growth in the research field of medical tourism. As per the paper the amount of research has grown significantly in the recent years. Between 1963 and 2005, there were 22

paper published within the 'Scopus' database. However, from 2006 onwards, 272 papers were added. Moreover, a lot of these papers are regarding the medical tourism in developing countries such as India and Thailand. However, the fact remains that there is not much considerable research done in Pakistan regarding this field. There are two papers from 2010 and 2012, which show that Pakistan has the potential [6, 9]. In order to overcome the lack of research, a few assumptions are made. The cost values that will be used for comparison will be based on India wherever the information cannot be found.

Hall also describes that the majority of the research conducted within the field is related to how the medical tourism market can be identified, catered and the development [4]. However there are a few downsides to this. For example, the ethical and the medical needs and wants of a single person versus the groups. This relates to the extent to which the services can be exported, while the local population suffers due to poor or no medical services. A major issue is the purchase of illegal body parts, which used to take place in Pakistan before the introduction of the new law as mentioned by Rasheed [12]. Another issue brought forward is the potential biosecurity risks faced by the potential patients as they may be exposed to new pathogens. The governments, private medical service providers and international agencies however often see medical tourism as more of an economic development tool that *may* cross with health access. Essentially it is seen as more of a marketization and economization of the public health services.

There are however a few question marks regarding the worth of the Medical Tourism industry. The Times of India newspaper declares it as over USD 100 Billion by 2012 [1]. However, Transparency International declares that it is expected to reach USD 32.5 Billion by 2019 and as of 2012, it was worth USD 10.5 Billion [3]. Mochi declares the expected value as over USD 4 Trillion out of which USD 750 million relates to the developing countries. India is estimated to cross the USD 2 Billion mark by the year 2015 [2]. One of the reasons for this could be that the Medical Tourism Industry includes both the Medical aspect and the Tourism aspect as defined by Hall. Moreover, he also discusses that it may include terms such as Spa and wellness as well; some may even include abortion. Mochi also describes these in further detail, which include Ayurvedic Therapies, Homeopathy, Yoga and Meditation [2].

There are many reasons given for conduction treatments in the developing countries. Mochi mentions a few which include the developed country treatment at third world country costs, expert and qualified hospital staff (of which many have studied in developing countries), quality which is related to the accreditations (such as JCI), personalized services, technology, and no waiting period [2]. However, as mentioned above, ethically it may not work out as not everyone within the country has equal access to medical services.

On the note of Pakistan, Muzzafar describes the health infrastructure of Pakistan as weak and below expectation [6]. However, there are doctors present in Pakistan with

international reputation in their respective fields. Moreover, there have been medical tourists from the Middle East visiting Pakistan for a very long time, especially for renal operations [6]. He believes that Pakistan is worth more than that. Pal also agrees with the above. She writes that Pakistan has the specialists and hospitals of high quality with costs as low as 6% of the cost of treatment in the USA [9]. Moreover she explains how many patients from the USA come to Pakistan due to the lack of insurance. However, most of them are of Pakistani origin. The packaging of the 'service' is what Pakistan needs. Hashmi agrees with the above statement as well. He states that all Pakistan needs is an improved security situation and better laws and it would be competing against India within the medical tourism market [9]. However due to the lack of improvements, there has been a significant 'brain drain' within the medical field, where qualified people have left the country in search for better futures. The Pakistani government has also created a task force for improving and increasing the medical tourism within the country, however no official update has been released as of date.

On the other hand, Rasheed disagrees with the situation. He states that due to the fact that the government has waived of taxes and duties on certain medical products in relation to the medical tourism industry, it has led to corruption [12]. He also states that Pakistan and the level of corruption had gotten so bad that patients would come in to the country for trading in human organs from the poor and the labor class. However, laws have now been implemented which prevent illegal organ trade. Due to the no duty policy, the government was losing over PKR 230 Million per machine [12]. He also believes that the local population will not benefit from the improvement in the health care to increase tourism, as they will not gain equal access. As per his statistics, Pakistan has 123,000 doctors per 16 Million people, which would be around 7.7 doctors per 1000 people. However, as per World Bank, the figure quoted is 0.8 physicians per 1000 people. The discrepancy could be due to Rasheed counting dentists, surgeons, and primary health care people as well, which would result in a higher figure [13].

Sultan argues that the government is making improvements in terms of quality to increase medical tourism. The only reason he believes that people are scared or avoid Pakistan is due to the 'security' issues. He believes that Pakistan could provide services in orthopedics, optometric, cardiology, X-rays, endoscopy and MRI at a cheaper rate even against India. The reason for this is due to the foreign exchange rate against the USD, where PKR is falling in power against USD. However, he also states that the hospitals in Pakistan are not very interested in medical tourism [14].

Runnels and Carrera describe the steps, which are necessary before an individual engages in medical tourism [7]. The first step is the identification of the need. An unmet need in the home country due to limitations of economic reasons may impact the decision. A consultation with an intermediary or a foreign health professional often increases the amount of alternatives present for the situation in need. The term quality is deemed important, however

for patients who come from a public funded health system, the direct and indirect charges of the treatment are just as important. Moreover, they also mention the importance of JCI accreditation, which is a US-based affiliate of the Joint Commission of the US Healthcare, of which two-thirds are located in Asia. Finally, they also describe the importance of accreditation a national agency and how that should be a guide to quality in relation to the medical care.

The Requirements for Medical Tourism

The various papers published in the field of medical tourism, especially those related closely to the developing countries, numerous requirements are brought forward. These can be categorized in two major fields, either being at the macro-level or micro-level. The macro-level requirements are related to visa requirements, security policies, governmental policies, task forces, doctor to patient ratios, and the retention of the medical staff. On the other hand, the micro-level requirements are more closely linked at the hospital level. These include certifications such as ISO 9000, Trent International Accreditation and Joint Commission International (JCI). Moreover they also include costs, interest of the hospital itself in relation to medical tourism and the creation of 'packages' which would attract and make it easier for the foreigners. Finally this also includes all the medical duties, from the patient booking an appointment to after-care.

Macro-level Requirements

The macro-level requirements are related to government requirements and include the introduction of a visit visa category. Many developed countries such as the United States of America, United Kingdom, Japan and Australia have a "Medical Visa" category [15–18]. In terms of developing countries, The government of India has been very interested to make it easier for the potential patients of medical tourism. For example, the National Health Policy of 2002 was created to encourage the medical service providers to provide services to foreigners. Moreover, the Ministry of Tourism for India has created a new category of visa known as the 'M' or medical visa. Furthermore, the airport infrastructure has also being improved so that medical tourists can arrive and return back with ease. This present trait found within the Indian economy can payback well and can make India the best medical tourism destination [19]. However, in the case of India, medical tourists prefer using the normal visit visa rather than a M-visa. Even though the visa is valid for period of 1 year, people visiting and their companions (if any) need to register with the regional authority within 2 weeks of arrival [20]. This inconvenience for the medical tourists might defeat the whole purpose of the visa category itself. Pakistan could potentially learn from this 'inconvenience' and make a more bullet-proof plan in terms of ease of access for the visitors. For example, the visa could be arranged by the Hospital itself without the need of registration with the authorities, or the registration could be done automatically after the ar-

rival at the airport itself. As of now, Pakistan does not have a medical visit visa category.

Another important aspect which falls within the domain of patient-centric requirements is the issue of safety, security and security policies implemented within the country. Safety and security can be looked upon as keeping the potential medical tourist safe from harm in regards to instability within the country, acts of terrorism, hostage situation and kidnapping. In the case of Pakistan, as of 2012, the firm red24 Strategic Risk (A European risk and a corporate governance solution firm) has listed Pakistan as the 5th kidnapping hotspot. As per the official statistics, 15,000 kidnappings take place per year, of which between 10–20% are for ransom [21].

The situation in Pakistan for the time being has become so unstable, that the Australian Government has passed rules for Australian citizens regarding their travel to Pakistan. The Overall rating is "Reconsider your travel to Pakistan". The areas up north are labeled with the rating "Do not Travel". Apart from the rating, there are various laws and advices given as the consulates of Australia are now closed in Karachi and Lahore due to the instability [22]. Apart from Australia, many of the developed countries in the world are passing similar warnings to their citizens due to the instability of the country both politically and due to security concerns. However like the example in Mexico, the violence and crime are only in some parts of the country, not all. In this case, media plays a key and vital role in the perceived image of the various cities and the country itself [23]. This situation will need to be improved before Pakistan can be made a stable medical tourism destination.

As with all major policies that have to be implemented are related to government, especially in terms of responsibilities, so is the one for economizing on the medical tourism benefits. As with many developing countries, the government would have to pass and implement various policies and assign task forces to tackle the various obstacles that they come across within or after the development of the medical tourism. Moreover, the Government would also have to make sure that the doctor to patient ratio increases with the growth of the country both for the potential medical tourists, as well as for the local population, who would be suffering [2]. This is an ethical dilemma faced within the Medical Tourism field. Furthermore, the government would also have to make sure that there is no 'Brain Drain' within the economy in terms of the medical field. Brain Drain is described as the leaving of well qualified nationals of a country to other countries or sectors in search for a better future and pay. In the case of developing countries such as Pakistan and India, this is very true. For example in India, the doctors and nurses are moving to the private sector from the public sector. In India itself, 75% of the human resources and advanced medical technology is within the private sector [19]. The case is very similar for Pakistan as well. The government can do this by improving staff retention in the developing countries itself. This could be done by increasing salaries, benefits and incentives for the medical staff.

Moreover, the government could also start programs such as return of migrants like the ones used in Africa- 'Return and Reintegration of Qualified African Nationals'; and can be voluntary or involuntary. Furthermore, the government can restrict international mobility, and can demand compensation from the expatriates leaving the country due to this reason [24].

Apart from this, the government also has to be interested. They can do this by appointing a Task Force. The function of the task force would be to study the current situation within the country and come to a solution about what needs to be done before the program can be implemented within the country. Pakistan has already appointed a Task Force back in 2010 known as the National Tourism Policy 2010 [25]. The Task Force itself is a very good idea for further development, especially since the new government has come to power.

Finally Pakistan would need to increase the amount of doctors within the country significantly before appealing to the foreign patients [26, 27]. As mentioned previously, this could be fixed by reducing the brain drain within the country. This can be done by increasing the salaries and benefits for the doctors staying back in the country and providing their services. Apart from this, subsidies could be offered to the medical staff. Finally, improvement of the security services would be beneficial as well both for the hospital staff and the potential patients/visitors.

■ Micro-level Requirements

The Hospital specific requirements are just as important as the ones mentioned above. The hospital requirements focus on the importance of various factors, certifications and policies which must be implemented by the hospitals. The hospitals need to have ISO 9000 certification, and accreditations from bodies such as JCI (Joint Commission International) and Trent International Accreditation. Moreover, the hospitals need to be able to maintain the quality of the service provided, from the pre-service all the way till post-service care. Furthermore, the hospitals could provide medical tourism packages, which would include security, pickup, care and drop off at the airport. All these would help increase medical tourism in Pakistan [28].

One of the major problems faced by Pakistan as mentioned by Sultan is that the hospitals themselves have not shown enough interest in medical tourism [14]. There could be a variety of reasons for this such as the amount of preparation and accreditations needed before foreign patients start using the services. In such cases, government incentives could be a good option to increase the use of such hospitals for medical tourism.

The physicians and doctors should be of a high caliber and thus be able to provide high quality care which could be used as competitive advantage. Moreover, the hospitals should be assessed by the various accreditation bodies such as JCI (in the case of USA) and Trent International Accreditation (in the case of UK and HK). This ensures the foreign patients of the high quality standards and safety. Some hospitals even aim for double accreditation. The use

of ISO 9000 certification is just as important [6]. In India, 13 private hospitals have already been accredited by the JCI out of a world total of 120 JCI accredited hospitals [19, 29]. The highest amount of JCI accredited hospitals are in Turkey with a number of 42. The top 10 countries include Turkey, Saudi Arabia, UAE, Brazil, Ireland, Thailand, India, Italy, Singapore and China [7]. In this case, Pakistan has a very tough competition.

The host country, which in this is Pakistan, can enjoy a lot of benefits with increasing medical tourism and opening its borders to the foreign patients. The most major one being investments and monetary gain. This gain could be used to invest further in the infrastructure and planning for the country itself. However there are some challenges faced by the hospitals. These include the maintenance of quality and healthcare services before and after the procedures, maintenance of quality of the medical staff and training, maintenance of the facility itself, handling of complications and malpractice (including death), financial burden (insurance or hospital based) and the legal paper work, especially in the case of people with health insurance [30]. In this case the hospital needs to be prepared well in advance to deal with all the above mentioned issues, and since the country still is not a medical tourism spot, the preparations could be started parallel to the task force research.

■ Recommendations

Pakistan has a lot of important tasks and obligations to fulfill before foreign patients start arriving into the country for medical treatment and tourism. First of all, Pakistan needs to solve the issue of security of the foreign nationals. This can be done with two possible solutions. Either the government offers foreign medical tourists a security package, or the hospital offers it to the potential patients as a whole deal package which includes the treatment, pick and drop from the airport, security within the country and perhaps even a tourism pack. Moreover, the government needs to take a step and reduce the amount of 'terrorism' and kidnappings that take place by the various governmental policies. This can however take a long time.

Moreover, Pakistan needs to start a medical tourist visa category, as done by many other countries- both developing and developed [31]. For example, India has a M-class visa. However due to the bureaucracy, potential patients prefer entering the country on a normal tourist visa. Pakistan could learn from this and improve upon the idea rather than creating a new style altogether. In the case this does happen, the hospitals could help with the visa process or subcontract it to another company. Furthermore, the government needs to reduce the brain drain phenomenon within the country by increasing incentives and salaries, so professional and qualified doctors do not leave the country. Finally, the government could also make laws regarding the accreditation, that all hospitals need to be JCI accredited. This would ensure both the local and foreign patients that the hospital is up to the international standards.

Apart from the above-mentioned factors, I believe an increase in the GDP spent on health services would increase the overall level of health services for locals, which would eventually affect the health services provided for foreigners. As per data from World Bank, The GDP of Pakistan is estimated to be around 232.3 Billion USD. However, from this, only 2.8% is actually spent on health services, which per capita equates to only 30 USD.

Overall, Pakistan needs to take a lot of steps and jump through a lot of hoops before the dream 'Pakistan: a Medical Tourism hotspot' indeed does become a reality.

References

1. *Medical Tourism to become USD 100 Billion industry by 2012*, "Times of India". n.p., 11 Dec 2010, <http://timesofindia.indiatimes.com/business/international-business/Medical-tourism-to-become-USD-100-billion-industry-by-2012-Report/articleshow/7082258.cms>; accessed: 1.03.2014.
2. Mochi P. et al., *Medical Tourism- Destination India*, "Abhinav Journal" 2013; 2(3): 1–10, http://www.abhinavjournal.com/images/Commerce_&_Management/Mar13/5.pdf; accessed: 16.08.2014
3. *Global Medical Tourism Market Is Expected to Reach USD 32.5 Billion in 2019: Transparency Market Research*, "Transparency International". n.p., Dec 2013, <http://www.prweb.com/releases/2013/10/prweb11212872.htm>; accessed: 1.03.2014.
4. Hall M.C., *Health and Medical Tourism: A Kill or Cure for Global Public Health*, "Tourism Review" 2011; 66 (1/2): 4–15.
5. Pickert K., *A Brief History of Medical Tourism*, "The Times" 2008; 25 Nov, <http://content.time.com/time/health/article/0,8599,1861919,00.html>; accessed: 1.03.2014.
6. Muzaffar F., Hussain I., *Medical tourism: are we ready to take the challenge?* "Journal of Pakistan Association of Dermatologist" 2007; 17(1): 215–218.
7. Runnels V., Carrera P.M., *Why do Patients Engage in Medical Tourism?*, "Maturitas" 2012; 73(1): 300–304.
8. Kelly E., 'Medical Tourism', World Health Organization, 2013, http://www.who.int/global_health_histories/seminars/kelley_presentation_medical_tourism.pdf; accessed: 14.08.2014.
9. Siddiqui S., *Untapped Market: Can Pakistan become a hub for Medical Tourism?*, "Tribune (International New York Times)" 2012: 1–5, <http://tribune.com.pk/story/365757/untapped-market-can-pakistan-become-a-hub-for-medical-tourism/>; accessed: 23.07.2014.
10. US Department of Commerce, *American FactFinder*, United States Census Bureau – Dept. of Commerce, 2010, <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>; accessed: 23.04.2013.
11. Health Protection Agency, *Medical Tourism*– Office of National Statistics, August 2011: 1–5, <http://www.nathnac.org/pro/factsheets/pdfs/healthabroad.pdf>; accessed: 23.04.2014
12. Rasheed C., *Medical Tourism is a cover up for cheap kidney bazaar*, The Network for Consumer Protection. Report: 019/07 19 Jan 2007.
13. World Bank, *Physicians (per 1,000 people)*, The World Bank Statistics. <http://data.worldbank.org/indicator/SH.MED.PHYS.ZS>; accessed: 22.04.2014.
14. Connell J., *Medical tourism: Sea, sun, sand and... surgery*, "Tourism Management", 2006, 27, 1093-1100.
15. UK Government, *Private Medical Treatment Visitor Visa*, UK Government, 8 May 2014, <https://www.gov.uk/private-medical-treatment-visa>; accessed: 9.05.2014.
16. Australian Government, *Visitor and Medical Treatment Visas*, Australian Government – Immigration. Department of Immigration and Border Protection, 19 Nov 2013, <https://www.immi.gov.au/visas/visitor/>; accessed: 2.05.2014.
17. US Department of State, *Visitor Visas*, Travel-State US. Bureau of Consular Affairs, <http://travel.state.gov/content/visas/english/visit/visitor.html>; accessed: 2.05.2014.
18. Ministry of Foreign Affairs of Japan, *For those who would like to apply for the "Visa for Medical Stay"*, MOFA, Ministry of Foreign Affairs of Japan, 2014, http://www.mofa.go.jp/j_info/visit/visa/medical_stay1.html; accessed: 2.05.2014.
19. Hazarika I., *Medical tourism: its potential impact on the health workforce and health systems in India*, "Health Policy and Planning" 2010; 25(1): 248–251.
20. Chinai R., Goswami R., *Medical visas mark growth of Indian medical tourism*, <http://www.who.int/bulletin/volumes/85/3/07-010307/en/>; accessed: 1.05.2014.
21. red24. *Top ten kidnap hotspots*, Strategic Risk. red24, 4 Apr 2012; accessed: 1.05.2014.
22. Australian Government, *Smart Traveller*, Smart Traveller – Department of Foreign Affairs. Department of Foreign Affairs – Government of Australia, <http://www.smarttraveller.gov.au/zw-cgi/view/Advice/Pakistan>; accessed: 20.04.2014.
23. United States–Mexico Chamber Of Commerce, *Tourism Development, Medical Tourism, and Safe and Secure Tourism in Mexico*, "Chamber of Commerce Reports" 2011; 3(3): 1–6, <http://www.usmcc.org/papers-current/3-Tourism-Development-Medical-Tourism-and-Safe-and-Secure-Tourism-in-Mexico.pdf>; accessed: 12.04.2014.
25. Marchal M., Kegels G., *Health workforce imbalances in times of globalisation: brain drain or professional mobility?*, "International Journal of Health Planning and Management" 2003; 18(1): 89–101.
26. IMTJ PAKISTAN, *Pakistan appoints task force on medical tourism*, <http://www.imtjonline.com/news/?entryid82=177733#sthash.QHdVzPHT.dpuf>; accessed: 1.05.2014; "International Medical Travel Journal. IMTJ" 2010.
27. U Anand Kumar, *India has just one doctor for every 1,700 people*, "The New India Express" 2013, <http://www.newindianexpress.com/magazine/India-has-just-one-doctor-for-every-1700-people/2013/09/22/article1792010.ece>; accessed: 1.05.2014.
28. World Population Statistics, *Pakistan Population 2013*, World Population Statistics, 2013, <http://www.worldpopulationstatistics.com/pakistan-population-2013/>; accessed: 1.05.2014.
29. World Population Statistics, *Indian Population 2013*, World Population Statistics, 2013, <http://worldpopulationreview.com/countries/india-population/>; accessed: 1.05.2014.
30. Deloitte, *Medical Tourism Consumers in Search of Value*, "Deloitte Center for Health Solutions" 2008; 1(1): 1–28.
31. Waikar A., Samuel C., *Challenges and Opportunities for Developing Countries from Medical Tourism*, "Marshall Digital Scholar" 2011; 1(1): 1–9.