

## Health Services Trade between India and Pakistan

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### **Abstract**

*Recently, health tourism has gained a lot of importance in South Asia as numerous people across the world acquire medical care in countries such as Pakistan and India. Health tourism is defined as patients and public traveling abroad for seeking quality and affordable medical treatment which is often not available in their home country. Literature on health tourism engages with different dimensions of health trade such as, cross-border movement of people but hardly reflect on the nature of obstacles people face in obtaining health care. By focusing on health tourism, this study explores key challenges and potential benefits of health trade between India and Pakistan. The study considers the perception and opinion of doctors, private sector organizations, state officials, businessmen and traders in Pakistan as primary sources of knowing the bottlenecks in undertaking and promoting cross-border trade in health sector. The patients in Pakistan seeking medical treatment in India encounter; informational, financial and visa related problems. These patients heavily rely on informal channels in acquiring visa which leads to frustration, delays and financial obligations of uncertain nature. The prevailing inhospitable and security situation also discourages movement of doctors and patients across the border. The study also notes that variants of health sector trade between the two countries have also not received adequate attention in policy circles.*

### **Introduction**

Medical tourism allows patients to travel abroad for the purpose of acquiring quality treatment at relatively economical expense (Connel 2005, Tan 2016). Medical tourism is different from international “model” of traditional tourism where patients from developing countries travel to developed nations for medical treatment which is “unavailable in their own communities” (Horowitz et al 2007).

The quantum and value of medical tourism in developing countries has grown recently because of relatively higher costs of health care in developed nations, long waiting lists, speedy financial intermediation and lower travel costs (Connel 2005). Off-late, financial aspect is gaining more prominence in most countries of the South since medical tourism in South Asia is attracting greater private and government revenues (Mohammad 2012).

In the absence of verifiable statistics concerning medical patients travelling abroad for health care, in 2004, “1.2 million patients travelled to India and 1.1 medical tourists travelled to Thailand” (Horowitz et al 2007: 1). In South Asia, India and Pakistan are the most popular destination for foreign patients receiving medical tourists. People and patients from Afghanistan, United States and United Kingdom are travelling to Pakistan for acquiring a range of medical treatment such as, cardiac surgery, fertility, cancer, respiratory disorders, rehabilitation services, mental illness treatment, kidney transplants, hair transplantation, liposuction and cosmetic surgeries (IMTJ 2012). Whereas Pakistan attracts patients from international countries, health tourism between India and Pakistan has not attained much attention. The movement of patients

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from Pakistan to India is driven by cross-border movement of medical patients, seeking advanced medical and post-operative services in India. Compared to other important medical tourism destinations in Asia, India offers medical treatment at considerably lower price. The below table presents a comparison of medical procedure costs countries.

**Table 1: Comparison of Medical Procedure Costs (in US\$)**

Medical Procedure Cost	USA	Singapore	Thailand	Malaysia	India
Heart Bypass	130,000	18,500	11,000	9,000	7,000
Heart Valve Replacement	160,000	12,500	10,000	9,000	9,500
Hip Replacement	43,000	12,000	12,000	10,000	7,000
Knee Replacement	40,000	13,000	10,000	8,000	9,000

Source: ICRIER 2016

A substantial number of patients of some specific ailment (with limited treatment capacity in Pakistan or the higher cost of treatment in Pakistan) traveled to India from Pakistan<sup>a</sup>. As potential benefits of health trade services across borders are widely recognized, there are certain knowledge gaps in health tourism. For instance, scarce knowledge concerning the flow of medical patients from Pakistan to India and vice versa limits analysis of medical visas. Moreover, no evidence is found of either a student exchange initiative or a common training programmes of health professionals between the two neighboring countries. This study attempts to bridge the aforesaid knowledge gaps by focusing on movement of patients from Pakistan to India. In so doing, it examines potential benefits of collaborative research and the formalization of health services between the two countries.

## Methodology

By using a multi-method design approach (Waitzkin et al., 2005); data relative to the theme of study was collected from three different sources. The first source consisted of going through a selective body of literature on “trade in health services”. The second source consisted of conducting in-depth interviews with public officials comprising Indian High Commission’s officials, officials of Ministry of Commerce (MoC) at Islamabad, doctors of public and private hospitals (e.g. hospital administrators), agents and personnel of pharmaceutical and surgical companies. For in-depth and key informant interviews, a semi-structured questionnaire was developed and implemented for gathering information on different aspects of trade in health sector. A snowball approach was considered useful for identifying appropriate respondents for the study. The third source consisted of informal interaction with an “Agent”<sup>b</sup>. Initially, a selective number of informed respondents were identified. After interviewing them, they were requested for identifying patients and personnel most relevant to our target population. Thereafter, respondents were interviewed on the basis of personal references<sup>c</sup>.

During data collection, problems were encountered in accessing public and private hospitals, due to limited time and because of official engagements of doctors (especially in public hospitals). It was also felt that more time was required for conducting in-depth interviews of patients and “agents” in Pakistan. The responses of doctors, public officials and pharmaceutical

<sup>a</sup>International Medical Travel Journal 2013

<sup>b</sup>An “agent” is a person who facilitates a “patient” acquiring specific treatment in a hospital in India. Besides providing information on the requirements of acquiring visa for medical treatment, the “agent” has connections with doctors. The agent charges certain remuneration from the “patient” in exchange for services.

<sup>c</sup>For further discussion on this methodological approach, see Malhotra, 2008.

and surgical traders were useful in knowing that India has been an important destination for medical services due to affordable cost of treatment and technological improvement in preventative and curative medical systems. The demand for health services in India is high in areas such as liver transplant, kidney transplant and open heart surgery. Based on the experience of professionals and people on the “consumption of health services” across India, our findings indicate that bilateral health trade between Indian and Pakistan face certain constraints which are discussed below.

## Key Bottlenecks in Health Services Trade

### Problems associated with visa

A core obstacle in advancing health trade with India is the rigid visa regime. The documentation required for acquiring medical visa is quite tedious for patients and accompanying persons travelling to India. Along with other documents needed to apply for medical visa, patients have to submit a recommendation letter from a doctor/recognized hospital in the home country. The requirement of visa varies across countries as outlined in table 2 (ICRIER 2016). For instance, Bangladesh has the highest number of documents required to apply for medical visa (7 in number), followed by Pakistan and Sri Lanka (6 each in number). Respondents have been observed that some documents required for application were not mentioned on Indian health care portals, but were mentioned on Indian Embassy/High Commission website in respective country.

**Table 2: Comparison across South Asian Countries**

Document	Afghanistan	Bangladesh	Maldives	Pakistan	Sri Lanka
Medical certificates indicating the medical condition for patient	†	†	-	†	†
Recommendation from the attending doctor for availing treatment abroad	-	†		†	-
Letter from Indian doctors/hospital	†	†	†	†	†
Bank Statement for 06 months	†	†	†	-	†
Solvency Certificates from Bank	-	†	-	-	†
Copy of NIC card or birth certificate	-	-	-	†	†
NOC from parents in case of minor	-	-	-	-	†
Proof of Residence	-	†	-	†	-
Proof of Profession	-	†	-		-
Polio Vaccination Certificate	-	-	-	†	-
Total	3	7	2	6	6

Source: ICRIER 2016

The tense political milieu and strained relations between the two countries also complicate visa acquisition. The complications include additional visa processing requirement. For instance, in the case of organ transplant, the donor has to fill in and sign additional documentation in the presence of a consular. Moreover, screenings of applicants, acquiring clearance from home ministry in New Delhi and prolonged delays to the extent of several months are observed in granting visa to Pakistan nationals.

### **Informational difficulties**

Lack of information in accessing health care facilities across India is yet another problem. Key informant interviews held at Sheikh Zaid Hospital Lahore and at Shifa International Hospital Islamabad with health professionals and administrative staff. We revealed that patients and general public have lack information on health services offered by Indian hospitals. In the absence of dedicated centers providing information on medical visas, intermediaries generally known as “agents” facilitate the public and patients seeking medical care. These agents perform different functions such as, assisting patients on treatment decisions, admission counseling, information about best-in-class doctors, post-surgery recovery guidance, putting patients in contact with hospitals and doctors and providing assistance in visa requirements. Informational gaps compel patients to resort to informal means of acquiring health services and therefore, become prone to risks associated with reliability of information and financial transaction. To cite an example, full fee of a medical treatment must be paid in advance to the hospital or doctor (in case of an individual physician) before travelling to India. Such transaction carries the risk of commitment without the anticipation of quality of service and unforeseen circumstances.

### **Transactional complications**

Medical patients in Pakistan face difficulties when fulfilling payment requirements for seeking medical treatment in India. Since the currency of Pakistan cannot be exchanged or used for accessing medical treatment in India, patients can carry up to USD 5000, maximum limit allowed under Pakistan foreign exchange rules. This mode of transaction restricts patient’s choice such as, transacting via bank transfer and through an on-line facility. Moreover, bank transfer in lieu of services is taxed in both Pakistan and India and as a consequence, high value transfer is not preferred through banking channels. There are also cases where payments for health care are being deposited in a third country bank account. This however is only possible if the hospital is also registered to provide services in that country i.e., if a doctor has a personal bank account in a third country from which consultancy charges will be remitted back to the hospital in India<sup>a</sup>.

### **Trust deficit and fear of harassment**

During periods of strained relations between India and Pakistan, health services may be subjected to frequent police reporting in India or in worst case scenario, cancellation of visa. Furthermore, an incident of terrorist attack in India may also trigger an adverse reaction in the form of unannounced travel sanctions for a brief period. In these circumstances, Pakistan nationals fear that they may not be treated well in India. Anecdotal evidence reveals that Pakistan High Commission has warned Pakistan nationals in India to be cognizant of such risks.

### **Challenges in Transfer of Skills and Technology**

Technological advancement in health care and transfer of skills play an important role in trading health care services. In India, technology oriented services in healthcare such as telemedicine, connects doctors and patients via video, and provides round the clock access to qualified doctors, diagnosis and treatment. This study has observed that video conferencing can boost healthcare trade between India and Pakistan. An interactive video conference facility in telehealth allows patients to benefit from feedback and assistance of health care providers and doctors. Hence, patients are able to acquire direct access to information, diagnoses and treatment. Currently, no such arrangement exists between India and Pakistan. In Pakistan, the uses of these

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<sup>a</sup>Local taxes on remittance as per rules of the third country will still apply.

modern techniques are not adopted due to lack of skills. Advance technology in health care is directly related to the acquisition of modern skills and capital investment.

There is not a single bilateral agreement between India and Pakistan concerning the transfer of telemedicine technology and skills. At South Asia level, under the auspices of SAARC Secretariat, several agreements stress upon the importance of skill and technology transfer.<sup>i</sup> According to our respondents, Pakistan and India have not keenly pursued those agreements under SAARC. The effective implementation of knowledge transfer agreements can act as a confidence building measure between the two largest economies of South Asia. The SAARC Disaster Management Framework can serve to be a workable example of exchange of skills and technology in health care.

### **Barriers to Movement of Health Personnel**

In the case of Pakistan health professionals, cross-border movement is governed by city specific visa and domestic regulations (e.g. police reporting) in India, imposing restrictions on entry and length of stay in the host country and state. In the absence of an integrated and well-established rail links, direct access to main destinations of India, and transit facilities cause inconvenience to patients. Short-term flows of patients via land route and air links can contribute to fostering greater contribution in the promotion of health trade under mode 4. Moreover, other means of physical connectivity are also needed to scale-up health trade between both countries.

### **Accreditation and recognition of health care standards**

Lack of recognized accreditation of hospitals, physicians and medical colleges is affecting bilateral trade. Accreditation and compliance with quality expectations are important for the patients to have confidence in services meeting international standards. A respondent narrated to us that health care accreditation is considered to be extremely crucial for improving clinical practices and organizational performance. If health care services across both countries are officially accredited and standards are mutually recognized, it will increase the flow of patients and doctors from Pakistan to India and vice versa. The Higher Education Commission, Pakistan Medical and Dental Council (PMDC) and Pakistan Council of Science and Technology may be requested by the Ministry of Communication (MOC) for developing minimum criteria for accreditation. The criteria may be publically announced so that interested institutions and persons can avail accreditation and apply for or seek cross border clients.

### **Reforms in Health Services Trade**

This section deals with certain regulatory and policy reforms in health sector as possible entry points that can facilitate expansion of health services trade between India and Pakistan.

### **Institutional Linkages**

Establishing institutional linkages between public and private hospitals and health-sector teaching institutions can pave the way for “movement of personnel” across both countries. Institutional linkages can be developed through Memorandum of Understanding (MOU) between educational and research institutions. There can be short-term bilateral agreements, cross-border flow of health professionals and medical students exchange programmes which can immensely contribute both countries health sector and economy.

Another form of bilateral initiative in health sector could be collaborative research in primary health care and in medical specialism such as post-operative care in liver transplant.

Research linkages could also be established for holding seminars and conferences for presenting research by host countries. Indian hospitals have close ties with governments and NGOs in other SAARC countries such as Red Cross NGO in Afghanistan; Government of Bhutan; Nepal Kidney Samaj; and Government of Maldives. This kind of tie-up can be put in place even with a government organization of Pakistan.

### **Formalizing health services trade**

Formalizing health trade involves devising a transparent and effective mechanism for patients seeking treatment in India. As a first step, facilitation desks should be established in Islamabad and in all the provincial capitals of Pakistan. These centers would be providing information on visa requirements, different treatments and list of hospitals in India. In order to provide a price perspective, a cost comparison across different Indian hospitals may also be made public. Secondly, modes of payment for medical treatment should be made flexible by designating banks in each country for handling financial transactions under medical treatment and consultation. We were informed by officials that both the Governors of Central Bank are in touch with each other through the SAARC network of Central Bank Governors and Finance Secretaries. This matter of facilitating mode and transfer of payment can be discussed at this platform. Thirdly, according a representative of the Lahore Chamber of Commerce, private sector companies may be interested in medical tourism in areas such as health insurance of their employees. This will require putting in place a mechanism for reimbursement of medical bills made through hospitals, banks and insurance companies. There are multinational corporations in Pakistan that provide medical cover that includes treatment abroad.

### **Synergies between different Departments**

For the promotion of trade in health services, there is a need to develop synergies among professional associations, Ministries of health, commerce, foreign affairs, and interior, PMDC, provincial departments of health, and Central Banks on both sides. In-depth case studies are also required to assess the potential cost and benefits of trade in health services across both countries. It was emphasized by respondents that think tanks involved in health sector's policy research in both countries may initiate data blogs where case studies of past patients can be discretely uploaded to exhibit the process of applying for and getting the desired treatment. Cost savings due to trade, accruing to government's exchequer and consumers, also needs a careful estimation. Mostly respondents were suggested to develop bilateral social media platforms where patients can interact with doctors and the latter can interact amongst them for greater exchange of information.

### **Public and Private Health Care Partnerships**

Public-private partnerships may be established for developing a dynamic system of health care and to ease the burden on public sector. This will however require that public sector gives a no-objection-certificate to the accredited private service providers. Arrangements by the private firms (using public sector's infrastructure) may include, provisions on the exchange of health personnel for carrying out medical procedures, training, workshop, research and outreach purpose, use of facilities, telemedicine and by providing complimentary or specialized treatment. Moreover, the involvement of private insurance network in health insurance convention could help remove

obstacles to trade in health services. The private sector<sup>a</sup> can be more flexible in inviting expertise from India either physically or through video conferencing.

### **Working groups under Joint Business Council**

The Pakistan Business Council and Confederation of Indian Industry host Joint India-Pakistan Business Forum. As part of this platform, there are sector specific sub-groups, putting forward perspectives on bilateral trade and non-tariff barriers, for instance. It is proposed that a joint working group on health services, pharmaceuticals and surgical goods may be convened to encourage businessmen for joint ventures in these sub-sectors. The report and proceedings from meetings may be communicated to relevant government institutions on both sides.

### **Accordinging priority to health services in trade policy**

Currently, the trade regime in Pakistan is governed by Strategic Trade Policy Framework 2015-18 trade-related statutory regulatory orders issued and processed by Federal Board of Revenue (FBR) and specific trade-related incentives provided by the provincial governments. Our interviews with government officials reveal that currently low level of importance is attached with the promotion of health services trade.<sup>b</sup> None of the health sector associations are currently members of the Services Trade Development Council at the Ministry of Commerce. The Ministry has set up a National Steering Committee to devise a long term strategy for improving Pakistan's export of services. The Committee's work has been guided by studies conducted by ITC which also highlight the potential of health service trade (ITC 2005, ITC 2007). The committee had proposed a Service Export Development Fund however this could not be operationalized due to financial constraints. During our focus group discussion at Lahore, it was stressed that the medical institutions, pharmaceutical companies and surgical goods exporters can act as a key interest group in influencing the regulatory PMDC and Ministry of Commerce to introduce facilitation measures for boosting trade.

### **Policy Recommendations**

A key segment in our focus group discussion and key informant interviews focused on practical regulatory and policy intervention to promote India-Pakistan health services trade. We tried to synthesize this discussion in the above section. In order to make these desired reforms more actionable we now discuss the specific roles and responsibilities which the concerned government institutions may undertake. This section draws from our interviews with service providers and government officials.

- Ministry of Commerce will need to update the health services (sub-sector) capacity assessment in ITC (2005). A more updated assessment should also include demand and supply potential for trade in health services. Similarly the modus operandi for promotion of health services trade, explained in ITC (2007) may be updated by the Ministry of Commerce, in the light of key changes after 18th Constitutional amendment. The above mentioned assessment by the Ministry will also require inputs from the regulator i.e. PMDC. It was therefore proposed by several stakeholders that a nationally representative working group with specific terms of reference and deadline should be constituted by PMDC. This working group should update the

<sup>a</sup> Shifa International Hospital, Islamabad; Ali Medical Center, Islamabad; Maroof International Hospital, Islamabad, Sheikh Zayed Hospital, Lahore; Shaukat Khanum Hospital, etc.

<sup>b</sup> This is not specific to India.

regulatory barriers and challenges to health services trade in the context of India and other potential trade partners.

- PMDC will also need to ease the current regulatory regime for health services exports. For examples almost a quarter of respondents in ITC survey had highlighted that the administrative rules and regulations set by PMDC are not easy to understand. Such as the private sector has no opportunity to comment on rules and regulations established or updated by PMDC. Almost 75 percent had reported that domestic industry standard-setting procedures are not publically available. Respondents had also complained regarding the communication gap. More than 70 percent had stated that regulators do not inform applicants with in a reasonable time period on the status of their application.<sup>a</sup> PMDC as a regulatory body may also pursue collaborative learning and exchange programmes with Indian counterpart. This will in due course provide a better understanding of cross-border systems and also highlight opportunities for knowledge transfer.
- MoC may also like to convene a special meeting of National Steering Committee to devise a long term strategy for improving Pakistan's trade in health services. Similarly it is suggested that Secretary, Ministry of National Health Services, Regulations and Coordination (MoNHSRC), should be made part of the Services Trade Development Council. MoNHSRC on its own will also need to play the coordination role across provinces. It should convene a working group meeting to discuss a longer term vision for medical tourism in Pakistan and possible collaboration with regional trade partners. The provincial health departments should adopt a bottom up approach in conducting a detailed needs assessment for health services trade with India. Given the provincial deficits in medical personnel and equipment a large demand can be bridged through appropriate Punjab-Punjab and Rajasthan-Sindh trade expansion. This needs assessment can be supported by the private sector. The India-Pakistan Joint Business Council can form a sub-group for assessing potential of bilateral trade in health services and spillover effects in pharmaceutical and surgical goods sectors. This assessment may be accompanied by a study of prevalent non-tariff barriers on both sides.
- The patients in Pakistan stand to gain more in the form of cost savings if a more liberalized visa regime is adopted. In this regard, Ministry of Interior through Ministry of Foreign Affairs will need to restart the dialogue process on settling visa related issues for medical and religious tourists on both sides. In December 2012 both countries had signed a new visa agreement. The effective implementation of this agreement is still pending.<sup>b</sup> It is important to ease visa requirements for highly skilled doctors and teaching staff of medical institutions on both sides. The cases of such persons should not be sent for clearance as they have to cross the border for conducting procedures which are time-bound. The powers for clearance (and NoC) should be delegated to the High Commission in New Delhi and Islamabad. Similarly for such persons visa should not be subject to police reporting unless for a period of more than 30 calendar days.
- It is important to strengthen linkages through online networking and video conferencing. As a pilot, a public sector hospital or medical college may be facilitated by the MoC and Economic Affairs Division to establish such links with their counterpart.
- To initiate the process of mutual recognition of health services standards, Higher Education Commission, PMDC and Pakistan Council of Science and Technology may be requested by MoC for developing minimum criteria for accreditation. The criteria may then be publically

<sup>a</sup> ITC (2007). There have been recent media reports that endorse the views from this study which is dated.

<sup>b</sup> This agreement also allowed a liberal visa regime for business persons and academics.



announced so that the interested institutions and persons can avail accreditation and apply for or seek cross border clients.

- Trade with India is particularly beneficial if Pakistani manufacturers of medical equipment, pharmaceutical and surgical goods are allowed to import relevant machinery and raw material from India. For this the MoC and MoNHSRC will need to identify specific line items on which FBR may be asked to revised tariff schedule. A lower tariff rate will also result in reduced incidence of informal trade in these items. A reduction in tariff will also have to be accompanied by non-tariff barriers on Pakistan side (if any). A deeper assessment of such barriers may be conducted by FBR in collaboration with potential importers.
- The central bank in Pakistan should pursue in the next meeting of Committee of Governors of Central Banks, the implementation of decisions taken during 2012-13 where both countries had to open their bank branches. If such an arrangement cannot be facilitated in the short to medium term then foreign banks operating on both sides of the border under the same company name and common holding company abroad, may be given the permission to facilitate financial transactions of persons availing medical facilities in India.
- Finally it is important to also envisage the trade-led investment gains. We recommend that joint direct investments across the border can strengthen economic interdependencies. The Foreign Investment Promotion Board in India and Board of Investment in Pakistan have allowed direct investment to citizens of both countries through both automatic and government route. This provision can be explored by the public and private sector to pilot a model health care facility having a branch in Islamabad and New Delhi.<sup>a</sup>

## Conclusion

This study examined India-Pakistan trade in health services. There is evidence of medical tourism particularly related to patients seeking treatment of liver, kidney and heart transplant in India. Patients travelling to India, face visa issues, difficulties in police reporting, and limited financial transaction modes. There are risks associated with dubious information that maybe provided by unauthorized intermediaries. The movement of health personnel is also constrained due to fear of harassment by authorities in India, city-specific visas, limited video conferencing arrangements, and lack of mutually recognized accreditation of health services. The process of trade dialogue is difficult to sustain without addressing the broader trust deficit between the two countries. The resumption of composite dialogue at the foreign secretaries' level can be a step in the right direction. Pakistan is due to host next SAARC Summit in Islamabad. This however will not happen unless India agrees to join the meeting in near future. Pakistan should use the SAARC Summit as an opportunity to bring all heads of states in the region to discuss trade and other matters of important concern.

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<sup>a</sup> For details on possible India-Pakistan investment cooperation, see Ahmed et al. (2015b).

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